Form EWS1: External Wall System Certificate of Compliance

Subject Address (One for	n per block):	
Block or building na Street: Town: County: Postcodes:	ne:	All built postcodes are required
Brief outline detail of the	external wall system(s):	
Part A: Confirmation Stat	ement (tick all that apply)	
I can confirm that the extern block(s):	nal wall system(s) and any exter	nal attachments (e.g. balconies) for the above
Has/ have achieved	compliance with The Building (a	mendment) Regulations 2018 (SI1230).
And/ or		
		om the Ministry of Housing, Communities and nal wall systems (both ACM and non-ACM
And/ or		
Is/ are otherwise con section B below).	nsidered fire safe and no remedi	al works are required (please provide details in
And/ or		
All storeys are below section B below)	18m. No remedial works consid	dered necessary. (Please provide details in
compliant. Remedia Timescales for Liability for fu Interim safety (delete as ap	works are required. any planned works: nding falls on the leaseholder/ b measures are in place Yes/ No propriate)	

Part B Reason why the building is considered fire safe or no remedial works are required, or where the building is not compliant, details of proposed works, timescales and estimated costs.			
Signature Company name and address:			

Please Note:

Name.....

Qualifications.....

Date.....

Qualifications for the signatory to this certificate must be aligned to one of the professions listed as acceptable by MHCLG Information Note 1 Annex A (or any subsequent list). In addition, the signing professional must have appropriate experience and competence in respect of fire safety for cladding systems on tall buildings

This certificate must be completed with a company letterhead from an organisation carrying appropriate Professional Indemnity Insurance.

Persons/ organisations completing this document must accept that reliance will extend to the entire block in which the property is situated.