



HOME INSPECTION REPORT

sample address, ,

INSPECTION DATE:

11/11/09

PREPARED FOR:

Sample

PREPARED BY:

Eagle Eye Home Inspections
1336 20th St. NW
Rochester MN 55901
507-269-9247
www.eehomeinspections.com
eehomeinspection@charter.net Fax

INSPECTION NUMBER:

111109250

INSPECTOR:

Fred Sitzmann

BUILDING DATA / RECEIPT INFORMATION

RECEIPT

Inspection Date: 11/11/09
Inspection Number: 111109250
Client Name: Sample
Inspection Address: sample address, ,
Inspected by: Fred Sitzmann

Inspection:	\$0.00
Radon:	\$0.00
Well & Septic:	\$0.00
Total:	\$ 0.00

Paid by:

INFO

BUILDING DATA

Approximate Age:

INFO

Style:

INFO

General Appearance:

INFO

Main Entrance Faces:

INFO

Weather Condition:

INFO

Temperature:

INFO

Ground cover:

INFO

GROUNDS

Service Walks	<input 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"/> Flagstone	<input type="checkbox"/> Trip Hazard
	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Not visible
<input type="checkbox"/> Settling cracks		
Driveway	<input type="checkbox"/> None	
Condition:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel
	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Other
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Trip hazard
	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	<input type="checkbox"/> Fill cracks and seal	<input type="checkbox"/> Settling cracks
	<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Not visible
Patio/Lanai	<input type="checkbox"/> None	
Condition:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Brick
	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Kool-Deck®
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Other
	<input type="checkbox"/> Marginal	<input type="checkbox"/> Trip Hazard
	<input type="checkbox"/> Pitched towards home (See Remarks page)	<input type="checkbox"/> Poor
		<input type="checkbox"/> Settling cracks
		<input type="checkbox"/> Not visible
Deck	<input type="checkbox"/> None	<input type="checkbox"/> Wood
Condition:	<input type="checkbox"/> Treated	<input type="checkbox"/> Other
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Railing/balusters recommended
	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
		<input type="checkbox"/> Not visible
Deck/Patio/Porch Covers	<input 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 type="checkbox"/> Concrete
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Other
	<input type="checkbox"/> Marginal	<input type="checkbox"/> Not visible
Floor:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
	<input type="checkbox"/> Marginal	<input type="checkbox"/> Safety Hazard
		<input type="checkbox"/> Poor
Balcony (2nd floor platform)	<input type="checkbox"/> None	<input type="checkbox"/> Wood
Railing:	<input type="checkbox"/> Yes	<input type="checkbox"/> Metal
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Other
	<input type="checkbox"/> Marginal	<input type="checkbox"/> Railing/balusters recommended
		<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 type="checkbox"/> Wood
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Other
	<input 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 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 type="checkbox"/> North	<input type="checkbox"/> South
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Recommend additional backfill
	<input type="checkbox"/> Recommend window wells/covers	<input type="checkbox"/> Trim back trees/shrubberies
	<input type="checkbox"/> Wood in contact/too close to soil	<input type="checkbox"/> Yard drains observed - not tested
	<input type="checkbox"/> N/A	
Retaining Wall:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Condition:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Other
	<input type="checkbox"/> Marginal	<input type="checkbox"/> Safety Hazard
	<input type="checkbox"/> Cracked	<input type="checkbox"/> Poor
Hose Bibs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> No	<input type="checkbox"/> No anti-siphon valve
	<input type="checkbox"/> Not tested	<input type="checkbox"/> Not on
General Comments		

INFO

ROOF COVERING

General Information	
Roof Visibility	<input type="checkbox"/> All <input type="checkbox"/> Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By:
Inspected From	<input type="checkbox"/> Roof <input type="checkbox"/> Ladder at eaves <input type="checkbox"/> Ground w/binoculars
Style of Roof	Type: Combination: <input type="checkbox"/> Gable <input 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 type="checkbox"/> Medium <input type="checkbox"/> Steep <input type="checkbox"/> Flat
Roof Covering	Roof #1: Type: INFO Estimated Layers: INFO Approximate age of cover: INFO years Roof #2: Type: INFO Estimated Layers: INFO Approximate age of cover: INFO years Roof #3: Type: INFO Estimated Layers: INFO Approximate age of cover: INFO years
Ventilation System	Combination: <input type="checkbox"/> Soffit <input type="checkbox"/> Ridge <input type="checkbox"/> Gable <input type="checkbox"/> Roof <input type="checkbox"/> Powered <input type="checkbox"/> Eaves <input type="checkbox"/> Other
Flashing Material	Combination: <input 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 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 visible portion only)	
Roof Covering	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor Condition: <input 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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Plumbing Vents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
General Comments	<div style="text-align: center; background-color: red; color: white; width: 50px; margin: 0 auto; padding: 2px;">INFO</div>

