|  |  |
| --- | --- |
| **Address of installation:** | Contact Name: |
| Phone: |
| Email: |
| Order No: |

Thank you for ordering our Sensory Shelter. To help us to provide you with the best possible service, please provide the following information.

|  |  |
| --- | --- |
|  | **Comments**  |
| **ACCESS FOR DELIVERY** |  |
| Please describe the access route and parking facilities.  |  |
| Is the parking suitable for a long wheelbase van?  |  |
| Is there clear access from the parking space to the location for installation? |  |
| Is all access external (versus going through school buildings)? |  |
| Will there be any gates to pass through – for vehicle or along the access route to the site? Please note gate measurements |  |
| **SITING - GROUNDWORK** |  |
| Where will the Shelter be sited? |  |
| Is the ground level? |  |
| Is the siting on hard standing? Please confirm and advise if not.  |  |
| Is the site well drained and remains well drained at all times? |  |
| Is the installation area free of manhole covers? |  |
| **SITING – CLEARANCE** |  |
| Please confirm there’s a minimum of 1.5m clear access around and above the Shelter. E,g, clear access from other building/structures, trees and other vegetationThis is needed for installation, maintenance and ventilation / airflow.  |  |
| PHOTOGRAPHSPlease send images of the installation area, and of anything that could present the installation team with a problem regarding access on the day. |
| **INSTALLATION ARRANGEMENTS** |  |
| Who is the key contact for our installation team to follow up on final arrangements? |  |
| Please advise the earliest time the installation team can arrive on site.  |  |
| Please can you confirm the installation team will have access to welfare facilities whilst on site.  |  |

Please be advised that due to the size of the Shelter, we can be on site between 6 and 8 hours constructing the item.

Somebody from our installation team will now follow up to make final arrangements.

Adviser:

Date completed: