



The following information is required to complete your BASIX assessment and certification. Please complete the checklist as thoroughly as you can, and if you are unsure of the options, please note unsure and a consultant will contact you to discuss the options.

Lot number: _____

DP Number: _____

Roof area (m²): _____

Site area (m²): _____

Water

Area of garden and lawn to be watered (m²): _____

Area of low water use/indigenous garden species (m²): _____

Fixtures:

Showerhead flowrate (L/min): <6L (low) 6 - 7.5L (med) >7.5L but <= 9L (high)

Toilets: 3 Star 4 Star

Kitchen Taps 3 Star 4 Star 5 Star 6 Star Unsure

Bathroom Taps 3 Star 4 Star 5 Star 6 Star Unsure

Rainwater Tank:

Size of tank (L): _____

Roof area for water collection (m²): _____

Minimum BASIX Requirement

Unsure

Note: If you are not passing with the nominated capacity, we will advise you of the minimum requirement

Water tank connection: Generally a minimum of two options must be selected in order to pass; Please order in number of preference

Garden

Toilets

Laundry cold water

All hot water

Drinking and other household

Unsure

*A stormwater tank should only be nominated in BASIX if the water is to be re-used.

Please note the volume of a the stormwater tank specified as part of BASIX water commitments must be in addition to any minimum tank requirements specified by local Council for detention and/or retention. Additionally, untreated stormwater can only be used for garden irrigation (and should not be used on edible plants). Treated stormwater can be re-sed for garden irrigation, toilet flushing and laundry (cold water washing machine) use, provided it meets the requirements set by NSW Health.

On demand hot water recirculation system Connected to all fixtures using hot water? Yes No Unsure



Pool and Spa

- Outdoor pool:** Volume: Has a cover Is shaded
- Pool heating system:** None Solar only Solar gas boosted Solar electric boosted
 Gas Electric Heat Pump
- Will the pump be controlled by a timer?** Yes No
- Will the pool be topped up by water tanks?*** Yes No

* Some pools will require an additional rainwater connection to top up the pool water with a tap located within 10mtrs of the pool. We will inform you of this requirement should it be needed.

- Outdoor Spa:** Volume Has a cover Is shaded
- Spa heating system:** None Solar only Solar gas boosted Solar electric boosted
 Gas Electric Heat Pump
- Will the pump be controlled by a timer?** Yes No
- Will the spa be topped up by water tanks?*** Yes No

Energy

Hot Water System:

- Gas Storage Gas Instantaneous Electric heat pump – air sourced

Solar hot water systems:

- Gas boosted, flat plate Gas boosted, evacuated tube Electric boosted
 Electric Instantaneous Electric Storage

Nominated Energy Rating _____ stars/STC:

If you do not nominate an efficiency rating we will nominate your minimum requirement depending on how well your project is passing.

Heating and Cooling Types

Cooling System:

Living

- Ceiling Fans
 Air Con
 Air Con w/ Ceiling Fans
 Evaporative Cooling
 Ground sourced heat pump
 None

Bedrooms

- Ceiling Fans
 Air Con
 Air Con w/ Ceiling Fans
 Evaporative Cooling
 Ground sourced heat pump
 None
 Minimum BASIX Requirement

Star Rating:

Star or EER:

Heating System:

Living

- Air Con
 Electric floor heating

Bedrooms

- Air Con
 Electric floor heating



Star Rating:	<input type="checkbox"/> Wood heating	<input type="checkbox"/> Wood heating
	<input type="checkbox"/> Gas Fixed Flue heating	<input type="checkbox"/> Gas Fixed Flue heating
	<input type="checkbox"/> Ground sourced heat pump	<input type="checkbox"/> Ground sourced heat pump
	<input type="checkbox"/> None	<input type="checkbox"/> None
	Star or EER:	<input type="checkbox"/> Minimum BASIX Requirement

If using Air Con: Zoned for day and night?	<input type="checkbox"/> Single Phase Power	<input type="checkbox"/> Three Phase Power
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Ventilation (Exhaust Fans)

Bathroom:	<input type="checkbox"/> Ducted externally	<input type="checkbox"/> Manual on/off	<input type="checkbox"/> Interlocked to light	<input type="checkbox"/> Timer
Kitchen:	<input type="checkbox"/> Ducted externally	<input type="checkbox"/> Manual on/off	<input type="checkbox"/> Interlocked to light	<input type="checkbox"/> Timer
Laundry:	<input type="checkbox"/> Ducted externally	<input type="checkbox"/> Manual on/off	<input type="checkbox"/> Interlocked to light	<input type="checkbox"/> Timer

Energy Efficient Lighting

Dedicated sealed LED lighting unless noted otherwise Other: _____

Appliances

Cook Top:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood combustion	<input type="checkbox"/> Induction
Oven:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood combustion	
Clothes Drying:	<input type="checkbox"/> Indoor (7m min length) or sheltered drying line			<input type="checkbox"/> Outdoor line
Well ventilated fridge space:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Well ventilated refrigerator space: Must meet one of the following criteria:

- Refrigerator will be unenclosed
 - Refrigerator will only be enclosed on three sides, including the rear and top
 - Ventilation grills installed below the refrigerator and above the refrigerant coils, to allow air flow to pass over the refrigerant coils.
- Yes No

Alternative Energy:

Solar power system (Photovoltaics/PV) Peak kW output? _____ (kW)

Other? _____