



**1234 Your Street
Anytown, OH**



**Inspection Tech.
440/465-0448**

HOME INSPECTION REPORT

Street Address

INSPECTION DATE:

Inspection Date:

PREPARED FOR:

PREPARED BY:

Inspection Tech.
440-465-0448

INSPECTION NUMBER:

Inspection # 100905MZ1

INSPECTOR:

Mike Zadel



BUILDING DATA / RECEIPT INFORMATION

RECEIPT

Inspection Date: 10-09-05
Inspection Number: 100905MZ1
Client Name:
Inspection Address: 1234 Your Street
Inspected by: Mike Zadel

Paid by: Check

BUILDING DATA

Approximate Age: 10-15 years
Style: Stand Alone Condo.
General Appearance: Satisfactory
Main Entrance Faces: For sake of the report the house faces West
Weather Condition: Overcast
Temperature: 50-60°F
Ground cover: Damp

GROUNDS

| | | |
|---|--|---|
| Service Walks | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Public sidewalk needs repair |
| Condition: | <input type="checkbox"/> Concrete | <input type="checkbox"/> Brick |
| | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Pitched towards home | <input type="checkbox"/> Trip Hazard |
| | <input type="checkbox"/> Flagstone | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Marginal | <input type="checkbox"/> Not visible |
| | <input type="checkbox"/> Settling cracks | |
| Driveway | <input type="checkbox"/> None | |
| Condition: | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Gravel |
| | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Fill cracks and seal | <input type="checkbox"/> Trip hazard |
| | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Not visible |
| | <input type="checkbox"/> Marginal | |
| | <input type="checkbox"/> Pitched towards home | |
| | <input type="checkbox"/> Settling cracks | |
| Patio/Lanai | <input type="checkbox"/> None | |
| Condition: | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Brick |
| | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Kool-Deck® |
| | <input type="checkbox"/> Pitched towards home (See Remarks page) | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Flagstone | <input type="checkbox"/> Trip Hazard |
| | <input type="checkbox"/> Marginal | <input type="checkbox"/> Not visible |
| | <input type="checkbox"/> Poor | |
| | <input type="checkbox"/> Settling cracks | |
| Deck | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Wood |
| Condition: | <input checked="" type="checkbox"/> Treated | <input type="checkbox"/> Other |
| | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Railing/balusters recommended |
| | <input type="checkbox"/> Painted/Stained | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Marginal | <input type="checkbox"/> Not visible |
| Deck/Patio/Porch Covers | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Earth to wood contact |
| Lacks: | <input type="checkbox"/> Metal straps/bolts/nails | <input type="checkbox"/> Moisture/insect damage |
| | | <input type="checkbox"/> Improper attachment to house |
| Porch (covered entrance) | <input type="checkbox"/> None | <input type="checkbox"/> Railing/balusters recommended |
| Support Pier: | <input type="checkbox"/> Wood | <input checked="" type="checkbox"/> Concrete |
| Condition: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Other |
| Floor: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Not visible |
| | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Marginal | <input type="checkbox"/> Safety Hazard |
| Balcony (2nd floor platform) | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Wood |
| Railing: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Metal |
| Condition: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Other |
| | <input type="checkbox"/> No | <input type="checkbox"/> Railing/balusters recommended |
| | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor |
| | | <input type="checkbox"/> Safety Hazard |
| Stoops/Steps | <input type="checkbox"/> None | <input type="checkbox"/> Uneven risers |
| Condition: | <input type="checkbox"/> Concrete | <input checked="" type="checkbox"/> Wood |
| | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Other |
| | <input checked="" type="checkbox"/> Cracked | <input type="checkbox"/> Railing recommended |
| | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Settled | <input type="checkbox"/> Recommend baluster |
| | | <input type="checkbox"/> Damaged wood |
| Fencing | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Type: |
| | | <input type="checkbox"/> Not evaluated |
| Landscaping Affecting Foundation | (See Remarks page) | |
| Negative grade at: | <input type="checkbox"/> East | <input type="checkbox"/> West |
| | <input checked="" type="checkbox"/> North | <input type="checkbox"/> South |
| | <input type="checkbox"/> Recommend additional backfill | <input type="checkbox"/> Satisfactory |
| | <input type="checkbox"/> Trim back trees/shrubberies | <input type="checkbox"/> Recommend window wells/covers |
| | <input type="checkbox"/> Yard drains observed - not tested | <input checked="" type="checkbox"/> Wood in contact/too close to soil |
| | | <input type="checkbox"/> N/A |
| Retaining Wall: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Visual Condition: | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Wood | <input type="checkbox"/> Safety Hazard |
| | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor |
| Hose Bibs | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Operates: | <input type="checkbox"/> No | <input type="checkbox"/> No anti-siphon valve |
| | | <input type="checkbox"/> Not tested |
| | | <input type="checkbox"/> Not on |
| General Comments | | |

Deck appeared to be in satisfactory condition, seal as needed.
 General site drainage was properly sloping away from the house.
 Soil to close to siding.



