

Property address:

Customer:

Date of inspection:

Inspector:

CERTIFICATE OF COMPLIANCE

Healthy Homes Standards	Fully Compliant?	Notes (including reasons for exemption)
Heating	☐ YES ☐ NO	
Insulation	☐ YES ☐ NO	
Ventilation	☐ YES ☐ NO	
Draught Stopping	YES NO	
Moisture Ingress & Drainage	YES NO	

Additional Comments:

Signed:

Director

