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| **DISTRICT MANSES COMMITTEE – VISIT REPORT SCHEDULE J** | | | | | | | | |
| **NOTES:**   * *Ensure that visits are arranged in advance, to a date and time convenient for all the parties concerned* * *This form is designed to allow basic responses to questions; if more detailed information is required then this should be entered in the box at the end of the form or on a separate sheet* * *This visit is an expression of the District’s pastoral and oversight responsibility towards a minister or deacon, their family members and the circuit. It is a 5-year check to address issues since the last inspection as well as to judge if the property is adequate housing for the minister. It is not a replacement for a formal Quinquennial Report that provides a detailed assessment of the property.* * *See Standing Order 965 for the purposes and circulation of this report* * ***Items 1-6 should be completed by the District Manses Committee Secretary before the visit*** | | | | | | | | |
| **SUMMARY INFORMATION** | | | | | | | | |
| **1** | Resident Name |  | | | | | | |
| **2** | Manse Address |  | | | | | | |
| **3** | District |  | | | | | No. |  |
| **4** | DMC Secretary |  | | | | | | |
|  | *Name* |  | | | | | | |
|  | *Address* |  | | | | | | |
|  |  |  | | | | | | |
| **5** | Date of last visit | |  |
|  | Date of Last Quinquennial Inspection | |  |
|  | Date of current visit | |  |
|  |  |  | | | | | | |
| **6** | Visitor Information (1) |  | | | | | | |
|  | *Name* |  | | | | | | |
|  | *Address* |  | | | | | | |
|  | *Date* |  | | | | | | |
|  | *Signature* |  | | | | | | |
|  | Visitor Information (2) |  | | | | | | |
|  | *Name* |  | | | | | | |
|  | *Address* |  | | | | | | |
|  | *Date* |  | | | | | | |
|  | *Signature* |  | | | | | | |
|  |  | | | | | | | |
| **7** | Was the last Quinquennial Report made available for the visit? | | | | Yes |  | | No |
|  | Has all the recommended work been carried out? | | | | Yes |  | | No |
|  | If ‘no’ then identify all outstanding work below: | | | | | | | |
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| **8** | Date of last annual property inspection (Schedule C) | | | |  | | |  |
|  | Was Schedule C made available for the visit? | | | | Yes |  | | No |
|  | Was the Manse Log Book available for the visit? | | | | Yes |  | | No |
|  | Has all the recommended work been carried out? | | | | Yes |  | | No |
|  | If ‘no’ then identify all outstanding work below: | | | | | | | |
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| **Condition Codes** | | | | |
| *A* | | *Requires immediate attention* | | |
| *B* | | *Attention within 12 months* | | |
| *C* | | *Attention before next QI* | | |
| *D* | | *Satisfactory* | | |
| *N/A* | | *Not applicable* | | |
| **Schedule of Rooms** | | | | |
| **9** | **Living Room** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | | |
| **10** | **Dining Room** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | | |
| **11** | **Entrance Lobby, Hall, Stairs, Landing** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | | |
| **12** | **Bedroom 1** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | | |
| **13** | **Bedroom 2** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | | |
| **14** | **Bedroom 3** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | | |
| **15** | **Bedroom 4** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | | |
| **16** | **En-Suite to Bedroom 1/2/3/4** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
| Sanitary Fittings | | | |  |
| Tiling, panelling, seals etc. | | | |  |
| Additional Comments: | | | | |
| **17** | **Cloakroom** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
| Sanitary Fittings | | | |  |
| Tiling, panelling, seals etc. | | | |  |
| Near to study/reception room? | | | | Y/N |
| Additional Comments: | | | | |
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| **18** | **Study** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
| Adequate electrical points? | | | | Y/N |
| Adequate desk size? | | | | Y/N |
| Adequate filing/storage space? | | | | Y/N |
| Adequate book shelves (30yd/27m) | | | | Y/N |
| Adequate number/suitable chairs | | | | Y/N |
| Additional Comments: | | | | |
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| **19** | **Kitchen** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
| Kitchen cupboards & fittings | | | |  |
| Adequate storage provided? | | | | Y/N |
| Adequate electrical points? | | | | Y/N |
| Fire blanket provided near the cooker? | | | | Y/N |
| Space & plumbing for washing machine? | | | | Y/N |
| Cooker provided? | | | | Y/N |
| If ‘yes’ then what? Gas Hob | | | | Y/N |
| Gas Oven | | | | Y/N |
| Electric Hob | | | | Y/N |
| Electric Oven | | | | Y/N |
| Adequate condition & efficient? | | | | Y/N |
| Additional Comments: | | | | |
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| **20** | **Main Bathroom** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
| Sanitary fittings | | | |  |
| Tiling, panelling, seals etc. | | | |  |
| Separate shower fitted? | | | | Y/N |
| Additional Comments: | | | | |
| **21** | **Utility Room** | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
| Sanitary fittings | | | |  |
| Tiling, panelling, seals etc. | | | |  |
| Additional Comments: | | | | |
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| **22** | **Conservatory or similar garden room** | | | |
| *Name?* |  | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
| Glazing, seals, structure etc. | | | |  |
| Additional Comments: | | | | |
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| **23** | **Other Rooms** | | | |
| *Name?* |  | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | |  |
| Additional Comments: | | | | |
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| **24** | **Other Rooms** | | | |
| *Name?* |  | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | |  |
| Additional Comments: | | | | |
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| **25** | **Other Rooms** | | | |
| *Name?* |  | | | |
| Decoration | | | |  |
| Curtains/Blinds | | | |  |
| Floor Coverings | | | |  |
|  | | | |  |
| Additional Comments: | | | | |
|  | | | | |
| **26** | **Any Additional Comments** | | | |
| Additional Comments: | | | | |
| **27** | **Utilities & Services** | | | |
| Is there mains drainage? | | | | Y/N |
| Other drainage (e.g. septic tank etc.)? | | | | Y/N |
| Gas fuel supply? | | | | Y/N |
| Alternative fuel supply (e.g. oil, solar etc.)? | | | | Y/N |
| Is there a central heating system? | | | | Y/N |
| If ‘yes’, then by what means: | | | | |
| If ‘no’, how is the manse heated: | | | | |
| Is the heating system adequate & efficient? | | | | Y/N |
| Are there additional heating methods? | | | | Y/N |
| If ‘yes’, then what are they: | | | | |
| Is the mains water supply metered? | | | | Y/N |
| Is there a central hot water system? | | | | Y/N |
| If ‘yes’, then by what means: | | | | |
| If ‘no’, how is hot water provided: | | | | |
|  | | | | |
| **28** | **Maintenance Inspections** | | | |
| Gas appliances inspected? | | | | Y/N |
| Date of last inspection | | |  | |
| Electrical installations inspected? | | | | Y/N |
| Date of last inspection | | |  | |
| Oil fired appliances & storage inspected? | | | | Y/N |
| Date of last inspection | | |  | |
| Other installations inspected (e.g. security system) | | | | |
| *Name?* | | | | |
| Date of last inspection | | |  | |
| *Name?* | | | | |
| Date of last inspection | | |  | |
| *Name?* | | | | |
| Date of last inspection | | |  | |
| Are any of the above on annual contracts? | | | | Y/N |
| If ‘yes’ then which ones: | | | | |
| **29** | **Energy Performance** | | | |
| Is there an energy performance certificate? | | | | Y/N |
| Date of last certificate | | |  | |
| What is the current rating? | | | |  |
| What is the potential rating? | | | |  |
| What changes can achieve the higher rating: | | | | |

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| **30** | **Safety and Security Measures** | | |
|  | Are all doors fitted with five lever mortice deadlocks or deadlocking rim locks? | Yes | No |
|  | Are all ground floor and accessible windows fitted with key operated locks? | Yes | No |
|  | Do all main locks meet current insurance standards? | Yes | No |
|  | Is an intruder alarm fitted? | Yes | No |
|  | Is a panic alarm fitted in the study? | Yes | No |
|  | Are carbon monoxide detectors fitted in the appropriate locations? | Yes | No |
|  | Are smoke detectors fitted in the appropriate locations? | Yes | No |
|  | Are heat detectors fitted in the appropriate locations? | Yes | No |
|  | | | |
| **31** | **General** | | |
|  | Is there a general incoming telephone connection? | Yes | No |
|  | Is there are suitable telephone extension to the study? | Yes | No |
|  | Is there a suitable telephone connection to receive broadband? | Yes | No |
|  | Is there adequate means of television reception? | Yes | No |
|  | Are there adequate off street parking or garage facilities? | Yes | No |
|  | Are there adequate garden storage facilities? | Yes | No |
|  | Is a suitable lawn mower provided? | Yes | No |
|  | Is there adequate internal and external space for clothes drying? | Yes | No |
|  | Is there adequate, safe and secure external amenity space for children? | Yes | No |
|  | | | |
| **32** | **Conclusions** | | |
|  | Does this house offer reasonable standards of comfort at an economical cost? | Yes | No |
|  | Is the house suitable as a manse? | Yes | No |
|  | Is the manse well-sited in relation to existing pastoral responsibilities? | Yes | No |
|  | | | |
| **33** | **Further Comments** | | |
|  | *Please use this section for any additional comments not covered in the pro-forma* | | |
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