

Electricity & Water Conservation Directorate

Guide Lines for Thermal Insulation Implementation in Buildings.
(Issued by Thermal Insulation Unit)

Thermal Insulation Implementation Forms & Templates for Buildings up to 4 Floors

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	Buildings up to 4 floors	

APPLICATION NO.

ENGINEERING OFFICE LOGO

THERMAL INSULATION IMPLEMENTATION FORM (Appendix-A)

Client Name:			Phone No.:			e-mail:
Bldg	. No. Road No.		Bloc	k No.		Area:
Engi	neering Office Name:		Phor	hone No.: e-mail:		
Buil	ding Type:			No	of floors:	
•	Thermal Transmittance (U-	Value) for I	Roofs			
Sr. No.	Description of materials used	Density kg/m³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5- 6-						
7-						
8-						
9-						
10-						
	Total thermal resistances for m	aterials used	in Roof (R _T):			
U-	Value = W/m. ²	°C				
		charge Engir me & Signat			ngineering amp & Sig	
Engi	neering Office Approval			Da	te of App	roval

• Thermal Transmittance (U-Value) for Air-conditioned floors/ceilings exposed to non-air-conditioned spaces

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes	
1-							
2-							
3-							
4-							
5-							
6-							
7-							
8-							
9-							
10-							
11-							
12-							
13-							
	Total thermal resistance for materials used in Wall (R _T):						

U-Value = W/m. ² °C	
Client's Name & Signature	In Charge Engineer Name & Signature
Engineering Office Approval	Date of Approval

• Thermal Transmittance (U-Value) for external Walls with Blocks

Sr. No.	Description of materials used	Density kg/m³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-					_	
13-						
	Total thermal resistance for	materials :	used in Wall	(R _T):		

U-Value =	W/m. ² °C	
Client's Name & Signa	 iture	In Charge Engineer Name & Signature

Engineering Office Approval

Date of Approval

• Thermal Transmittance (U-Value) for Concrete/ Shear Walls

Sr. No.	Description of materials used	Density kg/m³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for					

U-Value =	W/m.² °C

Client's Name & Signature	In Charge Engineer Name & Signature
Engineering Office Approval	

• Thermal Transmittance (U-Value) for External Columns

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for					

U-Value = W/m. ² °C	
Client's Name & Signature	In Charge Engineer Name & Signature
Client's Name & Signature	In Charge Engineer Name & Signature
Engineering Office Approval	Date of Approval

• Thermal Transmittance (U-Value) for External Beams

Sr. No.	Description of materials used	Density kg/m³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes	
1-							
2-							
3-							
4-							
5-							
6-							
7-							
8-							
9-							
10-							
11-							
12-							
13-							
	Total thermal resistance for materials used in Wall (R _T):						

U-Value =	W/m. ² °C	
Client's Name & Sig	gnature	In Charge Engineer Name & Signature
Engineering Office	Approval	Date of Approval

• Thermal Transmittance (U-Value) for Spandrel Area of Curtain Wa

Sr. No.	Description of materials used	Density kg/m³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials ı	used in Wall	(R _T):		

U-Value = W/m.² °C

Client's Name & Signature	In Charge Engineer Name & Signature
Engineering Office Approval	

•	Thormal	Transmittance	(II-Value)	for walls of	light welle/cl	hafts/voids
•	1 nermai	<i>i ransmuiance</i>	(U-vaiue)	ior waus oi	ugni weus/si	raiis/voias

Sr. No.	Description of materials used in Walls	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials ı	used in Wall	(R _T):		

W/m. ² °C

Client's Name & Signature	In Charge Engineer Name & Signature
Engineering Office Approval	

Sr. No.	Description of materials used in Exterior Walls	Density kg/m³	Thickness (I)	r	R	
No. 1-			(I)	_		
1-	used in Exterior wans	Kg/III	(-)	<u>m.k</u>	<u>m².k</u>	Notes
			m	w	\mathbf{w}	
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-		ļ				
13-						
	Total thermal resistance for	materials	used in Wall	(R _T):		
U-Va	alue = W/m.² °C					
 Clien	t's Name & Signature		In Cha	rge Engin	eer Name	& Signature
				8. 8		
Engir	neering Office Approval				Date of	f Approval