CHIMNEY / GUTTERS / SIDING / TRIM

Chimney(s)	<input type="checkbox"/> None	Location(s): INFO
Viewed from: <input type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input type="checkbox"/> Ground w/binoculars
Chase: <input type="checkbox"/> Brick <input type="checkbox"/> Stone	<input type="checkbox"/> Metal <input 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 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 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 type="checkbox"/> Galvanized/Alum.	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl <input type="checkbox"/> Other
Condition: <input 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 type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West
Siding	<input type="checkbox"/> Brick <input 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 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 type="checkbox"/> Vinyl <input type="checkbox"/> Metal <input type="checkbox"/> Other
Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input type="checkbox"/> Recommend painting	<input type="checkbox"/> Damaged wood	
Storms & Screens	<input type="checkbox"/> N/A	
	<input type="checkbox"/> Wood <input type="checkbox"/> Clad comb. <input type="checkbox"/> Wood/metal comb. <input type="checkbox"/> Insulated glass	<input type="checkbox"/> Other
Putty: <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 type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl <input type="checkbox"/> Other
Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input type="checkbox"/> Recommend painting	<input type="checkbox"/> Damaged wood	
Caulking	<input 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	INFO	

EXTERIOR / ELECTRICAL / AC / GARAGE

Exterior Wall Construction		<input type="checkbox"/> Not visible <input type="checkbox"/> Wood frame <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other				
Exterior Doors		<input type="checkbox"/> Entrance (1); Storm (2); Patio (3)				
Weatherstripping:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor					
Condition:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor					
Exterior Electrical Service		<input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service drop: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs service Exterior outlets: <input type="checkbox"/> Yes <input type="checkbox"/> No Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No GFCI protected: <input type="checkbox"/> Yes <input type="checkbox"/> No Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No Reverse polarity: <input type="checkbox"/> Yes <input 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 type="checkbox"/> No (See Remarks page)				
A/C Condenser/Heat Pump		<input type="checkbox"/> None Approximate age: INFO Max breaker/fuse:				
#1 Brand: INFO	Model #: INFO	Shutoff: <input type="checkbox"/> Yes <input type="checkbox"/> No				
#2 Brand: INFO	Model #: INFO	Shutoff: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Condition:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted/dirty	Level: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Garage		<input type="checkbox"/> None				
		<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> 1-car <input type="checkbox"/> 2-car <input type="checkbox"/> 3-car				
Automatic opener:		<input type="checkbox"/> Yes <input type="checkbox"/> No Operable <input type="checkbox"/> Inoperable				
Safety reverse:		Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Safety Hazard				
Electric sensor:		Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Safety Hazard				
Roofing:		<input type="checkbox"/> Same as house Type: ??? Approx. age: ??? Approx. layers: ??? Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor				
Gutters:		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> None				
Siding:		<input 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 type="checkbox"/> Same as house <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl				
Floor:		<input 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 type="checkbox"/> Metal <input type="checkbox"/> Other Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Repair, replace, paint				
Service door:		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> None				
Sill plates:		<input type="checkbox"/> Elevated <input type="checkbox"/> Floor level <input type="checkbox"/> Both <input type="checkbox"/> Not visible <input type="checkbox"/> Rotted				
Electricity present:		<input type="checkbox"/> Yes <input type="checkbox"/> No GFCI Protected: <input 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 type="checkbox"/> No <input type="checkbox"/> Handyman/ext. cord wiring				
Firewall:		(Between garage & living area) <input type="checkbox"/> N/A <input 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 type="checkbox"/> Satisfactory Auto closure: <input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input type="checkbox"/> Inoperative <input type="checkbox"/> Missing <input type="checkbox"/> Needs repair				
General Comments		<div style="background-color: red; color: white; padding: 5px; display: inline-block;">INFO</div>				

