

HOME INSPECTION REPORT

NUMBER **PAGE 1**

CLIENT _____	PROPERTY ADDRESS _____
CLIENT _____	CITY _____
ADDRESS _____	STATE _____ ZIP _____
CITY _____ STATE _____ ZIP _____	OWNER _____

INSPECTED BY _____ OFFICE PHONE _____ HOME PHONE _____

SOIL ☐ dry ☐ frozen ☐ snow on ground **TEMPERATURE**
CONDITION ☐ wet ☐ snow recently **AT TIME OF INSPECTION** _____ °Fahrenheit

TYPE OF ☐ frame ☐ masonry **YEAR BUILT**
CONSTRUCTION ☐ frame with masonry veneer **ESTIMATED/REPORTED AGE** _____ **YEARS**

TYPE OF ☐ single family detached ☐ townhouse For the purposes of this report ☐ North ☐ South ☐ House Occupied
RESIDENCE ☐ multi family _____ units ☐ condominium the front of the building faces: ☐ East ☐ West ☐ House Vacant

DEFINITION OF TERMS IN THIS REPORT

SATISFACTORY: A system or component will be rated as satisfactory if, in the opinion of the inspector, it is performing substantially as intended.

MARGINAL: A system or component will be rated as marginal if, in the opinion of the inspector, it is performing substantially as intended, but is near the end of its normal service life or there is an expectation of limited future usefulness.

UNSATISFACTORY: A system or component will be rated as unsatisfactory if, in the opinion of the inspector, it is significantly deficient (*unsafe or not functioning*) or shows signs of imminent failure.

MAINTENANCE: A notation in the maintenance section signifies that, in the opinion of the inspector, the item cited is in need of routine maintenance.

NOT APPLICABLE: A notation of not applicable indicates that this item or component is not present.

NOT INSPECTED: A notation of an item not being inspected will have a comment as to why it was not inspected within the body of this report.

NOTES & REMARKS: **Notes** are "lettered" comments A-B-C, etc. found on even numbered pages which broadly explain a concern or defect. **Remarks** are numbered comments 1-2-3, etc. found at the bottom of odd numbered pages which may more specifically explain a concern or defect.

A single item defect is described as "one or single or an individual."

Two similar defects are described as "two or a couple or several."

Three or more similar defects are described as "many."

I hereby certify that neither myself nor my company has any hidden financial interest, present or contemplated, in this property or in any repairs which may have been recommended in this report.

