



Thermosash Service & Maintenance

Building Leak Questionnaire

Leak Questionnaire



To assist with information gathering that can help the inspection team identify potential sources of leaks, Tenants are asked to complete as much of the following questionnaire as possible, provide photos and return it to service@thermosashservice.co.nz.

Tenant Name:

Building Level:

Contact Person Name:

Contact Person Number:

Contact Person Email:

Date the leak is being reported:

(dd/mm/yy)

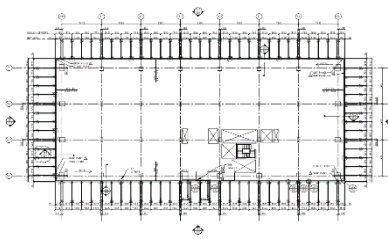
Date and time the leak was first noticed:

(dd/mm/yy)

(HH:MM XM)

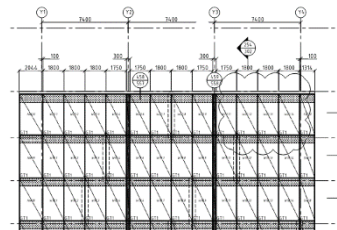
Has the leak happened before?

Weather conditions when, or just before the leak occurred (i.e. wind direction/speed):



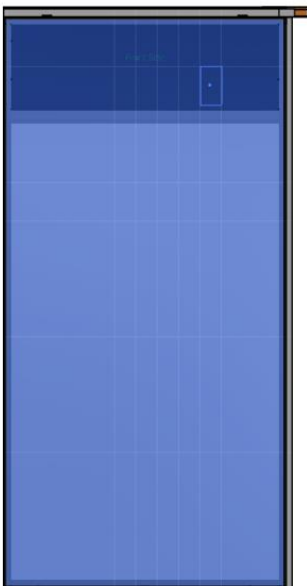
Facing the window in question, please can you identify which street/elevation the window is located:

Notes:



Can you identify which bay the window is in:

Notes:



Using the diagram below, please could you place a circle in the areas where water was present. If water was seen dripping from an area, please mark the location of the drip with an X.

Other comments/notes: