

# HOME INSPECTION REPORT

---



INSPECTION DATE:

PREPARED FOR:

PREPARED BY:

Alpine Home Inspections, LLC  
P.O Box 900576  
Sandy, UT 84090-0576

(801) 694-7790

(801) 571-7344 Fax

INSPECTION NUMBER:

INSPECTOR:

Jeremy Anderson

# BUILDING DATA / RECEIPT INFORMATION

---

## RECEIPT

Inspection Date:  
Inspection Number:  
Inspection Address:  
Inspected by:  
    Inspection:                   \$275.00  
**Total:                   \$ 275.00**

Paid by:

---

## BUILDING DATA

Approximate Age:           3 Years  
Style:                       Ranch  
General Appearance:       Satisfactory  
Main Entrance Faces:      East  
Weather Condition:        Clear  
Temperature:               Below 30°F  
Ground cover:              Wet

# GROUNDS

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

Hose bib handle is cracked (back of house)

# ROOF COVERING

General Information	
<b>Roof Visibility</b>	<input type="checkbox"/> All <input checked="" type="checkbox"/> 80 Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By:
<b>Inspected From</b>	<input type="checkbox"/> Roof <input checked="" type="checkbox"/> Ladder at eaves <input type="checkbox"/> Ground w/binoculars
<b>Style of Roof</b>	Type:    Combination: <input checked="" 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 checked="" type="checkbox"/> Medium <input type="checkbox"/> Steep <input type="checkbox"/> Flat
<b>Roof Covering</b>	Roof #1:    Type: Asphalt    Estimated Layers: 1 Layer    Approximate age of cover: 1-5+ years
<b>Ventilation System</b>	Combination: <input checked="" type="checkbox"/> Soffit <input type="checkbox"/> Ridge <input type="checkbox"/> Gable <input checked="" type="checkbox"/> Roof <input type="checkbox"/> Powered <input type="checkbox"/> Eaves <input type="checkbox"/> Other
<b>Flashing Material</b>	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
<b>Valley Material</b>	Combination: <input type="checkbox"/> Galv./Aluminum <input checked="" 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)	
<b>Roof Covering</b>	<input checked="" 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
<b>Ventilation</b>	(See Remarks page)    (See Attic page)
<b>Flashings</b>	<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
<b>Valleys</b>	<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
<b>Skylights</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
<b>Plumbing Vents</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
<b>General Comments</b>	Satisfactory

# CHIMNEY / GUTTERS / SIDING / TRIM

<b>Chimney(s)</b>		<input type="checkbox"/> None	Location(s): N. side	
Viewed from:	<input type="checkbox"/> Roof	<input checked="" 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 checked="" type="checkbox"/> Stucco
Evidence of:	<input type="checkbox"/> Cracked chimney cap		<input type="checkbox"/> Loose mortar joints	<input type="checkbox"/> Loose brick
Flue:	<input type="checkbox"/> Tile	<input type="checkbox"/> Metal	<input type="checkbox"/> Unlined	<input checked="" type="checkbox"/> Not visible
Evidence of:	<input type="checkbox"/> Holes in metal		<input type="checkbox"/> Rust	<input type="checkbox"/> Flaking
	<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		

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

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

<b>Window Frames</b>		<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				

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

<b>1 - Trim, 2 - Soffit, 3 - Fascia</b>		<input 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			

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

<b>General Comments</b>		Recommend silicone around windows, doors, ledges, etc...(anywhere stucco is cracking)			
-------------------------	--	---	--	--	--