_____ INSPECTOR SIGNATURE	_____ LICENSE NUMBER	_____ DATE
Inspection Start Time	Inspection Finish Time	Initial

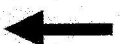
ROOF SYSTEM

Page 3

HOW INSPECTED	<input type="checkbox"/> Walk on Roof <input type="checkbox"/> From Eaves <input type="checkbox"/> Ground/Binoculars <input type="checkbox"/> Windows <input type="checkbox"/> Not Inspected						
ROOF ACCESS RESTRICTED	<input type="checkbox"/> Too Steep to Walk <input type="checkbox"/> Snow Covered See Note "F" <input type="checkbox"/> Type of Material <input type="checkbox"/> Height						
ROOF STYLE	<input type="checkbox"/> Combination <input type="checkbox"/> Hip <input type="checkbox"/> Contemporary <input type="checkbox"/> Gambrel <input type="checkbox"/> Gable <input type="checkbox"/> Shed <input type="checkbox"/> Mansard <input type="checkbox"/> Low Sloping <input type="checkbox"/> Flat						
ROOF SYSTEM	Age and general usefulness are considered in this roof inspection. A satisfactory roof may show evidence of prior or present leaks which can be repaired and give satisfactory service within limits of its age.						
1 _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> _____						
2 _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> _____						
3 _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> _____						
VENTILATION	<input type="checkbox"/> Fan <input type="checkbox"/> Ridge <input type="checkbox"/> Gable <input type="checkbox"/> Roof <input type="checkbox"/> Soffit <input type="checkbox"/> _____						
FLASHING	<input type="checkbox"/> Metal <input type="checkbox"/> Covered Over <input type="checkbox"/> Not Visible						
PLUMBING VENTS	<input type="checkbox"/> Cast Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Copper <input type="checkbox"/> Galv. Stl. <input type="checkbox"/> Unknown						
SKYLIGHT	<input type="checkbox"/> Plastic <input type="checkbox"/> Insulated Glass <input type="checkbox"/> Step Flashed <input type="checkbox"/> _____						
VALLEYS	<input type="checkbox"/> Asphalt <input type="checkbox"/> Metal						
CHIMNEYS AND VENTS	1 _____ <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> _____						
	2 _____ <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> _____						
	3 _____ <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> _____						
Due to the limitations of our inspection we are unable to adequately observe the interior of the chimney flue or vent pipe. We advise you to engage a chimney sweep before finalizing your contract to clean and thoroughly inspect the flues and vents. During the cleaning, the chimney sweep will be able to determine more accurately if any portions are damaged, missing or if there are any repairs needed.							
FLUES	<input type="checkbox"/> Clay Tile <input type="checkbox"/> Metal <input type="checkbox"/> Unlined <input type="checkbox"/> Unknown						
CROWN/TOP	<input type="checkbox"/> Metal <input type="checkbox"/> Masonry <input type="checkbox"/> _____						
VENT OR FLUE CAPS	<input type="checkbox"/> Present _____ <input type="checkbox"/> Missing _____ <input type="checkbox"/> Need Repair _____						

SEE OPPOSITE PAGE FOR REFERENCE NOTES 

Remarks:



GUTTERS AND GROUNDS

Page 7

GUTTERS

Gutters Inspected From: ☐ Roof ☐ Ladder ☐ Ground
 Home has: ☐ Full ☐ Partial ☐ None
☐ We recommend adding a gutter system.

SATISFACTORY
 MARGINAL
 UNSATISFACTORY
 MAINTENANCE
 NOT APPLICABLE
 NOT INSPECTED
 NOTES

GUTTERS

☐ Metal ☐ Plastic ☐ _____

DOWNSPOUTS

☐ Metal ☐ Plastic ☐ _____

RUNOFF DRAINS

☐ Metal ☐ Plastic ☐ Underground ☐ Surface ☐ None

SPLASH BLOCKS

☐ All ☐ Some ☐ None ☐ Add

Water is the number one enemy of the building. Water from the roof can not only cause wet soil conditions leading to foundation problems, it can also cause rot in the siding, under the eaves, and even inside the walls of the house. Gutters and downspouts should be kept clean. Runoff drains should be used to direct water at least 6 feet away from the foundation.

GROUNDS

☐ Unable to give accurate account of grading due to snow, vegetation, deck and/or porch over _____ %. Information below reflects visible portion only.

GRADING

☐ Satisfactory ☐ Flat ☐ Negative _____ **Grade and Wet Soil:** One of the most common causes of wet basements, crawlspaces, and slabs is incorrect grading. The ground around the foundation should slope away from the house. A drop of six inches over six feet is recommended as a minimum. Patios that slope toward the foundation create serious water penetration problems. Incorrect grades that channel water toward the house are a major cause of structural damage. The soil can become so wet that its load-bearing ability is reduced. During freezing weather, water in the soil expands as it freezes and can crack or heave foundations. The importance of good drainage, and/or grades that slope away from the foundation, cannot be emphasized too strongly.

WALKS

☐ Concrete ☐ Asphalt ☐ Brick ☐ Stone ☐ _____

PATIO

☐ Concrete ☐ Brick ☐ Wood ☐ Stone ☐ _____

STEPS

☐ Wood ☐ Concrete ☐ Brick ☐ Slate ☐ _____

HAND RAILING

☐ Wood ☐ Metal ☐ Loose ☐ Missing ☐ Damaged ☐ _____

DRIVEWAY

☐ Concrete ☐ Asphalt ☐ Brick ☐ Gravel ☐ Soil

RETAINING WALL

☐ P.T. Wood ☐ Concrete ☐ Block ☐ Stone ☐ RRTies ☐ Bulged

SEE OPPOSITE PAGE FOR REFERENCE NOTES

Remarks:

GARAGE

Page 9

GARAGE

- ☐ _____ Car Attached
☐ _____ Car Detached
☐ Carport ☐ None

This inspection only includes one readily identifiable standard attached or detached garage or carport. Sheds, barns or other ancillary structures (even if used for auto storage) are not part of this inspection.

