**Estate/Site Agent Pre-Visit Questionnaire**

***(to be completed by property owner)***

As part of our risk assessment and to help us reduce the spread of coronavirus (Covid-19), please answer all of the questions below in advance of our visit to your property.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Do you currently have fever and/or mild flu like symptoms (e.g. cough, fever, shortness of breath)? If so, provide details of your condition and diagnosis including any test undertaken for Covid-19.  |  |  |
| Have you come into contact with anyone with a confirmed Covid-19 infection in the last 14 days? |  |  |
| Is anyone in your household self-isolating as a result of being infected with Covid-19, having contact with an infected individual or currently has symptoms of Covid-19? If so, please advise us and include when the period of self-isolation will end. |  |  |
| Is anyone in your household at higher risk from Covid-19 including any individual who is shielding and/or clinically vulnerable? If yes, please advise us whether the risk is:1. clinically extremely vulnerable or
2. clinically vulnerable.

*For guidance, please visit the NHS website.* |  |  |
| Do you agree, as appropriate, before the visit for you and all others at the property to:1. accept the appointment outside of normal commuting hours
2. vacate the property, stay in one room or limit to one adult on site.
3. If appropriate, keep the lights on.
4. maintain hand hygiene before, throughout and after the visit
5. maintain social distancing (2 metres)
6. ventilate the property by opening windows and internal doors
7. both before and after the visit, clean all commonly touched items such as door handles, light switches, and bannisters
8. sanitise or deep clean any keys or other items handed to us.
 |  |  |

Should you need to provide us with any further information, please do not hesitate to insert here:

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|  |

Once we have received this form, we shall be able to confirm the details of your property appointment.

|  |  |
| --- | --- |
| **Date:** |  |
| **Property Details:** |  |
| **Name:** |  |
| **Signature:** |  |

*(Property Owner/Duly Authorised Agent) (If you are unable to physically sign this form, please add your name only and return by e-mail as confirmation of your response).*

**Estate/Site Agent Pre-Visit Questionnaire**

***(to be completed by property viewer)***

As part of our risk assessment and to help us reduce the spread of coronavirus (Covid-19), please answer all of the questions below in advance of our visit to your property.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Do you currently have fever and/or mild flu like symptoms (e.g. cough, fever, shortness of breath)? If so, provide details of your condition and diagnosis including any test undertaken for Covid-19.  |  |  |
| Have you come into contact with anyone with a confirmed Covid-19 infection in the last 14 days? |  |  |
| Is anyone attending the viewing self-isolating as a result of being infected with Covid-19, having contact with an infected individual or currently has symptoms of Covid-19? If so, please advise us and include when the period of self-isolation will end. |  |  |
| Is anyone attending the viewing at higher risk from Covid-19 including any individual who is shielding and/or clinically vulnerable? If yes, please advise us whether the risk is:1. clinically extremely vulnerable or
2. clinically vulnerable.

*For guidance, please visit the NHS website.* |  |  |
| Do you agree, as appropriate, before the visit for you and all others visiting the property to:1. have undertaken initial online checks upon the property
2. confirm you are interested in the property and are not visiting speculatively
3. accept the appointment outside of normal commutable hours
4. attend from a single household only (ideally limited to two adults)
5. where possible, attend the appointment without attending by public transport
6. maintain hand hygiene before, throughout and after the visit
7. maintain social distancing (2 metres)
8. not touch items or any surfaces at the property.
 |  |  |

Should you need to provide us with any further information, please do not hesitate to insert here:

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Once we have received this form, we shall be able to confirm the details of your property appointment.

|  |  |
| --- | --- |
| **Date:** |  |
| **Property Details:** |  |
| **Name:** |  |
| **Signature:** |  |

*(Property Viewer/Duly Authorised Agent) (If you are unable to physically sign this form, please add your name only and return by e-mail as confirmation of your response).*