Glass Selection Detail	Glass	Sel	ection	Det	ails
------------------------	-------	-----	--------	-----	------

Location	Windows & Doors	Curtain Wall	Sky Light	Total Glass Area (M²)	Total Surface Area (M²)	Glass %
Glass Area (M²)						

	GLASS MAKE/DESCRIPT	ION/COATING SURFCE #	THI	CKNESS (n	nm)	SUMMER U-	SHADING	LIGHT
LOCATION	OUTER GLASS	INNER GLASS	OUTER	AIR	INNER	VALUE	COEFFICI	TR
	OCIER GLASS	INVER GEASS	GLASS	SPACE	GLASS	(W/M ² OC)	ENT (SC)	%
WINDOWS &								
DOORS								
CURTAIN								
WALLS								
SKY LIGHT								

•	t all information in the attache construction of this building.	d tables and documents is corre	ect and I con	nfirm that	I will com	ply with Therr	nal Insulation	ı Ordei
Client's Name &	z Signature	In Charge Engineer	· Name & S	Signature	-			
Engineering Off	ïce Approval	Date of Approval						

CALCULATIO Job Title:	N SHEET FO	R GLA	ASS AREA	C	lient's Name:						
Type of External Glazed Window/Glazed Door/Curtain wall/Sky light			t Elevation	Rear	Elevation	Le	ft Elevation	Righ	nt Elevation	Total Glass Area of all Elevations (M²)	Total Surfac Area of all Elevations (M²)
want day again	(11 22)	Qty (N _f)	Total Glass Area (M²) (WxHxNf)	Qty (Nr)	Total Glass Area (M²) (WxHxNr)	(N_l)		Qty (Nri)	Total Glass Area (M²) (WxHxNri)		

Engineering Office Name:	
In charge Engineer's Name:	
In charge Engineer's Signature:	
NI 4	

Notes:

Total glass area in each elevation (G_a)

Surface area of each elevation (S_a)

Percentage of Glass (G_a/S_a)X100

^{1.} Indicate type of window/door/curtain wall/sky light as W_n/D_n/CW_n/SKL_n respectively. _n is variable as per schedule of windows, doors, curtain wall and sky light. Use additional sheets if required.

CALCULATION SHEET FOR EXTERNAL SURFACE AREAS (Including glass)

Front		Rear		Left		Right	
LxHxN*	Area (M²)						
							9

Engineering Office Name:	
In charge Engineer's Name:	
In charge Engineer's Signature:	

Notes:

L= Length (Meters) H= Height (Meters)

 N^* = No. of Typical Floors and is applicable for calculating total surface area of typical floors. For remaining floors N^* =1

Other floors: Specify & add if any

Exclude basement, car park levels & parapet in calculation of external surface areas.

CONTRACTING COMPANY'S LOGO

FOLLOW-UP NOTICE FOR

ΤΗΓΡΜΔΙ ΙΝΟΙΙΙ ΔΤΙΛΝ ΙΜΡΙ ΓΜΓΝΤΔΤΙΛΝ

TO:

Engineering Office

Fax:				
A 1. 4. N.	n.	ule b east		
Application No.: Client Name:	Bu	ilding Permit No.		-
Building No.	Road No.	Block No.	Area	<u>-</u>
We would like to inf	orm you that we a	ere going to start the	e installation of thermo	al insulation for
the (Roof / Wall/Glo	ass) of floor no	on	. and that the thermal	insulation will
not be covered before				
V				
N O C!				
Name & Signature Telephone No.:	of supervising E	ingineer:		
Contracting Co. Of	ffice Name & Sta	mp:		
Date:				
Note:				

This form should be sent for each floor/roof/glass when intending to start the installation of thermal

Copies of building permission & address card for entrance should be sent with the first Follow up Notice.

insulation and at least two weeks before its completion.