SATISFACTORY
 MARGINAL
 UNSATISFACTORY
 MAINTENANCE
 NOT APPLICABLE
 NOT INSPECTED
 NOTES

ROOFING ☐ Rolled Roofing ☐ Asphalt Shingle ☐ _____

GUTTERS ☐ None

DOWNSPOUTS ☐ None

SIDING ☐ Wood ☐ Metal ☐ Concrete Block
☐ Vinyl ☐ Asbestos ☐ Brick ☐ _____

SOFFIT—FASCIA ☐ Wood ☐ Metal ☐ Open ☐ Vinyl

GRADING ☐ Flat _____ ☐ Negative _____

ELECTRICAL SYSTEM ☐ None ☐ Underground ☐ Overhead ☐ Switches
☐ Lighting ☐ Outlets ☐ GFCI ☐ Grounded ☐ Not Grounded

H

FLOOR ☐ Concrete ☐ Asphalt ☐ Soil/Gravel ☐ Wood

FOUNDATION ☐ Block ☐ Concrete ☐ Stone ☐ Unknown ☐ Damaged

INTERIOR WALLS ☐ Unfinished ☐ Wood ☐ Drywall/Plaster ☐ Masonry

INTERIOR CEILING ☐ Unfinished ☐ Wood ☐ Drywall/Plaster ☐ _____

SERVICE DOORS ☐ Metal ☐ Wood ☐ _____

WINDOWS ☐ Wood ☐ Metal ☐ Vinyl

VEHICLE DOORS

- ☐ Overhead ☐ Sliding ☐ Swinging
☐ Wood/Fiber ☐ Metal ☐ Fiberglass

R


OVERHEAD DOOR OPERATORS ☐ Auto Openers _____ ☐ Manual _____
☐ Auto Safety Reverse ☐ Non-Safety Type ☐ See Note "Q"

SEE OPPOSITE PAGE FOR REFERENCE NOTES


Remarks:

ATTIC / INTERIOR / STOVES & FIREPLACES

Page 11

ATTIC		Access <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Space <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished <input type="checkbox"/> Partial	Access Limited by <input type="checkbox"/> No Flooring <input type="checkbox"/> Low Clearance <input type="checkbox"/> Small Opening	<input type="checkbox"/> Shelving <input type="checkbox"/>	Viewed from <input type="checkbox"/> Hatch <input type="checkbox"/> Partial Entry <input type="checkbox"/> Full Entry	SATISFACTORY	MARGINAL	UNSATISFACTORY	MAINTENANCE	NOT APPLICABLE	NOT INSPECTED	NOTES
FRAMING	<input type="checkbox"/> Rafters <input type="checkbox"/> Trusses												
SHEATHING	<input type="checkbox"/> Plywood <input type="checkbox"/> OSB <input type="checkbox"/> Boards <input type="checkbox"/> Spaced <input type="checkbox"/> Full												
ATTIC INSULATION	<input type="checkbox"/> Cellulose <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rockwool <input type="checkbox"/> Vermiculite <input type="checkbox"/> Blown <input type="checkbox"/> Roll/Batt <input type="checkbox"/> Loose Fill <input type="checkbox"/> None <input type="checkbox"/> Unknown												
INSULATION THICKNESS	<input type="checkbox"/> Avg. In. <input type="checkbox"/> Unable to determine <input type="checkbox"/> Insulation is not evenly distributed												
VENTILATION	<input type="checkbox"/> Ridge <input type="checkbox"/> Soffit <input type="checkbox"/> Roof <input type="checkbox"/> Gable <input type="checkbox"/> Power Fan <input type="checkbox"/> Turbine												
EVIDENCE OF MOISTURE	<input type="checkbox"/> Active Leak <input type="checkbox"/> Condensation <input type="checkbox"/> Stains <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Location _____												
INTERIOR ROOMS	In the process of conducting this inspection, the inspector is not permitted to move furniture or pick up carpeting or rugs. The inspector is not required to observe paint, wallpaper, and other finish treatments on the interior walls, ceilings and floors. Carpeting, draperies, blinds and window treatments are not part of this inspection. We did not evaluate the presence or absence of lead paint on any surface, or any possible asbestos material contained in building products.												
WALLS / CEILINGS	Cracks related to normal aging are not reported.												
FLOORS	Uneven floors related to normal aging are not reported.												
WINDOWS / DOORS	A minimum of one window per room was tested.												
STAIRS	We urge you to install handrails on all stairs having more than 2 risers.												
SKYLIGHTS	<input type="checkbox"/> Stains observed near skylights, could be the result of interior condensate or roof flashing leaks. We are unable to confirm the cause of the observed stains.												
CEILING FANS	Tested at high speed for excessive vibration.												
WHOLE HOUSE FAN	<input type="checkbox"/> We urge you to install a safety control switch. A protective "lock-out" circuit should be part of every whole house fan system to prevent the furnace or boiler from operation whenever the whole house fan is in use.												
ELECTRICAL	Receptacles and switches. All electrical outlets, throughout the house, should be covered.												←
SMOKE & CO DETECTORS	We urge you to install smoke detectors in all bedrooms and on each level of the house. Carbon monoxide detectors should be installed on any story having a sleeping area.												←
STOVES & FIREPLACES	This inspection is not able to determine the condition of interior flues within the chimney, nor determine the draft capability of any fireplace or stove. See important chimney flue comments on page 3 of this report.												
LOC. _____	<input type="checkbox"/> Solid Fuel <input type="checkbox"/> Gas Only	<input type="checkbox"/> Damper <input type="checkbox"/> Operational <input type="checkbox"/> Defective											
LOC. _____	<input type="checkbox"/> Solid Fuel <input type="checkbox"/> Gas Only	<input type="checkbox"/> Damper <input type="checkbox"/> Operational <input type="checkbox"/> Defective											
LOC. _____	<input type="checkbox"/> Solid Fuel <input type="checkbox"/> Gas Only	<input type="checkbox"/> Damper <input type="checkbox"/> Operational <input type="checkbox"/> Defective											
SEE OPPOSITE PAGE FOR REFERENCE NOTES 													
Remarks:													

Page 13

BATHROOM 1		<input type="checkbox"/> Master <input type="checkbox"/> 1/2 Bath <input type="checkbox"/> Full <input type="checkbox"/> _____		SATISFACTORY	MARGINAL	UNSATISFACTORY	MAINTENANCE	NOT APPLICABLE	NOT INSPECTED	NOTES
BATHTUB	<input type="checkbox"/> Faucet Leak <input type="checkbox"/> Seal Gap Between Spout & Wall <input type="checkbox"/> _____									
TUB WALLS	<input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass/Plastic <input type="checkbox"/> Caulking Needed									
SHOWER PAN	<input type="checkbox"/> Fiberglass/Plastic <input type="checkbox"/> Terrazzo <input type="checkbox"/> Tile									
SHOWER WALLS	<input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass/Plastic <input type="checkbox"/> _____									
WALLS & CEILING										
SINKS										
DRAINS & TRAPS	<input type="checkbox"/> "P" Trap <input type="checkbox"/> "S" Trap See Figure 1									
TOILET	<input type="checkbox"/> Loose at Base <input type="checkbox"/> Toilet Leaks <input type="checkbox"/> Tank or Base Damaged <input type="checkbox"/> _____									
RECEPTACLES	<input type="checkbox"/> GFCI <input type="checkbox"/> Grounded <input type="checkbox"/> Not Grounded <input type="checkbox"/> None <input type="checkbox"/> We urge you to replace or install GFCI receptacles in all bathrooms for safety.									
FLOOR	<input type="checkbox"/> Ceramic <input type="checkbox"/> Vinyl / Inlay <input type="checkbox"/> Carpet <input type="checkbox"/> Wood									
VENTILATION	<input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None See Note M									
BATHROOM 2		<input type="checkbox"/> Master <input type="checkbox"/> 1/2 Bath <input type="checkbox"/> Not Present <input type="checkbox"/> Full <input type="checkbox"/> _____								
BATHTUB	<input type="checkbox"/> Faucet Leak <input type="checkbox"/> Seal Gap Between Spout & Wall <input type="checkbox"/> _____									
TUB WALLS	<input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass/Plastic <input type="checkbox"/> Caulking Needed									
SHOWER PAN	<input type="checkbox"/> Fiberglass/Plastic <input type="checkbox"/> Terrazzo <input type="checkbox"/> Tile									
SHOWER WALLS	<input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass/Plastic <input type="checkbox"/> _____									
WALLS & CEILING										
SINKS										
DRAINS & TRAPS	<input type="checkbox"/> "P" Trap <input type="checkbox"/> "S" Trap See Figure 1									
TOILET	<input type="checkbox"/> Loose at Base <input type="checkbox"/> Toilet Leaks <input type="checkbox"/> Tank or Base Damaged <input type="checkbox"/> _____									
RECEPTACLES	<input type="checkbox"/> GFCI <input type="checkbox"/> Grounded <input type="checkbox"/> Not Grounded <input type="checkbox"/> None <input type="checkbox"/> We urge you to replace or install GFCI receptacles in all bathrooms for safety.									
FLOOR	<input type="checkbox"/> Ceramic <input type="checkbox"/> Vinyl / Inlay <input type="checkbox"/> Carpet <input type="checkbox"/> Wood									
VENTILATION	<input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None See Note M									
SEE OPPOSITE PAGE FOR REFERENCE NOTES 										
Remarks:										

Page 15

[illegible]

KITCHEN / LAUNDRY

Page 17

KITCHEN

Operation of appliances is provided as a courtesy and is not part of our standard inspection. Only built-in appliances were tested briefly for apparent function. Timers, clocks, self-cleaning features, refrigerators and/or freezers are not evaluated, temperatures were not tested.

SATISFACTORY
MARGINAL
UNSATISFACTORY
MAINTENANCE
NOT APPLICABLE
NOT INSPECTED
NOTES

CABINETS	Only a random number of cabinets and drawers were evaluated.									
COUNTERTOPS										
SINK(S)	<input type="checkbox"/> Stainless <input type="checkbox"/> Cast Iron <input type="checkbox"/> Metal Enamel <input type="checkbox"/> Plastic									
SINK FAUCETS	<input type="checkbox"/> Individual <input type="checkbox"/> Single Lever									
3RD FAUCET	<input type="checkbox"/> Instant Hot <input type="checkbox"/> Sprayer <input type="checkbox"/> _____									
DRAIN & TRAP	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> "P" Trap <input type="checkbox"/> "S" Trap See Figure 1 Page 16									
GARBAGE DISPOSAL	<input type="checkbox"/> Batch Feed <input type="checkbox"/> Continuous Feed The use of a garbage disposal is not recommended with septic systems.									
DISHWASHER										
TRASH COMPACTOR										
EXHAUST FAN	<input type="checkbox"/> Recirculating <input type="checkbox"/> Vents to Exterior <input type="checkbox"/> _____									
RANGE	<input type="checkbox"/> Anti tip device may not be installed. <input type="checkbox"/> Electric <input type="checkbox"/> Gas									
COOK-TOP	<input type="checkbox"/> Electric <input type="checkbox"/> Gas									
OVENS	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> # _____									
MICROWAVE	<input type="checkbox"/> Portable <input type="checkbox"/> Built-in									
WALL RECEPTACLES	<input type="checkbox"/> Grounded <input type="checkbox"/> Ungrounded <input type="checkbox"/> GFCI All countertop receptacles should be GFCI protected for added safety.									
FLOOR	<input type="checkbox"/> Vinyl/Inlay <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Other									
WALLS & CEILING										
LAUNDRY	The washer and dryer operation is not part of our inspection and these units were not tested.									←
LAUNDRY SINK	<input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Soapstone <input type="checkbox"/> _____									
SINK FAUCETS	<input type="checkbox"/> Individual <input type="checkbox"/> Single Lever									
DRAIN & TRAP	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> "P" Trap <input type="checkbox"/> "S" Trap <input type="checkbox"/> See Figure 1 Pg. 16									
WASHER	<input type="checkbox"/> Water Supply <input type="checkbox"/> Elec. Supply <input type="checkbox"/> Grounded <input type="checkbox"/> Not Grounded <input type="checkbox"/> See Note "Q"									R
WASHER DRAINS	<input type="checkbox"/> Laundry Sink <input type="checkbox"/> Trapped Line <input type="checkbox"/> Ejector Pump <input type="checkbox"/> _____									
DRYER VENTED	<input type="checkbox"/> Outside The max. vent run is 25ft. with 5ft. reductions for each 90° elbow. <input type="checkbox"/> Inside All dryers should be vented to the outside. See note S.									S
ENERGY SOURCE	<input type="checkbox"/> 220 Electric <input type="checkbox"/> Gas									

SEE OPPOSITE PAGE FOR REFERENCE NOTES

Remarks:

BASEMENT / CRAWL SPACE / SLAB

Page 19

TYPE	<input type="checkbox"/> Basement <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Observations Limited _____ <input type="checkbox"/> Storage _____ <input type="checkbox"/> Finished Areas _____																
ACCESS	<input type="checkbox"/> Interior Stair <input type="checkbox"/> Exterior Stair <input type="checkbox"/> _____																
WALLS	<input type="checkbox"/> Block <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone <input type="checkbox"/> _____																
FLOOR	<input type="checkbox"/> Concrete <input type="checkbox"/> Soil <input type="checkbox"/> Carpet on Slab <input type="checkbox"/> _____																
COLUMNS	<input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Bearing Wall <input type="checkbox"/> Masonry																
BEAMS	<input type="checkbox"/> Steel <input type="checkbox"/> Wood																
JOISTS	<input type="checkbox"/> Dimensional <input type="checkbox"/> Truss <input type="checkbox"/> "I" Joists <input type="checkbox"/> _____																
SUB FLOOR	<input type="checkbox"/> Plywood <input type="checkbox"/> OSB <input type="checkbox"/> Sheathing Board																
INSULATION	<input type="checkbox"/> Walls <input type="checkbox"/> Band Joist <input type="checkbox"/> Between Joists <input type="checkbox"/> None																
FINISHED AREA	<input type="checkbox"/> Finished areas prevent inspections of floor, walls, joists and sill. <input type="checkbox"/> _____ % Finished																
WATER PENETRATION	<input type="checkbox"/> No Evidence at Time of Inspection <input type="checkbox"/> Evidence of Prior/Ongoing Water Penetration																
PENETRATION APPEARS DUE TO:	<input type="checkbox"/> Occasional Seepage <input type="checkbox"/> Regular Seepage <input type="checkbox"/> Possible Flooding <input type="checkbox"/> _____																
DRAINAGE	<input type="checkbox"/> Floor Drain <input type="checkbox"/> Sump Pit <input type="checkbox"/> Sump Pump <input type="checkbox"/> None Observed																K
CRAWL SPACE	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Entered <input type="checkbox"/> Viewed from Hatch <input type="checkbox"/> Restricted <input type="checkbox"/> Low Clearance <input type="checkbox"/> Hazardous <input type="checkbox"/> _____																
ACCESS	<input type="checkbox"/> _____																
WALLS	<input type="checkbox"/> Block <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone <input type="checkbox"/> _____																
FLOOR	<input type="checkbox"/> Concrete <input type="checkbox"/> Soil <input type="checkbox"/> Vapor barrier <input type="checkbox"/> Inadequate vapor barrier																
PIERS	<input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Bearing Wall <input type="checkbox"/> Masonry																
BEAMS	<input type="checkbox"/> Steel <input type="checkbox"/> Wood																
JOISTS	<input type="checkbox"/> Dimensional <input type="checkbox"/> Truss <input type="checkbox"/> "I" Joists <input type="checkbox"/> _____																
SUB FLOOR	<input type="checkbox"/> Plywood <input type="checkbox"/> OSB <input type="checkbox"/> Sheathing Boards																
INSULATION	<input type="checkbox"/> Walls <input type="checkbox"/> Band Joist <input type="checkbox"/> Between Joists <input type="checkbox"/> None																
WATER PENETRATION	<input type="checkbox"/> No Evidence at Time of Inspection <input type="checkbox"/> Evidence of Prior/Ongoing Water Penetration																
PENETRATION APPEARS DUE TO:	<input type="checkbox"/> Occasional Seepage <input type="checkbox"/> Regular Seepage <input type="checkbox"/> Possible Flooding <input type="checkbox"/> _____																
DRAINAGE	<input type="checkbox"/> Floor Drain <input type="checkbox"/> Sump Pit <input type="checkbox"/> Sump Pump <input type="checkbox"/> None																K
SLAB	<input type="checkbox"/> Visible Cracks <input type="checkbox"/> Dampness Evident																

SEE OPPOSITE PAGE FOR REFERENCE NOTES ↑

Remarks:

Page 21

The following are **NOT** included in this inspection unless pre-arranged per Pre-Inspection Agreement : fuel storage tanks that are buried or partially buried, lawn sprinkler systems, fire sprinklers, hot tubs, swimming pools & related equipment, steam baths, saunas, buried plumbing, water purity, water quantity, well equip., water treatment systems and the proper functioning of the septic system.

☐ Water off at Time of Inspection ☐ Water System has been Winterized

SATISFACTORY	MARGINAL	UNSATISFACTORY	MAINTENANCE	NOT APPLICABLE	NOT INSPECTED	NOTES
--------------	----------	----------------	-------------	----------------	---------------	-------

MAIN SUPPLY	<input type="checkbox"/> Lead See Note "O" <input type="checkbox"/> Copper <input type="checkbox"/> Galv. Steel <input type="checkbox"/> Plastic <input type="checkbox"/> See Note "A"								
MAIN SHUTOFF	<input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> _____								B
SUPPLY PIPES	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> _____								
WASTE/VENT PIPES	<input type="checkbox"/> Copper <input type="checkbox"/> Cast Iron <input type="checkbox"/> P.V.C. / ABS <input type="checkbox"/> Galv. Stl. <input type="checkbox"/> _____								
OUTSIDE SPIGOTS	<input type="checkbox"/> Some/All were off at time of inspection								
EJECTOR PUMP									
WATER HEATERS	Mfg. #1 _____ Size #1 _____ gals. Mfg. Date #1 _____ Mfg. #2 _____ Size #2 _____ gals. Mfg. Date #2 _____ <input type="checkbox"/> Water Off <input type="checkbox"/> Gas Off <input type="checkbox"/> Electric Off								
WATER HEATER FUEL	<input type="checkbox"/> Gas <input type="checkbox"/> L.P. <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> _____								
FLUE PIPE	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall <input type="checkbox"/> Plastic <input type="checkbox"/> Damaged								
GAS PIPING	<input type="checkbox"/> Shut-off Valve Present <input type="checkbox"/> Shut-off Valve Missing, Should Be Added								B
TEMP/PRESSURE RELIEF VALVE & PIPE	<input type="checkbox"/> Pipe Short <input type="checkbox"/> Pipe Wrong Size <input type="checkbox"/> Pipe Missing <input type="checkbox"/> A 3/4" pipe should extend within 6" of the floor								
COLD WATER VALVE	<input type="checkbox"/> Present <input type="checkbox"/> Missing								B
BLDG. FUEL TYPE	<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> _____								
SUPPLY PIPING	<input type="checkbox"/> Gas Leak _____								
STORAGE TANKS	<input type="checkbox"/> Fully Exposed Outside <input type="checkbox"/> Fully Exposed Inside <input type="checkbox"/> Partially or Fully Buried See Note "N" <input type="checkbox"/> Not Fully Visible								
MAIN SHUT-OFF	<input type="checkbox"/> Basement <input type="checkbox"/> Outside <input type="checkbox"/> At Tank <input type="checkbox"/> _____								B

