


IDM Doors & Windows Ltd - Completion / Handover Form

Important: You are signing this document to confirm the windows and/or doors which have been fitted are sealed, trimmed and the works complete.

| | | |
|-------------------|-------|---|
| Customer: | Date: |  IDM Doors Ltd Mill Parade, Newport NP20 2JR Tel: 01633 843098 |
| Property Address: | | |

To Be Completed by Installer Prior To Start of Works

| | | | |
|--|------|--|------|
| Risk Assessment | TICK | | TICK |
| Fire escapes identified and clear? | | Pets under supervision? | |
| Smoke alarms working? | | Working areas clear to undertake installation? | |
| Children under supervision? | | Customer advised of works and hazards: noise/dust/falling items? | |
| Record here and take photos of any damage to areas of work (inc sanitary ware) prior to installation. Write NONE if there isn't any | | | |
| | | | |

Resident Checks after Installations Complete

| | TICK | |
|---|------|--|
| 1 | | All frames fixed and trimmed as required, sill end caps fixed, sealants complete |
| 2 | | All windows / doors working correctly and operation explained |
| 3 | | All frames and glass left clean |
| 4 | | Property left clean and tidy. All rubbish removed |
| 5 | | Keys left door and window operations clearly explained (window and door keys) |
| 6 | | Customer Care and Warranty Booklet Received |

Resident Comments

| | | | |
|---|--------|--|--------|
| The installation of my windows / doors is complete and I am satisfied with the work done. I have been shown the use & operation of the windows / doors and confirm receipt of keys and customer care/warranty booklet | | | |
| Was the work carried out at the time appointed | Yes/No | Were the fitters polite and helpful | Yes/No |
| Did the fitters use protective dust sheets | Yes/No | Is your property clean, tidy and undamaged | Yes/No |
| Any further comments or explanations regarding the above | | | |

Customer Feedback

| | | | | | | | | | |
|---|---|---|-------|---|---|---|-------|---|----|
| Please would you rate our service between 1 and 10, with 1 being very poor and 10 being excellent | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Name: | | | Sign: | | | | Date: | | |
| | | | | | | | | | |

Fitting Checklist - Installations to BS 8213-4: 2016

| | | Fitter | Supervisor |
|--------------------|--|--------------------------------|------------|
| | | Y/N | Y/N |
| Visual Appearance | Is the frame installed plumb and square? | | |
| | Are the beads fitted correctly and evenly? | | |
| | Are exposed faces-including beads-free from damage? | | |
| | Is the frame clean with all protective tape removed? | | |
| | Has any damage to aperture been correctly made good? | | |
| | Have all trims been fitted correctly? | | |
| | Has all site debris been removed? | | |
| Glazing | Is all glazing as specified on contract? | | |
| | Are all sealed units free from scratches and signs of failure? | | |
| | Are obscure and coated glasses orientated properly? | | |
| | Are sealed unit spacer bars covered by frame and beads? | | |
| | Is the glazing held properly by beads/gaskets, etc? | | |
| | Is safety glass used where necessary? | | |
| Operation | Do all openers open, close and lock as intended? | | |
| | Are seals on frames without gaps? | | |
| | Are cams free from binding against strikers? | | |
| | Is all operating gear lubricated as necessary? | | |
| | Is all hardware attached with correct numbers of fixings? | | |
| Sight Lines | Are all sight lines visually correct? | | |
| | Are adjacent opening lights aligned as appropriate? | | |
| | Are all decorative features, eg. Leading, correctly aligned? | | |
| Sealing | Are all joints smooth and correctly formed? | | |
| | Is the sealant continuous around the frame? | | |
| | Is the frame face free from excessive sealant? | | |
| Drainage | Are all drainage channels free from obstruction? | | |
| Misc | Are cill end caps fitted if required? | | |
| Fitter's Notes | | READY FOR HANDOVER (Circle) | |
| Fitter's Name: | | Sign: | Date |
| Sprs Notes | | READY FOR HANDOVER (Circle) | |
| Supervisor's Name: | | Sign: | Date |