**DIOCESE OF EDINBURGH**

**Quinquennial Report on Churches & Halls etc.**

CANON 60 (extract)

DIGEST OF RESOLUTIONS

7.2.2 Each Vestry shall appoint an architect, chartered surveyor or other suitably qualified person\* to supervise the buildings under the Vestry’s charge and the Vestry shall obtain a written report in respect of these buildings, at least every five years.

\* - *Where a building is Listed, it is recommended that only architects or building surveyors with significant and relevant historic-environment expertise and experience are employed*

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| **NAME OF CHARGE:**  |
| **QUINQUENNIAL YEAR:**  |

LIST OF PROPERTIES. *(Including addresses)*

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BRIEF DESCRIPTION OF BUILDINGS.
*(Including dates built, Listing Categories - if any - & materials used in the construction)*

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PREVIOUS MAJOR REPAIRS. *(Last 10 years)*

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BRIEF SUMMARY/STATEMENT OF CONDITION.

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INSPECTION ELEMENT GUIDELINES *(For each building)*

*EXTERNAL FABRIC:*

* *Tower, spire, including bells and frames*
* *Roofs*
* *Gutters, downpipes and rainwater disposal systems*
* *Walls*
* *Doors and Windows*
* *Metalwork, and woodwork including condition of paintwork.*

*INTERNAL FABRIC:*

* *Roof structures*
* *Walls, partitions and ceilings.*
* *Doors, windows, woodwork and fittings.*
* *Internal decorations.*
* *Floors, stairways and balconies*

*FIXTURES AND FITTINGS:*

* *Furniture and fittings*
* *Organ*
* *Monuments*

*BUILDING SERVICES:*

* *Lightning conductor.*
* *Electrical installation*
* *Gas installation*
* *Water supply*
* *Heating system and ventilation.*
* *Sound amplification*
* *Sanitary facilities and hygiene*
* *Drainage.*
* *Fire precautions*
* *Security*
* *Disability access/facilities*

*GROUNDS:*

* *Including boundaries, paths, trees, notices etc.*

SUMMARY***(Including estimated costs – itemised for each building)***

RECOMMENDED IMMEDIATE REPAIRS [“URGENT”]

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RECOMMENDED REPAIRS WITHIN 12 MONTHS [“NECESSARY”]

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RECOMMENDED REPAIRS BEFORE NEXT QUINQUENNIAL REPORT

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LIKELY LIABILITIES TO ARISE IN FUTURE QUINQUENNIAL REPORTS

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CURRENT INSURANCE COVER (*including professional fees & tax)*

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COMMENTS/REMARKS *(including a statement on disability access)*

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*Name:*

*Date:*