

BIDET SEAT SCOPE OF WORKS FORM

DATE OF WORK:	TIME OF WORK:
CLIENT SITE ADDRESS:	
ACM PERSONNEL UNDERTAKING THE SERVICE	
ACM PERSONNEL NAME:	
OCCUPATIONAL THERAPIST INFORMATION	
OT NAME:	
EMAIL ADDRESS:	
CLIENT INFORMATION	
CLIENT NAME:	
CONTACT NO.:	
REFERRER NAME:	
PARENT ACCOUNT:	

TOILET AREA	ABOVE
BASE	WATER TAP (ON WALL)

SWITCHBOARD	WATER METER

CLIENT REQUIREMENTS		
TOILET ARMS REQUIRED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
BIDET SEAT RAISER REQUIRED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
REMOTE CONTROL HOLDER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
URINE SPLASH GUARD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS ROOF FLAT OR PITCHED?	F <input type="checkbox"/>	P <input type="checkbox"/>
IS HOUSE ON STUMPS OR CONCRETE STUMPS?	S <input type="checkbox"/>	C <input type="checkbox"/>
WHICH HOUSE LEVEL IS THE TOILET ON?		
ELECTRICAL REQUIREMENTS		
IS ELECTRICAL SWITCH BOARD INSIDE OR OUTSIDE HOME?	INSIDE <input type="checkbox"/>	OUTSIDE <input type="checkbox"/>

TOILET MEASUREMENTS																			
<p>PLEASE TAKE PHOTOS OF TOILET </p> <p>See page 2</p>	<table border="1"> <tbody> <tr> <td style="color: red;">A</td> <td></td> <td>mm</td> </tr> <tr> <td style="color: red;">A.1</td> <td></td> <td>mm</td> </tr> <tr> <td style="color: blue;">B</td> <td></td> <td>mm</td> </tr> <tr> <td style="color: black;">C</td> <td></td> <td>mm</td> </tr> <tr> <td style="color: green;">D</td> <td></td> <td>mm</td> </tr> <tr> <td style="color: pink;">E</td> <td></td> <td>mm</td> </tr> </tbody> </table>	A		mm	A.1		mm	B		mm	C		mm	D		mm	E		mm
A		mm																	
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OVERALL BATHROOM/POWER POINT LOCATION

Empty rectangular box for drawing or notes.

ACM-SF-06-2023