CONTRACTING COMPANY'S LOGO

Thermal Insulation Implementation Program Material Approval Form for Glass Owner's Name

Application #	Owner's	Name				
Contractor's Office Name:						
Date of Submission:						
We submit following details for the	he Glass to be used in t	he above project	for approval:			
Manufacturer & Brand						
Local Agent of Manufacturer/Supplier & their Fel No.						
Aluminum Fabricator & Tel No.).					
Product Description of glass for windows/doors.						
Product Description of glass for curtain wall						
Product Description of glass for skylight						
Expected start date of fabrication:*						
fabrication:* Documents/Samples to be submitted with this Form: • Performance Data from Manufacturer for each type of glass. • Certificate from the local supplier & Fabricator as per the format enclosed. • One Sample for each type duly labeled with following details: - Engineering Office: - TII Application No.: - Project Name: - Client Name: - Glass Make & Product description: - Supplier/ Aluminum Fabricator details:						
Client's Name & Signature Engineering Office Approval::	Engineer in Name & Sig		Contractor's Office Stamp & Signature			
Approved/Rejected	Remarks:					
Approved/Rejected	Remarks:					
Signature:						
Date:			Stamp			

- Contractor's Office to send Follow Up Notices for inspection of glass at the factory of the supplier
- and at the building site at least one week before the start of Fabrication/installation of the glass...
- Approved glass sample(s) should be available at building site till the final inspection of glass.
- Copies of delivery notes from the glass manufacturer to local supplier and from the local supplier to Aluminum Fabricator should be submitted to Engineering Office at the time of inspection of glass at site.

Certificate to be given by the Glass Supplier & Aluminum Fabricator

Project Name:			Thermal Insulation Application No) .:		
Client :_						
Engineering Of	fice:					
We hereby con	firm that the glasses supp	olied/used for windows/curtain walls/	/skylight for the above project are as	given below:		
		Glass description	& coating surface #	Tł	nickness (mm)
Location	Make/Brand	Outer glass	Inner glass	Outer glass	Air Space	Inner glass
Windows					-	
Curtain						
walls.						
Skylight.						
D 11	Glass received from:			,I	L	
Deliver	y Note No(s)& Date(s)*:					
	glass would be ready for					
ınsp	ection by E.O & MEW*:					
Signature:						
Name:						
Designation	on:		Company Sta	mn		

Glass supplier should refer the thermal insulation application No. in their delivery notes to the aluminum fabricator.

$\frac{THERMAL\ INSULATION\ IMPLEMENTATION}{MODIFICATION\ FORM}$

	Owner		□ Eng	ineering	Office	
		- C				
	Insulation Materials in Ro	01			laterials in v	vans
_	Glass Type	nla a\ fan Da		s Area		
•	Thermal Transmittance(U-v	aiue) jor Ko T		r	R	1
Sr.	Description of materials	Density	Thickness (I)	<u>m.k</u>	m ² .k	Notes
No.	used in Roof	kg/m ³	m	W	W	Notes
1-				**	**	
- 2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-	TD 4 141 1 14 6	4 ' 1 1	. D. C(D)			ļ
	Total thermal resistances for ma	ateriais used	in Kooi (Rt):			
T T 7	alue = W/m.² °C	7				
) - V (alue = W/m. ² °C					
_		_				
Clie	nt's Name & Signature	_	Engineer Na	ıme		tor's Signature &
		& S	Signature		Stamp	

• Thermal Transmittance (U-Value) for Air-conditioned floors/ceilings exposed to non-air-conditioned spaces

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials 1	used in Wall	$(\mathbf{R}_{\mathrm{T}})$:		

U-Value = W/m. ²	°C	
Client's Name Signature	In Charge Engineer Name & Signature	Contractor's Signature & Stamp
Engineering Office Approval		Date of Approval

• Thermal Transmittance (U-Value) for external Walls with Blocks

Sr. No.	Description of materials used	Density kg/m³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials ı	used in Wall	(R _T):		

Total thermal resista	nce for materials used in Wal	II (R _T):
U-Value = W/m. ²	°C	
Client's Name & Signature	In charge Engineer Name & Signature	Contractor's Signature & Stamp
Engineering Office Approval	<u> </u>	Date of Approval

• Thermal Transmittance (U-Value) for Concrete/ Shear Walls

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials 1	used in Wall	(R _T):		

Total	thermal resistance f			
U-Value =	W/m. ² °C			
Client's Name & Signature		In Charge Engineer Name & Signature	Contracto Stamp	or's Signature &
Engineering O	ffice Approval		Date o	of Approval

• Thermal Transmittance (U-Value) for External Columns

Sr. No.	Description of materials used	Density kg/m³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials 1	used in Wall	(R _T):		

13-					
	Total thermal resistar	nce for materia	ls used in Wall (I	R _T):	
U-V	Value = W/m. ²	PC			
	nt's Name ignature		rge Engineer & Signature	Contract Stamp	tor's Signature &
Engi	neering Office Approval			Date	of Approval

• Thermal Transmittance (U-Value) for External Beams

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials 1	used in Wall	(R _T):		

Total therma				
U-Value =	W/m.² °C			
Client's Name & Signature		In Charge Engineer Name & Signature	Contracto Stamp	or's Signature &
Engineering Office A	pproval		Date o	f Approval

• Thermal Transmittance (U-Value) for Spandrel Area of Curtain Wall

Sr. No.	Description of materials used	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials 1	used in Wall	(R _T):		

Total ther	nal resistance f	or materials used in Wall (R _T)	:
U-Value =	W/m.² °C		
Client's Name & Signature		In Charge Engineer Name & Signature	Contractor's Signature & Stamp
Engineering Office	Approval		Date of Approval

Thermal Transmittance (U-Value) for walls of light wells/shafts/voids

Sr. No.	Description of materials used in Walls	Density kg/m ³	Thickness (I) m	r <u>m.k</u> w	R m².k w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for	materials	used in Wall	(R _T):		

Total the	ermal resistance f		
U-Value =	W/m.² °C		
Client's Name & Signature	_	In charge Engineer Name & Signature	Contractor's Signature & Stamp
Engineering Offi	ce Approval		Date of Approval

•	Thermal	Transmittance	(<i>U-Value</i>)	for
---	---------	----------------------	--------------------	-----

(specify the type of wall)

Sr. No.	Description of materials used in Exterior Walls	Density kg/m³	Thickness (I) m	r <u>m.k</u> w	R <u>m².k</u> w	Notes
1-						
2-						
3-						
4-						
5-						
6-						
7-						
8-						
9-						
10-						
11-						
12-						
13-						
	Total thermal resistance for					

U-Value =	W/m.² °C

Client's Name & Signature	In charge Engineer Name & Signature	Contractor's Signature & Stamp
Engineering Office Approval		Date of Approval

Glass Selection Details

Location	Windows & Doors	Curtain Wall	Sky Light	Total Glass Area (M²)	Total Surface Area (M²)	Glass %
Glass Area (M²)						

	GLASS MAKE/DESCRIPT	ION/COATING SURFCE #	THI	CKNESS (n	nm)	SUMMER U-	SHADING	LIGHT
LOCATION	OUTER GLASS	INNER GLASS	OUTER	AIR	INNER	VALUE	COEFFICI	TR
	OUTER GLASS	INNER GLASS	GLASS	SPACE	GLASS	(W/M ² OC)	ENT (SC)	%
WINDOWS &								
DOORS								
CURTAIN								
WALLS								
SKY LIGHT								

I hereby state that all information in the attached tables and documents is correct and I confirm that I will comply with Thermal Insulation Order no. (8/99) for the construction of this building.

Client's Name & Signature	In charge Engineer Name & Signature	Contractor's Signature & Stamp
Engineering Office A	pproval	Date of Approval

CHECK LIST FOR THERMAL INSULATION IMPLEMENTATION (TII)-MODIFICATION FORM

Engineering Office shall ensure that the modification form is complete with all details given below and attach supporting documents and drawings as required. Two sets are to be submitted.