KITCHEN

Countertops	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Cabinets	Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Recommend repairs		
Plumbing Comments	Faucet leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No Pipes leak/corroded: <input type="checkbox"/> Yes <input type="checkbox"/> No Drainage: <input type="checkbox"/> Adequate <input type="checkbox"/> Poor Water pressure: <input type="checkbox"/> Adequate <input type="checkbox"/> Poor		
Walls & Ceiling	Condition <input 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 type="checkbox"/> Yes <input type="checkbox"/> No		
Floor	Condition <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Dishwasher: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Range: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Oven: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Trash compactor: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Exhaust fan: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Refrigerator: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Electrical	Outlets present: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No GFCI protected: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (Remarks) Open ground/reverse polarity within 6' of water: <input type="checkbox"/> Yes <input type="checkbox"/> Safety Hazard <input type="checkbox"/> No		
General Comments:			

INFO

LAUNDRY / UTILITY ROOM

Room Components			
Laundry sink: <input type="checkbox"/> N/A	Faucet leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pipe leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cross connections: <input type="checkbox"/> Yes <input type="checkbox"/> None apparent	Heat source present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Room appears vented: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not visible		
Dryer vented: <input type="checkbox"/> N/A <input 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 type="checkbox"/> No	
Appliances present: <input type="checkbox"/> Washer <input type="checkbox"/> Dryer	<input type="checkbox"/> Water heater	<input type="checkbox"/> Furnace	<input type="checkbox"/> Other
Gas pipe: <input 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			

INFO

BATHROOMS

Bath: INFO

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whirlpool:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shower/Tub area:		<input 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 type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Water flow:		<input 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 type="checkbox"/> No		
Window/doors:		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Outlets present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>
			Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			Potential safety hazards present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(See Remarks page)
Heat source present:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	(See Remarks page)		
Exhaust fan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Noisy

General Comments

INFO

Bath: INFO

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whirlpool:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shower/Tub area:		<input 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 type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Water flow:		<input 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 type="checkbox"/> No		
Window/doors:		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Outlets present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>
			Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			Potential safety hazards present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(See Remarks page)
Heat source present:		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Exhaust fan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Noisy

General Comments

INFO

BATHROOMS

Bath: INFO

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i> <input 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	<i>Operates:</i> <input type="checkbox"/> Yes	<input type="checkbox"/> No			
Shower/Tub area:		<input 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	<i>Where:</i>				
Drainage:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor				
Water flow:	<input 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 type="checkbox"/> No				
Window/doors:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor				
Outlets present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Open ground/reverse polarity within 6' of water:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	(See Remarks page)		
	Potential safety hazards present:			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Heat source present:	<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Exhaust fan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Noisy	

General Comments

INFO

Bath: INFO

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i> <input 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	<i>Operates:</i> <input type="checkbox"/> Yes	<input type="checkbox"/> No			
Shower/Tub area:		<input 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	<i>Where:</i>				
Drainage:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor				
Water flow:	<input 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 type="checkbox"/> No				
Window/doors:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor				
Outlets present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Open ground/reverse polarity within 6' of water:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	(See Remarks page)		
	Potential safety hazards present:			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Heat source present:	<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Exhaust fan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Noisy	

General Comments

INFO

INFO ROOM

Location: **INFO**

- 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:

INFO

INFO ROOM

Location: **INFO**

- 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
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General Comments:

INFO

INFO ROOM

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General Comments:

INFO

INFO ROOM

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- 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:

INFO

INFO ROOM

Location: **INFO**

- Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Holes
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General Comments:

INFO

INFO ROOM

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- Flooring: Satisfactory Marginal Poor Squeaks Slopes
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- 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:

INFO

INFO ROOM

Location: **INFO**

- 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:

INFO

INFO ROOM

Location: **INFO**

- 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:

