

## SITE SURVEY FORM RELATING TO INSTALLATION OF PILATES REFORMERS

Please complete and return by email.

Site Name: Address:	e: Contact Name:  Mobile Number:  Contact Email:		
Road access to premises: A yes, please provide details.	Are there any restrictions that may hind	der access of a larger vehicle? If	
suitable access in your prer	e distance from entrance. any restrictions - parking meters, resid		
Are there any height / widt	utside your premises into building: The restrictions? If yes, state details.  So /walkways /leading up to the entrance	re?	
SIGNED:	PRINT:	DATE:	



## FIRST FOR FITNESS SOLUTIONS 4. Internal access: i.e. from inside the entrance to the gym:

Please state	how far	the gym	is from	the entra	nce.

Please state which floor the gym is situated on.

Please give access details if not on the ground floor – e.g. stairs/door/lifts etc.

## 5. Access into the gym:

Please state minimum door width?

Can the door be removed if necessary?

Are there any height restrictions?

## 6. Additional Information

Tell us of anything else that you feel may impact on an efficient installation if not already covered in the above sections.

If in doubt, best to advise as we reserve the right to apply charges if appropriate to cover additional time, labour and material costs.

SIGNED:	PRINT:	DATE: