

# Home Insulation Assessment Checklist

Property Address

Date of Assessment

Assessor Name

## 1. Attic/Loft Insulation

Item	Checked	Notes
Insulation present	<input type="checkbox"/>	<input type="text"/>
Insulation depth adequate	<input type="checkbox"/>	<input type="text"/>
Even coverage	<input type="checkbox"/>	<input type="text"/>
No signs of damp or damage	<input type="checkbox"/>	<input type="text"/>

## 2. Wall Insulation

Item	Checked	Notes
Cavity wall insulation	<input type="checkbox"/>	<input type="text"/>
Solid wall insulation	<input type="checkbox"/>	<input type="text"/>
No visible damp/condensation	<input type="checkbox"/>	<input type="text"/>

## 3. Floor Insulation

Item	Checked	Notes
Suspended floor insulated	<input type="checkbox"/>	<input type="text"/>
Solid floor (insulation checked where possible)	<input type="checkbox"/>	<input type="text"/>

#### 4. Windows & Doors

Item	Checked	Notes
Double/triple glazing	<input type="checkbox"/>	
Draught-proofing present	<input type="checkbox"/>	

#### 5. Pipe & Tank Insulation

Item	Checked	Notes
Hot water tank insulated	<input type="checkbox"/>	
Exposed pipes insulated	<input type="checkbox"/>	

#### 6. Additional Comments