INFO

WINDOWS / FIREPLACES / ATTIC

Interior Windows/Glass	
General condition:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Painted shut <input 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 type="checkbox"/> No <input type="checkbox"/> Not determinable <input type="checkbox"/> N/A Safety glazing: <input type="checkbox"/> N/A <input type="checkbox"/> Safety issue Where: Security bars present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> Test release mechanism before moving in
Fireplace	
	<input type="checkbox"/> None Location(s): INFO <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Woodburner stove (See Remarks page) <input type="checkbox"/> Masonry insert <input type="checkbox"/> Metal insert <input type="checkbox"/> Metal <input type="checkbox"/> Electric <input type="checkbox"/> Blower built-in Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Damper operates <input type="checkbox"/> Damper missing <input type="checkbox"/> Open joints or cracks in firebrick should be sealed <input type="checkbox"/> Pre-fabricated panels damaged/worn Hearth: Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No Mantle: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Loose <input type="checkbox"/> Recommend having flue cleaned and re-examined <input type="checkbox"/> Ventless
Stairs	
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> None Handrail: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Safety Hazard Risers/Treads: <input 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 type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested CO detector: <input type="checkbox"/> Yes <input type="checkbox"/> No
Attic	
	Access: <input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input type="checkbox"/> Scuttlehole <input type="checkbox"/> Knee wall <input type="checkbox"/> No access Inspected from: <input type="checkbox"/> Access panel <input type="checkbox"/> In the attic <input type="checkbox"/> Other Location: <input type="checkbox"/> Bedroom hall <input type="checkbox"/> Bedroom closet <input type="checkbox"/> Garage <input type="checkbox"/> Other Flooring: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None Insulation: Type: INFO <input type="checkbox"/> Batts <input type="checkbox"/> Loose Average inches: INFO Installed in: <input 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 type="checkbox"/> Appears adequate <input type="checkbox"/> Recommend additional venting Roof structure: <input type="checkbox"/> Wood rafters/joists <input type="checkbox"/> Metal rafters/joists <input type="checkbox"/> Collar ties <input type="checkbox"/> Trusses <input type="checkbox"/> Other <input type="checkbox"/> Not visible Roof sheathing: <input 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 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 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 type="checkbox"/> Not visible Structural problems observed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See comments below Vapor barriers: <input type="checkbox"/> Not visible <input type="checkbox"/> Improperly installed <input 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	
INFO	

BASEMENT

(See Remarks page)

Stairs					
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Safety Hazard	
Handrail:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Headway over stairs:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Under carriage:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Not visible	

Foundation Walls					
	<input type="checkbox"/> Concrete block	<input type="checkbox"/> Poured concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Fieldstone	<input type="checkbox"/> Other
Horizontal cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Step cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Vertical cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Covered walls:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Movement apparent:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Have evaluated	<input type="checkbox"/> Monitor	

*** Note: See below for basement diagram

Condition reported above reflects visible portion only

Floor		(See vapor barrier remarks)			
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Dirt/Gravel	<input type="checkbox"/> Not visible	<input type="checkbox"/> Other	
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical/excessive cracks	

Seismic Bolts			
<input type="checkbox"/> N/A	<input type="checkbox"/> None visible	<input type="checkbox"/> Appear satisfactory	<input type="checkbox"/> Recommend evaluation

Basement Drainage					
Indication of moisture:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Fresh	<input type="checkbox"/> Old stains
Sump Pump:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Working	<input type="checkbox"/> Not working	<input type="checkbox"/> Not tested
Floor drain(s) present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not tested	<input type="checkbox"/> Efflorescence present	

Drain Tile (See Remarks page)	<input type="checkbox"/> Palmer valve present	<input type="checkbox"/> Not Visible	(See Remarks page)
--------------------------------------	---	--------------------------------------	--------------------

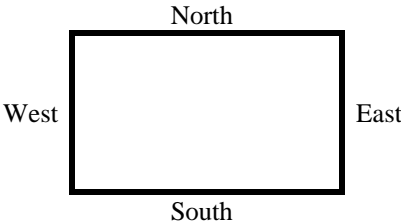
Girders (1), Columns (2)		<input type="checkbox"/> N/A			
	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not visible
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Stained/rusted	

Joists /Trusses						
<input type="checkbox"/> Joist	<input type="checkbox"/> Trusses	<input type="checkbox"/> I-Joist	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not visible
		<input type="checkbox"/> 2x6	<input type="checkbox"/> 2x8	<input type="checkbox"/> 2x10	<input type="checkbox"/> 2x12	


Sub Floor	
<input type="checkbox"/> Indication of moisture stains/rotting	
** Areas around shower stalls, etc., as viewed from basement or crawl space	