Grounds Figure 6 - Fill/Seal Crack as needed



Grounds Figure 6 - Soil in contact w/wood siding



Grounds Figure 6 - Trees close to slope - watch for erosion - remove as needed



Grounds Figure 6 - Trees close to slope - watch for erosion - remove as needed



Grounds Figure 6 - Uneven risers - trip hazard



Grounds Figure 6 - Wood in contact w/ soil - watch for deterioration

ROOF COVERING

| General Information | |
|---|--|
| Roof Visibility | <input checked="" type="checkbox"/> All <input type="checkbox"/> Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By: |
| Inspected From | <input type="checkbox"/> Roof <input checked="" type="checkbox"/> Ladder at eaves <input checked="" type="checkbox"/> Ground w/binoculars |
| Style of Roof | Type: Combination: <input checked="" type="checkbox"/> Gable <input checked="" type="checkbox"/> Hip <input type="checkbox"/> Mansard <input type="checkbox"/> Shed <input type="checkbox"/> Flat <input type="checkbox"/> Other Pitch: Combination: <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Steep <input type="checkbox"/> Flat |
| Roof Covering | Roof #1: Type: Asphalt Estimated Layers: 1 Layer Approximate age of cover: 10-15+ years |
| Ventilation System | Combination: <input type="checkbox"/> Soffit <input type="checkbox"/> Ridge <input checked="" type="checkbox"/> Gable <input checked="" type="checkbox"/> Roof <input type="checkbox"/> Powered <input type="checkbox"/> Eaves <input type="checkbox"/> Other |
| Flashing Material | Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Lead <input type="checkbox"/> Rubber <input type="checkbox"/> Not visible <input type="checkbox"/> Copper <input type="checkbox"/> Other |
| Valley Material | Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Copper <input type="checkbox"/> N/A <input type="checkbox"/> Not visible <input type="checkbox"/> Other |
| Apparent Condition of the Following at Time of Inspection (conditions reported reflect <u>visible</u> portion only) | |
| Roof Covering | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor Condition: <input checked="" type="checkbox"/> Curling <input type="checkbox"/> Cupping <input type="checkbox"/> Missing tabs/shingles/tiles <input type="checkbox"/> Moss Buildup <input type="checkbox"/> Nail Popping <input type="checkbox"/> Ponding <input type="checkbox"/> Burn Spots <input type="checkbox"/> Exposed Felt <input type="checkbox"/> Other |
| Ventilation | (See Remarks page) (See Attic page) |
| Flashings | <input type="checkbox"/> Not visible <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted <input type="checkbox"/> Recommend Sealing <input type="checkbox"/> Pulled away from chimney/roof |
| Valleys | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible <input type="checkbox"/> N/A <input type="checkbox"/> Rusted <input type="checkbox"/> Holes <input type="checkbox"/> Recommend Sealing |
| Skylights | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor |
| Plumbing Vents | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor |
| General Comments | |

ROOF:

Roof inspection was limited to inspecting from the ground with binoculars due to weather. Roof was showing normal wear, but was in overall adequate condition. Recommend cleaning moss and mold off of the roof. Recommend extension to downspout from upper roof (North side of home).

CHIMNEY / GUTTERS / SIDING / TRIM

| | | |
|--|---|---|
| Chimney(s) | <input type="checkbox"/> None | Location(s): Middle of roof |
| Viewed from: <input type="checkbox"/> Roof | <input type="checkbox"/> Ladder at eaves | <input checked="" type="checkbox"/> Ground w/binoculars |
| Chase: <input type="checkbox"/> Brick <input type="checkbox"/> Stone | <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Framed | <input type="checkbox"/> Blocks <input type="checkbox"/> Stucco |
| Evidence of: <input type="checkbox"/> Cracked chimney cap | <input type="checkbox"/> Loose mortar joints | <input type="checkbox"/> Loose brick |
| | <input type="checkbox"/> Holes in metal | <input type="checkbox"/> Rust <input type="checkbox"/> Flaking |
| Flue: <input type="checkbox"/> Tile <input type="checkbox"/> Metal | <input type="checkbox"/> Unlined <input checked="" type="checkbox"/> Not visible | |
| Evidence of: <input type="checkbox"/> Scaling | <input type="checkbox"/> Cracks <input type="checkbox"/> Creosote | |
| | <input type="checkbox"/> Have flue(s) cleaned and re-evaluated | <input checked="" type="checkbox"/> Not evaluated (See Remarks page) |
| <input type="checkbox"/> Recommend cricket/saddle flashing | <input type="checkbox"/> Spark arrestor/rain cap recommended | |

| | | | |
|---|---|--------------------------------|----------------------------------|
| Gutters & Downspouts | <input type="checkbox"/> None | (See Remarks page) | |
| <input type="checkbox"/> Insides need to be cleaned | <input type="checkbox"/> Ponding | | |
| <input checked="" type="checkbox"/> Galvanized/Alum. | <input type="checkbox"/> Copper | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Other |
| Condition: <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> Rusting |
| <input type="checkbox"/> Hole in main run | Leaking: <input type="checkbox"/> Corners | | <input type="checkbox"/> Joints |
| Extension needed: <input checked="" type="checkbox"/> North | <input type="checkbox"/> South | <input type="checkbox"/> East | <input type="checkbox"/> West |

