



Version 2.0 - August 2024



Appendix E Example proforma check sheets

C.1 Example of proforma check sheets.

Figure E.1 - Urgent issues proforma

| Site Name: | Block Name: | |
|----------------|----------------|--|
| Site Address: | Block No: | |
| Post Code: | Surveyor Name: | |
| Site Reference | Survey Date: | |
| Number (SRN): | | |

C.2 Any urgent issues of note regarding Health and Safety, Maintenance and so on which may affect the staff, patients or any others visiting or working in or around the property, or the Operational Capacity of the property, should be notified as a matter of urgency, quoting Site name and detailed location of problem.

Table E.1 - Urgent issues

| NHS Board | [insert] |
|------------------|----------|
| Contact name | [insert] |
| Telephone number | [insert] |
| Email address | [insert] |
| Urgent issues | [insert] |

Table E.2 - Urgent issue Notification

| Method of notification | Date | Time |
|--------------------------------------|----------|----------|
| Urgent issues notified by telephone: | [insert] | [insert] |
| Urgent issues notified by email: | [insert] | [insert] |
| | | |

Proforma check sheet for Survey Team Leader and Survey Co- ordinator

Figure E.2 - Facet 1 - Physical condition: block summary

| Site Name: | Block Name: | Surveyor Name: Survey date: | |
|---|-------------------------------------|--|----------------------------|
| Site Address: | Block No: | Build Year: | |
| | Block Type: | Block Historic Listing: | |
| Post Code: | NHS Board: | Block Floor Area (GIA) m ² | |
| Site Reference No (SRN): | Contact Name: | Cost Base Date: | Quarter 1 - 2024 (BCIS) |
| Site Type: | Contact Telephone No: | Contact Email: | |
| Block Description | | | |
| Block Fabric | Block Fabric Condition Executive Su | ummary | |
| Condition Grade | | | |
| | | | |
| Block Engineering Services Executive Summary Engineering Services Condition Grade | | | |
| | | | |

Team Leader checklist

Figure E.3 - Example of a Team Leader checklist

| Site Name: | Block Name: | Team Leader Name: | |
|-----------------------------|--------------------------|--|----------------------------|
| | | Survey date: | |
| Site Address: | Block No: | Build Year: | |
| | Block Type: | Block Historic Listing: | |
| Post Code: | NHS Board: | Block Floor Area (GIA) m ² | |
| Site Reference No (SRN): | Contact Name: | Cost Base Date: | Quarter 1 - 2024 (BCIS) |
| Site Type: | Contact Telephone No: | Contact Email: | |

Table E.3 - Checklist

| Checklist | Yes/ no |
|--|----------|
| Site risk assessment completed and reviewed by all survey team members | [insert] |
| All surveys complete | [insert] |
| All survey sheets compete and checked | [insert] |
| All relevant items quantified/ costed | [insert] |
| All relevant items risk assessed | [insert] |
| Statutory compliance sheet completed and checked | [insert] |
| Environmental management sheet complete and checked | [insert] |
| Any urgent issues reported | [insert] |
| Block photograph taken | [insert] |
| Block photograph reference number | [insert] |
| All elevation photographs taken | [insert] |
| Specific defects photographs taken | [insert] |

Survey Co-ordinator checklist

Figure E.4 - Example of Survey Co-ordinator checklist

| Site Name: | Block Name: | Survey Coordinator Name: Survey date: | |
|-----------------------------|-----------------------|--|----------------------------|
| Site Address: | Block No: | Build Year: | |
| | Block Type: | Block Historic Listing: | |
| Post Code: | NHS Board: | Block Floor Area (GIA) m ² | |
| Site Reference No (SRN): | Contact Name: | Cost Base Date: | Quarter 1 - 2024 (BCIS) |
| Site Type: | Contact Telephone No: | Contact Email: | |

Table E.4 - Checklist

| Checklist | Yes/ no |
|--|----------|
| Site risk assessment completed and reviewed by all survey team members | [insert] |
| All surveys complete | [insert] |
| All survey sheets compete and checked | [insert] |
| All relevant items quantified/ costed | [insert] |
| All relevant items risk assessed | [insert] |
| Statutory compliance sheet completed and checked | [insert] |
| Environmental management sheet complete and checked | [insert] |
| Any urgent issues reported | [insert] |
| Block photograph taken | [insert] |
| Block photograph reference number | [insert] |
| All elevation photographs taken | [insert] |
| Specific defects photographs taken | [insert] |
| Facet 1 - all fabric data input into software | [insert] |
| Facet 1 - all engineering services data input into software | [insert] |
| Facet 1 - block summary sheet completed | [insert] |

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| Checklist | Yes/ no |
|---|----------|
| Facet 2 - statutory compliance data input into software | [insert] |
| Facet 3 - environmental management data input into software | [insert] |

Note - if a blank editable template is required of the above tables, please contact: NSS.DEandAMTeam@nhs.scot