General Comments

INFO



CRAWL SPACE / SLAB ON GRADE

Slab On Grade	<input type="checkbox"/> N/A <input type="checkbox"/> Not visible Signs of settlement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anchor bolts not visible <input type="checkbox"/> No anchor bolts <input type="checkbox"/> No Access
Crawl Space	<input type="checkbox"/> Full <input type="checkbox"/> Combination basement/crawl space
Access to Crawl Space	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior hatch door <input type="checkbox"/> Via basement <input type="checkbox"/> No Access Inspected from: <input type="checkbox"/> Access panel <input type="checkbox"/> In the crawl space
Foundation Walls	<input type="checkbox"/> Concrete block <input type="checkbox"/> Poured concrete <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Piers & columns <input type="checkbox"/> Other <input type="checkbox"/> Cracks <input type="checkbox"/> Movement <input type="checkbox"/> Have evaluated <input type="checkbox"/> Monitor
Floor	<input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Other <input type="checkbox"/> Typical cracks <input type="checkbox"/> Large cracks noted
Seismic Bolts	<input type="checkbox"/> N/A <input type="checkbox"/> None visible <input type="checkbox"/> Appear satisfactory <input type="checkbox"/> Recommend evaluation
Drainage	<input type="checkbox"/> Outside drain <input type="checkbox"/> Sump pump Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None apparent Evidence of moisture damage: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ventilation	<input type="checkbox"/> Wall vents <input type="checkbox"/> Power vents <input type="checkbox"/> None apparent Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Girders (1), Columns (2)	<input type="checkbox"/> N/A Condition: <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Not visible <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted <input type="checkbox"/> Cracks
Joists	<input type="checkbox"/> Joists <input type="checkbox"/> Trusses <input type="checkbox"/> I-Joist <input type="checkbox"/> 2x8 <input type="checkbox"/> 2x8 <input type="checkbox"/> 2x10 <input type="checkbox"/> 2x12
Sub Floor	<input type="checkbox"/> Not visible <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Other
Moisture Stains	<input type="checkbox"/> Walls <input type="checkbox"/> Sub floor <input type="checkbox"/> Other
Insulation	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling <input type="checkbox"/> Other
Vapor Barrier	<input type="checkbox"/> Yes <input type="checkbox"/> No (See Remarks page) <input type="checkbox"/> Kraft face <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/> Not visible
Basement/Crawl Space Walls	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>Diagram indicates where wall not visible and type of covering: P = Paneling C = Crack(s) D = Drywall M = Monitor S = Storage E = Evaluate</p> </div> <div style="flex: 1; text-align: center;"> <p>North</p>  <p>South</p> </div> </div>
General Comments	

INFO

PLUMBING

Water Service	Shut off location: INFO		
Water entry piping:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB <input type="checkbox"/> Unknown
Water lines:	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic <input type="checkbox"/> Polybutylene <input type="checkbox"/> Unknown
	Lead (other than solder joints):		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Service entry <input type="checkbox"/> Unknown
	Water flow:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor Cross connection: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Water pressure:	<input 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 type="checkbox"/> Plastic <input type="checkbox"/> Other
	Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible
	Waste discharge:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Slow drain
Gas Lines	<input type="checkbox"/> Not visible	<input type="checkbox"/> Shutoff missing	
	<input type="checkbox"/> Copper	<input type="checkbox"/> Brass	<input type="checkbox"/> Black iron <input type="checkbox"/> Stainless steel <input type="checkbox"/> CSST
Well Pump	<input 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 type="checkbox"/> N/A		
Sealed crock:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heater #1			
Brand name: INFO	Serial #: ???		Model #: ???
	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil <input type="checkbox"/> Other Approx. age: ??? yr(s)
	Capacity: INFO	gallons	Seismic restraints needed: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Relief valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing
Vent pipe:	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Improper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> Safety Hazard
Water Heater #2	<input type="checkbox"/> N/A		
Brand name: INFO	Serial #: ???		Model #: ???
	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil <input type="checkbox"/> Other Approx. age: ??? yr(s)
	Capacity: INFO	gallons	Seismic restraints needed: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Relief valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing
Vent pipe:	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Improper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> Safety Hazard
Water Softener	(Unit not evaluated)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing hooked up:	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Comments			
	INFO		