Application No. as given in the approved TII Form	ı
Tick the appropriate box for the type of changes proposed	
For change of owner, attach supporting document for transfer of ownership, copy of CPR/CR, Tel No.& e-mail for the new owner	
For change of Engineering Office, submit "Form to be submitted with TII Modification for change of Engineering Office".	
For change of insulation materials in roof, attach drawing for roof cross section and supporting documents for resistivity values of new materials proposed in the roof.	
For change of insulation materials in walls, attach drawing for wall cross section and supporting documents for resistivity values of new materials proposed in the walls.	
For change of glass type, attach drawing for glass cross section, copy of performance data sheet from the manufacturer's catalogue for the new type of glass. High light, in the performance data sheet, the glass proposed to be used. Glass selection should be in accordance with Table (5.2) in the Code of Practice for thermal insulation in buildings.	
For change of glass area, attach revised floor plans, elevations, schedule of doors & windows and calculation sheets for glass/external surface areas, details for glass selected. Attach copy of performance data sheet from the manufacturer.	
 Notes	—

Notes:

All the pages of the modification form duly filled with relevant information and with names and signatures of client, in charge engineer, stamp & signature of engineering office should be submitted. If there is no change in any of the pages of the previously approved TII Form, information given in the approved TII Form shall be repeated in these pages and signed afresh by all concerned.

If wall/roof construction is different at different locations, then additional sheets for roof/wall with relevant data for each such construction/location should be included.

RECOF		LOW UP NO ECTIONS	TICES &				
5			T	T	T		_
Project Nam							_
Client's Nan							_
Building Per				Thermal Insulati	on Application	on No.:	
Contractor's							
Address:	Bldg No.:		Road No.:			Block No.	
Follow up Notice No.	Date Received	Location	Inspection Date	Inspected by	Status:	Violation	_
		FI No./ R	oof/Glass		Accepted/ Rejected	Yes/No	
							_
							_
							_
							_
							_
							_
							_
							_
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							_
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							-
							=
							=
							-
							=
							_

RECORD OF VIOLATIONS & RECTIFICATIONS

Project Name:						
Client's Name	e:					
Building Pern	Iding Permit No.: Thermal Insulation Application No.:					
Contractor's Name						
Address:	Bldg No.:		Road No.:	Block No.		

Violation Notice No./Date	Location Fl No./ Roof/Glass	Details of Violations	How violation rectified	Inspection Date	Inspected by	Status: Accepted/Rejec ted

مرفق 1 إقرار مقدم من قبل المكاتب الهندسية عند التقدم بطلب لرخصة بناء

يقر المكتب الهندسي بأن التصاميم الهندسية الخاصة بالمشروع المرفق قد تم إعدادها وفقاً لمتطلبات قرار العزل الحراري رقم (8) لسنة 1999م ولائحته الفنية وتعديلاته. كما تم إعداد جميع الوثائق الخاصة بهذا المشروع وفقاً للنماذج المعدة من قبل وحدة العزل الحراري بهيئة الكهرباء والماء، وسوف يقوم المكتب الهندسي بالاحتفاظ بجميع الوثائق والنماذج الدالة على التزام المكتب الهندسي بهذا القرار خلال فترة لا تقل عن عامين من إصدار رخصة البناء وتسليمها للجهات المختصة عند طلبها.

كما يتحمل المكتب الهندسي كامل المسؤولية المترتبة عن الإخلال بما ورد أعلاه.

توقيع وختم المكتب الهندسي مع التاريخ

مرفق 2 إقرار مقدم من قبل المكاتب الهندسية عند اكتمال المبنى مبنى رقم: ____ مجمع ____ رقم رخصة البناء:

يقر المكتب الهندسي بأن هذا المبنى قد تم بناؤه وإكماله وفقاً لمتطلبات قرار العزل الحراري لمملكة البحرين. كما سوف يقوم المكتب الهندسي بالاحتفاظ بجميع الوثائق الدالة على التزام المكتب الهندسي بتطبيق قرار العزل الحراري على هذا المبنى وخلو المبنى من أي مخالفة للقرار، وذلك خلال فترة لا تقل عن عامين من إصدار شهادة إتمام البناء وتسليمها للجهات المختصة عند طلبها.

كما يتحمل المكتب الهندسي كامل المسؤولية المترتبة عن الإخلال بما ورد أعلاه.

اجتياز فحص الزجاج	اجتياز فحص الأسقف	اجتياز فحص الجدران
تم بتاريخ:	تم بتاریخ:	تم بتاریخ:
توقيع المهندس المسئول		ـــــــــــــــــــــــــــــــــــــ

توقيع وختم المكتب الهندسي مع التاريخ