SEE OPPOSITE PAGE FOR REFERENCE NOTES.

Remarks:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Page 23

[illegible]

COOLING SYSTEM

Page 25

CENTRAL SYSTEM

- ☐ Full ☐ Partial ☐ None
☐ Not Tested ☐ Outside Temperature Below 65° F See Note "F"
☐ _____

SATISFACTORY
 MARGINAL
 UNSATISFACTORY
 MAINTENANCE
 NOT APPLICABLE
 NOT INSPECTED
 NOTES

AIR COND. ONLY

Approx. Tonnage _____ Manufacturer _____
 Mfg. Date _____ Max. Fuse _____ Amps.

HEAT PUMP

☐ Unable to determine above information

COILS & FINS

☐ Clean ☐ Damaged ☐ Need Cleaning ☐ See Note "D"

ELECTRICAL

☐ External ☐ Disconnect ☐ Missing See Note "C"
☐ Overfused ☐ Wire Undersized

COOLING LINES

☐ Insulation Needs Repair ☐ _____

CONDENSATE DRAIN

☐ Improper Disposal ☐ See Note "G"

OPERATION

Temp. Differential _____ ° F

WALL UNITS

_____ Units Functional ☐ Not Functional At _____

Window units are not part of this inspection.

SEE OPPOSITE PAGE FOR REFERENCE NOTES _____

Remarks:

☐ See Addendum

ELECTRICAL SYSTEM

SERVICE CABLE & PANELS

Only a representative number of switches and receptacles were tested. The Inspector is unable to comment on the condition of BURIED or CONCEALED wires. This is not a code inspection, nor does it include intercoms, remote control devices, alarm systems and low voltage systems.

SERVICE CABLE

☐ Overhead ☐ Underground ☐ Aluminum ☐ Copper

MAIN PANEL

☐ Garage ☐ Basement ☐ Rated Amps _____
☐ Access Restricted See Note "S"

SUB PANELS

Location 1 _____ 2 _____ 3 _____

110 V. WIRING

☐ Copper ☐ Knob & Tube ☐ _____ Aluminum Circuits See Note "I"

220 V. WIRING

☐ Copper ☐ Aluminum

GROUNDING

☐ Water Pipe ☐ Driven Rod ☐ Unable to Verify

CIRCUIT PROTECTION

☐ Breakers ☐ Fuses ☐ _____ Overfused ☐ _____ Double Taps

SEE OPPOSITE PAGE FOR REFERENCE NOTES _____

Remarks:

ADDENDUM

Page 27

RADON - EVALUATION OF ANY RADON INSTALLATION WILL BE CONDUCTED **ONLY** IF THE COMPANY IS COMMISSIONED TO CONDUCT A RADON TEST.

MOLD - IF MOLD IS DETECTED IN ANY AREA, WE URGE YOU TO HAVE THE MOLD TESTED AND MITIGATED BY A QUALIFIED COMPANY IMMEDIATELY.

POOL - THE POOL, IF PRESENT, AND ALL POOL RELATED EQUIPMENT WERE NOT INSPECTED AND ARE NOT PART OF THIS REPORT. REFER INSPECTIONS OF THE POOL AND RELATED EQUIPMENT TO A QUALIFIED POOL MAINTENANCE COMPANY.