HEATING SYSTEM

Fuel Shutoff for Building	Main fuel shutoff location: INFO
----------------------------------	---

Forced Air System	<input type="checkbox"/> Central Unit <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Floor Furnace
Brand name: INFO Model #: ???	Approximate age: ??? year(s) Serial #: ???
Brand name: INFO Model #: ???	Approximate age: ??? year(s) Serial #: ???
Energy source:	<input type="checkbox"/> System not operated due to: INFO <input type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric
Hot air systems:	<input type="checkbox"/> Belt drive <input type="checkbox"/> Direct drive <input type="checkbox"/> Gravity
Heat exchanger:	<input 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: INFO <input type="checkbox"/> Plenum/register <input type="checkbox"/> Not tested <input type="checkbox"/> N/A
Distribution:	<input type="checkbox"/> Metal duct <input type="checkbox"/> Insul. flex duct <input type="checkbox"/> Cold air returns
Flue piping:	<input type="checkbox"/> Metal <input type="checkbox"/> PVC <input type="checkbox"/> Proper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> N/A
Filter:	<input type="checkbox"/> Standard <input type="checkbox"/> Electrostatic <input type="checkbox"/> Paper <input type="checkbox"/> N/A Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Replace/clean <input type="checkbox"/> Missing
Operated:	When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire
Operation:	Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend HVAC technician examine <input type="checkbox"/> Before closing
Controls:	<input type="checkbox"/> Disconnect <input 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 type="checkbox"/> N/A Emergency heat tested: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Boiler System	<input type="checkbox"/> N/A
----------------------	------------------------------

Brand name: INFO Model #: ???	Approximate age: ??? year(s) Serial #: ???
Energy source:	<input type="checkbox"/> System not operated due to: INFO <input type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric
Distribution:	<input type="checkbox"/> Hot water <input type="checkbox"/> Baseboard <input type="checkbox"/> Steam <input type="checkbox"/> Radiator
Circulator:	<input type="checkbox"/> Pump <input type="checkbox"/> Gravity <input type="checkbox"/> Multiple zones
Controls:	Temp/pressure gauge exist: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Operating:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Relief valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing Extension proper: <input type="checkbox"/> Yes <input type="checkbox"/> No
Operated:	When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire
Operation:	Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend HVAC technician examine <input type="checkbox"/> Before closing

Others	<input type="checkbox"/> N/A <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Radiant ceiling cable <input type="checkbox"/> Gas space heater <input type="checkbox"/> Woodburning stove (See Remarks page)
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General Comments	INFO
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COOLING SYSTEM

System Components			
Energy source:	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other
Central air:	<input type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Evaporative cooler
Operated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not operated due to outside temperature
Temperature differential:	Unit 1: ??? °F	Unit 2: ??? °F	(See Remarks page)
Operation:	Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Recommend HVAC technician examine <input type="checkbox"/> Before closing	
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damaged	<input type="checkbox"/> Insulation missing <input type="checkbox"/> Satisfactory
Through wall unit(s):	<input type="checkbox"/> N/A	Operated: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs service

General Comments

INFO

ELECTRICAL

Main Panel		Location: INFO
Amps: INFO	Volts: INFO	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses
Appears grounded: <input type="checkbox"/> Yes <input type="checkbox"/> No	GFCI present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No
Main Wire: <input 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 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"/> Arc fault present	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(see Remarks)
<input type="checkbox"/> Panel not accessible	<input type="checkbox"/> Not evaluated	Reason: INFO

Sub Panel(s)		<input type="checkbox"/> None apparent
Location 1: INFO	Location 2: INFO	Location 3: INFO
<input type="checkbox"/> Panel not accessible	<input type="checkbox"/> Not evaluated	Reason: INFO
Branch Wiring: <input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum
Neutral/ground separated: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Have electrician separate	
Neutral isolated: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Have electrician isolate	
<input type="checkbox"/> Multiple tapping	<input type="checkbox"/> Branch wires undersized	<input type="checkbox"/> Safety Hazard

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 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:

INFO

SUMMARY*

ITEMS NOT OPERATING

INFO

MAJOR CONCERNS

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

INFO

POTENTIAL SAFETY HAZARDS

INFO

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.

INFO

* 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.