

# INSTRUCTION FORM



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**Please complete and return this form at least 24hrs before the site visit**

Client Name		
Invoicing Address		
Contact telephone numbers	Landline:	Mobile:
Site full postal address		

Power available in test rooms [ 110V / 240V ] [ No power ]

Doors, windows, cornices and skirting boards in place [ Yes ] [ No ]

Test rooms unfurnished [ Yes ] [ No ]

Carpets / timber laminates in place (only applicable for floor tests) [ Yes ] [ No ]

Wall, floor and ceiling surfaces complete [ Yes ] [ No ]

Access to both sides of the separating wall/floor [ Yes ] [ No ]

Danger of asbestos [ Yes ] [ No ]

Quiet conditions (construction activity, operating smoke alarm detectors, road works) [ Yes ] [ No ]

This is a formal appointment of KP Acoustics Ltd. to undertake and fulfill the scope of work referenced ..... Terms of contract of KP Acoustics Ltd. can be provided upon request.

**Print Name:**

**Date:**

**Signature:**