| | | | | | |
|---|--|----------------------------------|---|---------------------------------|---------------------------------------|
| Siding | <input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Wood | <input type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Stucco | <input type="checkbox"/> Fiber-cement |
| | <input type="checkbox"/> Stone <input type="checkbox"/> Slate | <input type="checkbox"/> Asphalt | <input type="checkbox"/> EIFS (See Remarks) | <input type="checkbox"/> Other | |
| Condition: <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> Recommend repair/painting | | |

| | | | | |
|---|---|---|--------------------------------|--------------------------------|
| Window Frames | <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum covered | <input checked="" type="checkbox"/> Vinyl | <input type="checkbox"/> Metal | <input type="checkbox"/> Other |
| Condition: <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | | |
| <input type="checkbox"/> Recommend painting | <input type="checkbox"/> Damaged wood | | | |

| | | | | | |
|---|---|--|--|--|--|
| Storms & Screens | <input checked="" type="checkbox"/> N/A | | | | |
| Putty: <input type="checkbox"/> Wood <input type="checkbox"/> Clad comb. <input type="checkbox"/> Wood/metal comb. <input type="checkbox"/> Insulated glass | <input type="checkbox"/> Other | | | | |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Needed | | <input type="checkbox"/> N/A | | |
| Screens: <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Torn | | <input type="checkbox"/> Missing | | |
| Storms: <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Broken/cracked | | <input type="checkbox"/> Damaged wood | <input type="checkbox"/> Not installed | |

| | | | |
|---|--|--------------------------------|--------------------------------|
| 1 - Trim, 2 - Soffit, 3 - Fascia | <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Other |
| Condition: <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | |
| <input type="checkbox"/> Recommend painting | <input type="checkbox"/> Damaged wood | | |

| | | | |
|--|--|-----------------------------------|-------------------------------|
| Caulking | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Recommend around windows/doors/masonry ledges/corners/utility penetrations | | | |

| | |
|-------------------------|--|
| General Comments | <p>CHIMNEYS: Chimney flue was not accessible.</p> <p>GUTTERS AND DOWNSPOUTS: Recommend extension to downspout from upper roof (North side of home).</p> <p>SIDING: Siding appeared to be all intact and in overall satisfactory condition.</p> |
|-------------------------|--|

EXTERIOR / ELECTRICAL / AC / GARAGE

| | | | | | | |
|---|--|--|--|--|--|--|
| Exterior Wall Construction | | | | | | |
| | | <input type="checkbox"/> Not visible | <input checked="" type="checkbox"/> Wood frame | <input type="checkbox"/> Masonry | <input type="checkbox"/> Log | <input type="checkbox"/> Other |
| Exterior Doors | | <input checked="" type="checkbox"/> Entrance (1); Storm (2); Patio (3) | | | | |
| Weatherstripping: | | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | | |
| Condition: | | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | | |
| Exterior Electrical Service | | | | | | |
| | | <input type="checkbox"/> Overhead | <input checked="" type="checkbox"/> Underground | Service drop: | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Needs service |
| Exterior outlets: | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Operate: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| GFCI protected: | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Operate: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reverse polarity: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Open ground: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overhead wires: | | <input type="checkbox"/> Low | <input type="checkbox"/> Less than 3' from balcony/deck/window | <input type="checkbox"/> Extension cord/exposed Romex | | |
| Potential safety hazard: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (See Remarks page) | | |
| A/C Condenser/Heat Pump | | <input type="checkbox"/> None | Approximate age: Older Than 10 | | Max breaker/fuse: 45 | |
| #1 Brand: Trane Model #: TTJ736A100BO | | Shutoff: | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Condition: | | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> Rusted/dirty | Level: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Garage | | <input type="checkbox"/> None | | | | |
| | | <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Detached | <input type="checkbox"/> 1-car | <input checked="" type="checkbox"/> 2-car | <input type="checkbox"/> 3-car |
| Automatic opener: | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Operable | <input type="checkbox"/> Inoperable |
| Safety reverse: | | Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Safety Hazard | |
| Electric sensor: | | Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Safety Hazard | |
| Roofing: | | <input checked="" type="checkbox"/> Same as house | Type: Asphalt | Approx. age: 15 | Approx. layers: 1 | |
| Condition: | | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> Poor | |
| Gutters: | | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> None | |
| Siding: | | <input checked="" type="checkbox"/> Same as house | <input type="checkbox"/> Wood | <input type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | |
| | | <input type="checkbox"/> Stucco | <input type="checkbox"/> Masonry | <input type="checkbox"/> Slate | <input type="checkbox"/> Fiberboard | |
| Trim: | | <input checked="" type="checkbox"/> Same as house | <input type="checkbox"/> Wood | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Vinyl | |
| Floor: | | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Gravel | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Dirt | |
| Burners less than 18" above garage floor: | | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Safety hazard | |
| Condition: | | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Typical cracks | <input type="checkbox"/> Large settling cracks | | |
| Overhead door: | | <input type="checkbox"/> Wood | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Masonite | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> Other |
| Condition: | | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> Repair, replace, paint | |
| Service door: | | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> None | |
| Sill plates: | | <input checked="" type="checkbox"/> Elevated | <input type="checkbox"/> Floor level | <input type="checkbox"/> Both | <input type="checkbox"/> Not visible | <input type="checkbox"/> Rotted |
| Electricity present: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | GFCI Protected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Reverse polarity/open ground: | | <input type="checkbox"/> Yes | <input type="checkbox"/> Safety Hazard | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Handyman/ext. cord wiring | |
| Firewall: | | (Between garage & living area) <input type="checkbox"/> N/A | | <input checked="" type="checkbox"/> Present | <input type="checkbox"/> Missing | <input type="checkbox"/> Damaged |
| Fire door: | | <input type="checkbox"/> Not verifiable | <input type="checkbox"/> Not a fire door | <input type="checkbox"/> Needs repair | <input checked="" type="checkbox"/> Satisfactory | |
| Auto closure: | | <input type="checkbox"/> N/A | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Inoperative | <input checked="" type="checkbox"/> Missing | <input type="checkbox"/> Needs repair |
| General Comments | | | | | | |

EXTERIOR DOORS: Doors were reviewed and found to be in working order.

ELECTRICAL: Lights appeared to be in normal condition: not all lights were tested.

Exterior outlets tested were in normal working order.

GARAGE FOUNDATION: The foundation was overall adequate with no major defects evident.

GARAGE DOOR: Garage door and opener was in normal working order.

KITCHEN

| | | | | |
|--|--|---|--|--|
| Countertops | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | |
| Cabinets | Condition: <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor <input type="checkbox"/> Recommend repairs | |
| Plumbing Comments | Faucet leaks: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pipes leak/corroded: <input type="checkbox"/> Yes <input type="checkbox"/> No | Drainage: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor | Water pressure: <input type="checkbox"/> Adequate <input type="checkbox"/> Poor |
| Walls & Ceiling | Condition <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> Typical cracks <input type="checkbox"/> Moisture stains |
| Heat Source Present | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Floor | Condition <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> Sloping <input type="checkbox"/> Squeaks |
| Appliances | (See Remarks page) | | | |
| Disposal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| Dishwasher: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| Range: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| Oven: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| Trash compactor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| Exhaust fan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| Refrigerator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| Electrical | Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| GFCI protected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No (Remarks) | |
| Open ground/reverse polarity within 6' of water: | <input type="checkbox"/> Yes | <input type="checkbox"/> Safety Hazard | <input checked="" type="checkbox"/> No | |
| General Comments: | N/A | | | |

LAUNDRY / UTILITY ROOM

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| Room Components | | | | | | | |
| Laundry sink: <input type="checkbox"/> N/A | Faucet leaks: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pipe leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Cross connections: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None apparent | Heat source present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Room appears vented: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not visible | | | | | | |
| Dryer vented: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wall | <input type="checkbox"/> Ceiling | <input type="checkbox"/> Not vented | | | | | |
| Electrical: Open ground/reverse polarity within 6' of water: | <input type="checkbox"/> Yes | <input type="checkbox"/> Safety Hazard | <input checked="" type="checkbox"/> No | | | | |
| Appliances present: <input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer | <input type="checkbox"/> Water heater | <input type="checkbox"/> Furnace | <input type="checkbox"/> Other | | | | |
| Gas pipe: <input checked="" type="checkbox"/> N/A | Valve shutoff: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Cap Needed | <input type="checkbox"/> Safety Hazard | | | | |
| General Comments | N/A | | | | | | |

BATHROOMS

Bath: First floor bath

| | | | | | | | | |
|--------------------------|--|---|--|---|---|--|--|---------------------------------------|
| Sinks | Faucet leaks: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Tubs | Faucet leaks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Showers | Faucet leaks: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Toilet: | Bowl loose | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Operates: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Cracked bowl | <input type="checkbox"/> Toilet leaks |
| Whirlpool: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Operates: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Shower/Tub area: | | <input checked="" type="checkbox"/> Ceramic/Plastic | <input type="checkbox"/> Fiberglass | | <input type="checkbox"/> Masonite | <input type="checkbox"/> Other | | |
| | Condition: | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | <input type="checkbox"/> Poor | <input type="checkbox"/> Rotted floors | | |
| | Caulk/Grouting needed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | Where: | | | |
| Drainage: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Water flow: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Moisture stains present: | <input type="checkbox"/> Yes | <input type="checkbox"/> Walls | <input type="checkbox"/> Ceilings | <input checked="" type="checkbox"/> No | | | | |
| Window/doors: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Outlets present: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | GFCI protected: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Operates: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Open ground/reverse polarity within 6' of water: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| | Potential safety hazards present: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (See Remarks page) | | |
| Heat source present: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | (See Remarks page) | | | |
| Exhaust fan: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | Operates: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Noisy | |

General Comments

N/A

Bath: Master bath

| | | | | | | | | |
|--------------------------|--|---|--|---|---|--|--|---------------------------------------|
| Sinks | Faucet leaks: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Tubs | Faucet leaks: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Showers | Faucet leaks: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Toilet: | Bowl loose | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Operates: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Cracked bowl | <input type="checkbox"/> Toilet leaks |
| Whirlpool: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Operates: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Shower/Tub area: | | <input checked="" type="checkbox"/> Ceramic/Plastic | <input type="checkbox"/> Fiberglass | | <input type="checkbox"/> Masonite | <input type="checkbox"/> Other | | |
| | Condition: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | <input type="checkbox"/> Poor | <input type="checkbox"/> Rotted floors | | |
| | Caulk/Grouting needed: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Where: | | | |
| Drainage: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Water flow: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Moisture stains present: | <input type="checkbox"/> Yes | <input type="checkbox"/> Walls | <input type="checkbox"/> Ceilings | <input checked="" type="checkbox"/> No | | | | |
| Window/doors: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Outlets present: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | GFCI protected: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Operates: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Open ground/reverse polarity within 6' of water: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| | Potential safety hazards present: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (See Remarks page) | | |
| Heat source present: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | (See Remarks page) | | | |
| Exhaust fan: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | Operates: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Noisy | |

General Comments

N/A

BATHROOMS

Bath: Basement bath

| | | | | | | | | |
|--------------------------|--|---|--|---|---|------------------------------|---|---------------------------------------|
| Sinks | Faucet leaks: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Tubs | Faucet leaks: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Showers | Faucet leaks: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Pipes leak: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Toilet: | Bowl loose | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Operates: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Cracked bowl | <input type="checkbox"/> Toilet leaks |
| Whirlpool: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Operates: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Shower/Tub area: | | <input checked="" type="checkbox"/> Ceramic/Plastic | <input type="checkbox"/> Fiberglass | | <input type="checkbox"/> Masonite | | <input type="checkbox"/> Other | |
| | Condition: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | <input type="checkbox"/> Poor | | <input type="checkbox"/> Rotted floors | |
| | Caulk/Grouting needed: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | Where: | | | |
| Drainage: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Water flow: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Moisture stains present: | <input type="checkbox"/> Yes | <input type="checkbox"/> Walls | <input type="checkbox"/> Ceilings | <input checked="" type="checkbox"/> No | | | | |
| Window/doors: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | | | <input type="checkbox"/> Poor | | | |
| Outlets present: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | GFCI protected: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Operates: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Open ground/reverse polarity within 6' of water: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | |
| | Potential safety hazards present: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | (See Remarks page) | |
| Heat source present: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Exhaust fan: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | Operates: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Noisy | |

General Comments

N/A

BAR ROOM

Location: First floor

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Holes
 Moisture stains: Yes No

Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor

Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/reverse polarity: Yes **Safety Hazard** No Covers missing

Heat source present: Yes Not visible Holes: Doors Walls Ceilings

Doors & Windows: Sat. Marg. Poor Cracked glass Evidence of leaking insulated glass

General Comments:

Windows missing handles, Water in sink not on (not tested).

DINING ROOM

Location: First floor

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Holes
 Moisture stains: Yes No

Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor

Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/reverse polarity: Yes **Safety Hazard** No Covers missing

Heat source present: Yes Not visible Holes: Doors Walls Ceilings

Doors & Windows: Sat. Marg. Poor Cracked glass Evidence of leaking insulated glass

General Comments:

N/A

EAT IN ROOM

Location: First floor

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Holes
 Moisture stains: Yes No

Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor

Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/reverse polarity: Yes **Safety Hazard** No Covers missing

Heat source present: Yes Not visible Holes: Doors Walls Ceilings

Doors & Windows: Sat. Marg. Poor Cracked glass Evidence of leaking insulated glass

General Comments:

WINDOW/DOOR: NO SCREENS IN WINDOWS



Interior Room 2 - Water not on - untested



Interior Room 2 - Missing window handels

LIVING ROOM

Location: First floor

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Holes
 Moisture stains: Yes No
 Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/reverse polarity: Yes **Safety Hazard** No Covers missing
 Heat source present: Yes Not visible Holes: Doors Walls Ceilings
 Doors & Windows: Sat. Marg. Poor Cracked glass Evidence of leaking insulated glass

General Comments:

N/A

MASTER BED ROOM

Location: First floor

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Holes
 Moisture stains: Yes No
 Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/reverse polarity: Yes **Safety Hazard** No Covers missing
 Heat source present: Yes Not visible Holes: Doors Walls Ceilings
 Doors & Windows: Sat. Marg. Poor Cracked glass Evidence of leaking insulated glass

General Comments:

N/A

BASEMENT BED ROOM 1

Location: Basement

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Holes
 Moisture stains: Yes No
 Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/reverse polarity: Yes **Safety Hazard** No Covers missing
 Heat source present: Yes Not visible Holes: Doors Walls Ceilings
 Doors & Windows: Sat. Marg. Poor Cracked glass Evidence of leaking insulated glass

General Comments:

WINDOW/DOOR: NO SCREENS IN WINDOWS

WINDOWS / FIREPLACES / ATTIC

| | |
|--|--|
| Interior Windows/Glass | |
| General condition: | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Painted shut |
| <input checked="" type="checkbox"/> Hardware missing | <input type="checkbox"/> Glazing compound needed <input type="checkbox"/> Cracked glass <input type="checkbox"/> Broken counter-balance mech. |
| <input type="checkbox"/> Surface deterioration: | (See Remarks page) <input type="checkbox"/> Representative number of windows operated |
| Evidence of leaking insulated glass: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not determinable <input type="checkbox"/> N/A |
| Safety glazing: | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Safety issue Where: |
| Security bars present: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> Test release mechanism before moving in |
| Fireplace | |
| <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Wood | <input type="checkbox"/> None Location(s): Master bedroom/Living room/Family room |
| <input checked="" type="checkbox"/> Masonry insert <input type="checkbox"/> Metal insert | <input type="checkbox"/> Woodburner stove (See Remarks page) |
| <input checked="" type="checkbox"/> Blower built-in | <input type="checkbox"/> Metal <input type="checkbox"/> Electric |
| <i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> <i>Damper operates</i> <input type="checkbox"/> <i>Damper missing</i> |
| <input type="checkbox"/> Open joints or cracks in firebrick should be sealed | <input type="checkbox"/> Pre-fabricated panels damaged/worn |
| Hearth: Satisfactory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mantle: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Loose |
| <input type="checkbox"/> Recommend having flue cleaned and re-examined | <input type="checkbox"/> Ventless |
| Stairs | |
| | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> None |
| Handrail: | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Safety Hazard |
| Risers/Treads: | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Risers/treads uneven |
| Smoke/CO Detectors | |
| | (See Remarks page) |
| Smoke detector: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not tested CO detector: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attic | |
| Access: | <input type="checkbox"/> Stairs <input checked="" type="checkbox"/> Pulldown <input checked="" type="checkbox"/> Scuttlehole <input type="checkbox"/> Knee wall <input type="checkbox"/> No access |
| Inspected from: | <input checked="" type="checkbox"/> Access panel <input type="checkbox"/> In the attic <input type="checkbox"/> Other |
| <i>Location:</i> | <input type="checkbox"/> Bedroom hall <input checked="" type="checkbox"/> Bedroom closet <input checked="" type="checkbox"/> Garage <input type="checkbox"/> Other |
| Flooring: | <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input checked="" type="checkbox"/> None |
| Insulation: Type: Fiberglass Batting | <input type="checkbox"/> Batts <input type="checkbox"/> Loose Average inches: INFO |
| Installed in: | <input checked="" type="checkbox"/> Floor <input type="checkbox"/> Rafters <input type="checkbox"/> Walls <input type="checkbox"/> Not Visible |
| Vent fans: | <input type="checkbox"/> Present <input type="checkbox"/> Not tested <input type="checkbox"/> Thermostat controlled <input type="checkbox"/> Safety Hazard |
| Ventilation: | <input checked="" type="checkbox"/> Appears adequate <input type="checkbox"/> Recommend additional venting |
| Roof structure: | <input checked="" type="checkbox"/> Wood rafters/joists <input type="checkbox"/> Metal rafters/joists <input type="checkbox"/> Collar ties |
| | <input checked="" type="checkbox"/> Trusses <input type="checkbox"/> Other <input type="checkbox"/> Not visible |
| Roof sheathing: | <input checked="" type="checkbox"/> Plywood <input type="checkbox"/> OSB <input type="checkbox"/> 1x wood <input type="checkbox"/> Other |
| | <input type="checkbox"/> Rotted <input type="checkbox"/> Stained <input type="checkbox"/> Delaminated <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor |
| Fans exhausted to: Attic: | <input type="checkbox"/> Yes <input type="checkbox"/> No Outside: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not visible <input type="checkbox"/> N/A |
| | (See Remarks page) |
| Chimney chase: | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs repairs <input checked="" type="checkbox"/> Not visible |
| Structural problems observed: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> See comments below |
| Vapor barriers: | <input type="checkbox"/> Not visible <input type="checkbox"/> Improperly installed |
| | <input checked="" type="checkbox"/> Kraft faced <input type="checkbox"/> Plastic (See Remarks page) |
| Electrical: | <input type="checkbox"/> Open junction box(es) <input type="checkbox"/> Handyman wiring <input type="checkbox"/> Visible knob-and-tube |
| General Comments | |
| <p>SMOKE DETECTOR: Smoke detector was not tested at the time of inspection.</p> <p>ATTIC ACCESS: Access was partially blocked.</p> <p>ATTIC FRAMING: Trusses showed no major defects or damage at the time of inspection.</p> <p>Rafters appeared to be in overall adequate condition.</p> <p>SHEATHING: Roof sheathing, examined from the attic, showed no major defects or moisture damage.</p> <p>ATTIC INSULATION: Insulation was sufficient for homes in this area.</p> <p>ATTIC VENTILATION: Ventilation was normal.</p> | |

BASEMENT

(See Remarks page)

Stairs

Condition: Satisfactory Marginal Poor **Safety Hazard**
 Handrail: Yes No Condition: Satisfactory Marginal Poor
 Headway over stairs: Satisfactory Marginal Poor
 Under carriage: Satisfactory Marginal Poor Not visible

Foundation Walls

Concrete block Poured concrete Brick Fieldstone Other
 Horizontal cracks: North South East West None
 Step cracks: North South East West None
 Vertical cracks: North South East West None
 Covered walls: North South East West None
 Movement apparent: North South East West None
 Condition: Satisfactory Marginal **Have evaluated** **Monitor**

*** Note: See below for basement diagram

Condition reported above reflects visible portion only

Floor

(See vapor barrier remarks)

Concrete Dirt/Gravel Not visible Other
 Condition: Satisfactory Marginal Poor Typical/excessive cracks

Seismic Bolts

N/A None visible Appear satisfactory **Recommend evaluation**

Basement Drainage

Indication of moisture: Yes No Fresh Old stains
 Sump Pump: Yes No Working Not working Not tested
 Floor drain(s) present: Yes No Not tested Efflorescence present

Drain Tile (See Remarks page)

Palmer valve present Not Visible (See Remarks page)

Girders (1), Columns (2)

 N/A

Condition: Steel Wood Block Concrete Not visible
 Satisfactory Marginal Poor Stained/rusted

Joists /Trusses

Joist Trusses I-Joist Steel Wood Concrete Not visible
 2x6 2x8 2x10 2x12

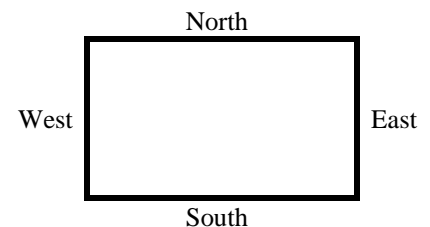
Sub Floor

 Indication of moisture stains/rotting

** Areas around shower stalls, etc., as viewed from basement or crawl space

General Comments

GENERAL COMMENTS: BASEMENT – Mostly finished.



PLUMBING

| | | | |
|--------------------------|---|---|--|
| Water Service | Shut off location: In the basement | | |
| Water entry piping: | <input type="checkbox"/> Not visible | <input checked="" type="checkbox"/> Copper/Galy. | <input type="checkbox"/> Plastic/PB <input type="checkbox"/> Unknown |
| Water lines: | <input checked="" type="checkbox"/> Copper | <input type="checkbox"/> Galvanized | <input type="checkbox"/> Plastic <input type="checkbox"/> Polybutylene <input type="checkbox"/> Unknown |
| | Lead (<i>other than solder joints</i>): | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Service entry <input type="checkbox"/> Unknown |
| | Water flow: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor <input type="checkbox"/> Cross connection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Water pressure: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor <input type="checkbox"/> Above 80 psi (Needs evaluation) |
| | Pipes: <input type="checkbox"/> Corroded <input type="checkbox"/> Leaking | <input type="checkbox"/> Valves broken/missing | <input type="checkbox"/> Dissimilar metal |
| Drain/waste/vent pipe: | <input type="checkbox"/> Copper | <input type="checkbox"/> Cast iron | <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other |
| | Condition: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible |
| | Waste discharge: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Slow drain |
| Gas Lines | <input type="checkbox"/> Not visible | <input type="checkbox"/> Shutoff missing | |
| | <input checked="" type="checkbox"/> Copper | <input type="checkbox"/> Brass | <input type="checkbox"/> Black iron <input type="checkbox"/> Stainless steel <input type="checkbox"/> CSST |
| Well Pump | <input checked="" type="checkbox"/> N/A | (See Remarks page) | |
| | <input type="checkbox"/> Submersible | <input type="checkbox"/> In basement | <input type="checkbox"/> Well house <input type="checkbox"/> Well pit <input type="checkbox"/> Shared well |
| Pressure gauge operates: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Sanitary Pump | <input checked="" type="checkbox"/> N/A | | |
| Sealed crock: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Check valve: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Heater #1 | | | |
| <i>Brand name:</i> RUUD | <i>Serial #:</i> RUNG0501D05827 | | <i>Model #:</i> P50-6 |
| | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Approx. age: 5 yr(s) |
| | Capacity: 50 gallons | Seismic restraints needed: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Relief valve: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Extension proper: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing |
| Vent pipe: | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Improper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> Safety Hazard |
| General Comments | | | |
| | N/A | | |