silicone around gutter to help keep water from washing down stucco

# EXTERIOR / ELECTRICAL / AC / GARAGE

<b>Exterior Wall Construction</b>							
<input type="checkbox"/> Not visible		<input checked="" type="checkbox"/> Wood frame		<input type="checkbox"/> Masonry	<input type="checkbox"/> Log	<input type="checkbox"/> Other	
<b>Exterior Doors</b>		<input 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			
<b>Exterior Electrical Service</b>							
<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 checked="" 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			
<b>Potential safety hazard:</b>		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <b>(See Remarks page)</b>			
<b>A/C Condenser/Heat Pump</b>		<input type="checkbox"/> None	Approximate age: 3	Max breaker/fuse:			
#1 Brand: Ducane		Model #: AC10B48-A		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		
<b>Garage</b>		<input type="checkbox"/> None					
<input checked="" type="checkbox"/> Attached		<input type="checkbox"/> Detached	<input type="checkbox"/> 1-car	<input type="checkbox"/> 2-car	<input checked="" type="checkbox"/> 3-car		
<b>Automatic opener:</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Operable	<input type="checkbox"/> Inoperable		
<b>Safety reverse:</b> Present:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <b>Safety Hazard</b>
<b>Electric sensor:</b> Present:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <b>Safety Hazard</b>
<b>Roofing:</b>		<input checked="" type="checkbox"/> Same as house	Type: ???	Approx. age: ???	Approx. layers: ???		
		Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
<b>Gutters:</b>		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> None		
<b>Siding:</b>		<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		
<b>Trim:</b>		<input checked="" type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Vinyl		
<b>Floor:</b>		<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 checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <b>Safety hazard</b>	
		Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Typical cracks	<input type="checkbox"/> Large settling cracks			
<b>Overhead door:</b>		<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"/> <b>Repair, replace, paint</b>		
<b>Service door:</b>		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> None		
<b>Sill plates:</b>		<input checked="" type="checkbox"/> Elevated	<input type="checkbox"/> Floor level	<input type="checkbox"/> Both	<input type="checkbox"/> Not visible	<input type="checkbox"/> Rotted	
<b>Electricity present:</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>GFCI Protected:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Reverse polarity/open ground: <input type="checkbox"/> Yes		<input type="checkbox"/> <b>Safety Hazard</b>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Handyman/ext. cord wiring	
<b>Firewall:</b>		(Between garage & living area) <input type="checkbox"/> N/A		<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged	
<b>Fire door:</b>		<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
<b>General Comments</b>							
Satisfactory							

# KITCHEN

<b>Countertops</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<b>Cabinets</b>	Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> <b>Recommend repairs</b>
<b>Plumbing Comments</b>			
Faucet leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipes leak/corroded:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drainage:	<input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor	Water pressure:	<input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor
<b>Walls &amp; Ceiling</b>			
Condition	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks <input type="checkbox"/> Moisture stains
<b>Heat Source Present</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Floor</b>			
Condition	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Sloping <input type="checkbox"/> Squeaks
<b>Appliances</b>	(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
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
<b>Electrical</b>			
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:	Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <b>(Remarks)</b>
Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes	<input type="checkbox"/> <b>Safety Hazard</b>	<input checked="" type="checkbox"/> No
<b>General Comments:</b>			

Satisfactory

# LAUNDRY / UTILITY ROOM

<b>Room Components</b>			
Laundry sink:	<input checked="" type="checkbox"/> N/A	Faucet leaks:	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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"/> <b>Safety Hazard</b> <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"/> <b>Safety Hazard</b>
<b>General Comments</b>			

Satisfactory



# BATHROOMS

<b>Bath: Upstairs</b>			
Sinks	Faucet leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Tubs	Faucet leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Showers	Faucet leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Toilet:	Bowl loose	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Operates:</i> <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	<i>Operates:</i> <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	<i>Operates:</i> <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
	<b>Potential safety hazards present:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(See Remarks page)</b>		
Heat source present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>(See Remarks page)</b>		
Exhaust fan:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy
<b>General Comments</b>			
Satisfactory			

<b>Bath: 1/2 Bath</b>			
Sinks	Faucet leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Toilet:	Bowl loose	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracked bowl <input type="checkbox"/> Toilet leaks
	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	<i>Operates:</i> <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
	<b>Potential safety hazards present:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(See Remarks page)</b>		
Heat source present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Exhaust fan:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy
<b>General Comments</b>			
Satisfactory			

# BATHROOMS

<b>Bath: Master bath</b>				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates:
		Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Potential safety hazards present:</b>		<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**

Master Bath: Jetted tub is not operable

# BEDROOM

<b>Location: Upstairs</b>				
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks <input type="checkbox"/> Holes
	Moisture stains:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Outlets:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Open ground/reverse polarity:	<input type="checkbox"/> Yes <input type="checkbox"/> <b>Safety Hazard</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Covers missing
Heat source present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings	
Doors & Windows:	<input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass	

**General Comments:**

Satisfactory

# BEDROOM

<b>Location: Upstairs</b>				
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks <input type="checkbox"/> Holes
	Moisture stains:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Outlets:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Open ground/reverse polarity:	<input type="checkbox"/> Yes <input type="checkbox"/> <b>Safety Hazard</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Covers missing
Heat source present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings	
Doors & Windows:	<input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass	

**General Comments:**

Satisfactory

# FAMILY ROOM

**Location:** Main

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:**

Satisfactory

# MASTER BEDROOM

<b>Location:</b> Main					
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks	<input type="checkbox"/> Holes
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling fan:	<input type="checkbox"/> N/A		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:	<input checked="" type="checkbox"/> Yes
					<input type="checkbox"/> No
	Open ground/reverse polarity:	<input type="checkbox"/> Yes	<input type="checkbox"/> <b>Safety Hazard</b>		<input checked="" type="checkbox"/> No
Heat source present:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Not visible		Holes:
					<input type="checkbox"/> Doors
Doors & Windows:	<input checked="" type="checkbox"/> Sat.	<input type="checkbox"/> Marg.	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass

**General Comments:**

Smoke detectors missing: master bed, hallway, and basement

## WINDOWS / FIREPLACES / ATTIC

<b>Interior Windows/Glass</b>					
General condition:	<input checked="" 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:	<b>(See Remarks page)</b>		<input checked="" type="checkbox"/> Representative number of windows operated		
<b>Evidence of leaking insulated glass:</b>	<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	

<b>Fireplace</b>					
<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Wood	<input type="checkbox"/> None    Location(s): Family room			
<input type="checkbox"/> <b>Woodburner stove (See Remarks page)</b>					
<input type="checkbox"/> Masonry insert	<input checked="" 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					
Hearth:	Satisfactory:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Mantle: <input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> <b>Recommend having flue cleaned and re-examined</b>			<input type="checkbox"/> Loose		
			<input type="checkbox"/> Ventless		

<b>Stairs</b>					
<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"/> <b>Safety Hazard</b>	
Risers/Treads:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Risers/treads uneven	

<b>Smoke/CO Detectors</b>					
<b>(See Remarks page)</b>					
Smoke detector:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Not tested	CO detector: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Attic</b>					
Access:	<input type="checkbox"/> Stairs	<input type="checkbox"/> Pulldown	<input checked="" type="checkbox"/> Scuttlehole	<input type="checkbox"/> Knee wall	<input type="checkbox"/> <b>No access</b>
Inspected from:	<input checked="" 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 checked="" type="checkbox"/> Other				
Flooring:	<input type="checkbox"/> Complete		<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> None	
Insulation: Type:	Fiberglass		<input type="checkbox"/> Batts	<input checked="" type="checkbox"/> Loose	
	Average inches: 9-12				
	Installed in: <input type="checkbox"/> Floor <input checked="" type="checkbox"/> Rafters				
Vent fans:	<input type="checkbox"/> Present		<input checked="" type="checkbox"/> Not tested	<input type="checkbox"/> Thermostat controlled	<input type="checkbox"/> <b>Safety Hazard</b>
Ventilation:	<input checked="" 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 checked="" type="checkbox"/> Trusses		<input type="checkbox"/> Other		<input type="checkbox"/> Not visible
Roof sheathing:	<input type="checkbox"/> Plywood		<input checked="" type="checkbox"/> OSB	<input type="checkbox"/> 1x wood	
	<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 checked="" type="checkbox"/> Not visible
<b>(See Remarks page)</b>					
Chimney chase:	<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Needs repairs		<input checked="" type="checkbox"/> Not visible

Structural problems observed:     Yes     No     See comments below

Vapor barriers:     Not visible     Improperly installed

Kraft faced     Plastic    **(See Remarks page)**

Electrical:     Open junction box(es)     Handyman wiring     Visible knob-and-tube

---

**General Comments**

Satisfactory

# BASEMENT

(See Remarks page)

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

<b>Foundation Walls</b>					
Horizontal cracks:	<input type="checkbox"/> Concrete block	<input checked="" type="checkbox"/> Poured concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Fieldstone	<input type="checkbox"/> Other
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 checked="" type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> <b>Have evaluated</b>	<input type="checkbox"/> <b>Monitor</b>	

\*\*\* Note: See below for basement diagram

**Condition reported above reflects visible portion only**

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

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

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

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

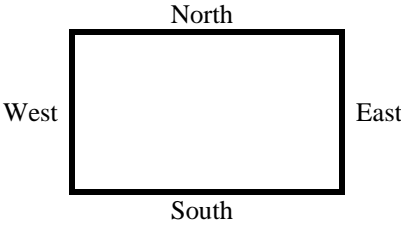
<b>Girders (1), Columns (2)</b>					
Condition:	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not visible
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal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

<b>Joists /Trusses</b>					
<input type="checkbox"/> Joist	<input type="checkbox"/> Trusses	<input checked="" type="checkbox"/> I-Joist	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Concrete
		<input type="checkbox"/> 2x6	<input type="checkbox"/> 2x8	<input type="checkbox"/> 2x10	<input type="checkbox"/> 2x12

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

<b>General Comments</b>
-------------------------

INFO



# PLUMBING

<b>Water Service</b>	Shut off location: In the basement			
Water entry piping:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB	<input type="checkbox"/> Unknown
Water lines:	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Polybutylene <input type="checkbox"/> Unknown
	Lead ( <i>other than solder joints</i> ):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Service entry <input type="checkbox"/> Unknown
	Water flow:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor	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 ( <b>Needs evaluation</b> )
	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	

<b>Gas Lines</b>	<input type="checkbox"/> Not visible	<input type="checkbox"/> Shutoff missing
	<input type="checkbox"/> Copper	<input type="checkbox"/> Brass
	<input checked="" type="checkbox"/> Black iron	<input type="checkbox"/> Stainless steel <input type="checkbox"/> CSST

<b>Well Pump</b>	<input checked="" type="checkbox"/> N/A	<b>(See Remarks page)</b>		
	<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	

<b>Sanitary Pump</b>	<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
		Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Water Heater #1</b>	<input type="checkbox"/> N/A	
<i>Brand name:</i> Bradford White	<i>Serial #:</i> ZM4055583	<i>Model #:</i> MI40T6FBN2
	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	Approx. age: 3 yr(s)
	Capacity: 40 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	<b>Extension proper:</b> <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"/> <b>Safety Hazard</b>

<b>Water Heater #2</b>	<input type="checkbox"/> N/A	
<i>Brand name:</i> Bradford White	<i>Serial #:</i> ZM4055578	<i>Model #:</i> MI40T6FBN2
	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	Approx. age: 3 yr(s)
	Capacity: 40 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	<b>Extension proper:</b> <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"/> <b>Safety Hazard</b>

<b>Water Softener</b>	<b>(Unit not evaluated)</b>	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing hooked up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>General Comments</b>	
	Satisfactory