HEATING SYSTEM

| | | | |
|----------------------------------|--|---|---|
| Fuel Shutoff for Building | Main fuel shutoff location: Outside at the gas meter | | |
| Forced Air System | <input type="checkbox"/> Central Unit | <input type="checkbox"/> Wall Furnace | <input checked="" type="checkbox"/> Floor Furnace |
| | <i>Brand name:</i> Trane | | <i>Approximate age:</i> 15 year(s) |
| | <i>Model #:</i> TXA049A4HPAO | | <i>Serial #:</i> TUP12OB96OAO |
| Energy source: | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> LP | <input type="checkbox"/> Oil |
| | <input type="checkbox"/> Electric | | |
| Hot air systems: | <input checked="" type="checkbox"/> Belt drive | <input type="checkbox"/> Direct drive | <input type="checkbox"/> Gravity |
| Heat exchanger: | <input checked="" type="checkbox"/> Visual with mirror | <input type="checkbox"/> N/A (sealed) | <input type="checkbox"/> Not accessible |
| | Condition: | <input type="checkbox"/> Rusted | <input type="checkbox"/> Flame distortion |
| | | <input type="checkbox"/> Other | |
| | View is extremely limited - See Remarks page about options | | |
| CO test: | Tester: N/A | <input type="checkbox"/> Plenum/register | <input type="checkbox"/> Not tested |
| | | <input checked="" type="checkbox"/> N/A | |
| Distribution: | <input checked="" type="checkbox"/> Metal duct | <input type="checkbox"/> Insul. flex duct | <input type="checkbox"/> Cold air returns |
| Flue piping: | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> PVC | <input type="checkbox"/> Proper pitch |
| | | <input type="checkbox"/> Rusted | <input type="checkbox"/> N/A |
| Filter: | <input checked="" type="checkbox"/> Standard | <input type="checkbox"/> Electrostatic | <input type="checkbox"/> Paper |
| | | <input type="checkbox"/> N/A | <input type="checkbox"/> Missing |
| Operated: | When turned on by thermostat: | <input type="checkbox"/> Fired | <input type="checkbox"/> Did not fire |
| Operation: | Satisfactory: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Recommend HVAC technician examine | |
| Controls: | <input type="checkbox"/> Disconnect | <input checked="" type="checkbox"/> Normal operating and safety controls observed | |
| Heat pump: | <input type="checkbox"/> Aux. Elec. | <input type="checkbox"/> Aux. Gas | <input type="checkbox"/> Aux. geothermal |
| | | | <input checked="" type="checkbox"/> N/A |
| | Emergency heat tested: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input checked="" type="checkbox"/> N/A |
| General Comments | Furnace was in normal working order at the time of the inspection. | | |

ELECTRICAL

| | | | |
|---|--|---|--------------------------------------|
| Main Panel | Location: Basement | | |
| Amps: 200 | Volts: 240 | <input checked="" type="checkbox"/> Breakers | <input type="checkbox"/> Fuses |
| Appears grounded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | GFCI present: <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Main Wire: <input checked="" type="checkbox"/> Copper | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Copper clad aluminum | <input type="checkbox"/> Not visible |
| Branch Wire: <input type="checkbox"/> Copper | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Copper clad aluminum | <input type="checkbox"/> Not visible |
| <input checked="" type="checkbox"/> Romex | <input type="checkbox"/> BX cable | <input type="checkbox"/> Conduit | <input type="checkbox"/> Knob & tube |
| <input type="checkbox"/> Multiple tapping | <input type="checkbox"/> Branch wires undersized | <input type="checkbox"/> Federal Pacific panel (see Remarks) | |
| <input type="checkbox"/> Multiple tapping of main disconnect | <input type="checkbox"/> Safety Hazard | | |
| <input type="checkbox"/> Panel not accessible | <input type="checkbox"/> Not evaluated | Reason: N/A | |

| |
|--|
| Electrical Fixtures |
| A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be: |
| <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor |
| <input type="checkbox"/> Open grounds <input type="checkbox"/> Reverse polarity <input type="checkbox"/> GFCIs not operating <input type="checkbox"/> Ungrounded 3-prong outlets |
| <input type="checkbox"/> Solid conductor aluminum branch wiring circuits (See Remarks page) |
| <input type="checkbox"/> Recommend a licensed electrician evaluate the service |

| |
|---|
| General Comments: |
| MAIN PANEL: Panel size appeared to be compatible to service size. |

SUMMARY*

ITEMS NOT OPERATING

None apparent

MAJOR CONCERNS

Item(s) that have failed or have potential of failing soon.

None apparent

POTENTIAL SAFETY HAZARDS

Trip hazard, back yard wood steps

DEFERRED COST ITEMS

Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.

A/C that is 7+ years. Furnace that is 13+ years.

* Items listed in this report may inadvertently have been left off the Summary Sheet. Customer should read the entire report, including the Remarks.

DEFINITIONS

SATISFACTORY (Sat.) - Indicates the component is functionally consistent with its original purpose but may show signs of normal wear and tear and deterioration.

MARGINAL (Marg.) - Indicates the component will probably require repair or replacement anytime within five years.

POOR - Indicates the component will need repair or replacement now or in the very near future.

MAJOR CONCERNS - A system or component that is considered significantly deficient or is unsafe.

SAFETY HAZARD - Denotes a condition that is unsafe and in need of prompt attention.