# HEATING SYSTEM

**Fuel Shutoff for Building** Main fuel shutoff location: Outside at the gas meter

**Forced Air System**  Central Unit  Wall Furnace  Floor Furnace

**Brand name:** Payne

**Approximate age:** 3 year(s)

**Model #:** PG9MAA048100

**Serial #:** 4003A20476

System not operated due to:  
Energy source:  Gas  LP  Oil  Electric  
Hot air systems:  Belt drive  Direct drive  Gravity  
Heat exchanger:  Visual with mirror  N/A (sealed)  Not accessible  
Condition:  Rusted  Flame distortion  Other  
**View is extremely limited - See Remarks page about options**  
CO test: Tester: TIFF 8800  Plenum/register  Not tested  N/A  
Distribution:  Metal duct  Insul. flex duct  Cold air returns  
Flue piping:  Metal  PVC  Proper pitch  Rusted  N/A  
Filter:  Standard  Electrostatic  Paper  N/A  
Condition:  Satisfactory  Replace/clean  Missing  
Operated: When turned on by thermostat:  Fired  Did not fire  
Operation: Satisfactory:  Yes  No  **Recommend HVAC technician examine**  Before closing  
Controls:  Disconnect  Normal operating and safety controls observed  
Heat pump:  Aux. Elec.  Aux. Gas  Aux. geothermal  N/A  
Emergency heat tested:  Yes  No  N/A

**Boiler System**  N/A

**Others**  N/A

Electric baseboard  Radiant ceiling cable  Gas space heater  
 Woodburning stove **(See Remarks page)**

**General Comments**

Furnace was in normal working order at the time of the inspection.



# COOLING SYSTEM

## System Components

Energy source:  Electric  Gas  Other Approximate age: 3 year(s)  
Central air:  Air cooled  Water cooled  Evaporative cooler  Heat pump  
Operated:  Yes  No  Not operated due to outside temperature  
Temperature differential: Unit 1: ??? °F Unit 2: ??? °F (See Remarks page)  
Operation: Satisfactory:  Yes  No  Recommend HVAC technician examine  Before closing  
Refrigerant lines:  Leak  Damaged  Insulation missing  Satisfactory  
Through wall unit(s):  N/A Operated:  Yes  No  Satisfactory  Needs service

## General Comments

A/C was not operated due to outside temperature.

# ELECTRICAL

## Main Panel

Location: Exterior wall

Amps: 150 Volts: 240  Breakers  Fuses  
Appears grounded:  Yes  No GFCI present:  Yes  No Operates:  Yes  No  
**Main Wire:**  Copper  Aluminum  Copper clad aluminum  Not visible  
Branch Wire:  Copper  Aluminum  Copper clad aluminum  Not visible  
 Romex  BX cable  Conduit  Knob & tube  
 Multiple tapping  Branch wires undersized  Federal Pacific panel (see Remarks)  
 Multiple tapping of main disconnect  Safety Hazard  
 Arc fault present Operates:  Yes  No  N/A (see Remarks)  
 Panel not accessible  Not evaluated Reason:

## Sub Panel(s)

None apparent

Location 1: Basement

Location 2:

Location 3:

Panel not accessible  Not evaluated Reason:  
**Branch Wiring:**  Copper  Aluminum  Copper clad aluminum  
Neutral/ground separated:  Yes  No  Have electrician separate  
Neutral isolated:  Yes  No  Have electrician isolate  
 Multiple tapping  Branch wires undersized  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:

Satisfactory  Marginal  Poor  
 Open grounds  Reverse polarity  GFCIs not operating  Ungrounded 3-prong outlets  
 Solid conductor aluminum branch wiring circuits (See Remarks page)  
 Recommend a licensed electrician evaluate the service

## General Comments:

Satisfactory

# SUMMARY\*

---

## ITEMS NOT OPERATING

**Master Bath: Jetted tub is not operable**

---

## MAJOR CONCERNS

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

**None apparent**

---

## POTENTIAL SAFETY HAZARDS

**Smoke detectors missing: master bed, hallway, and basement  
Recommend ladder escapes for basement windows  
Recommend railing for front porch**

---

## 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.*

**½ Bath toilet is not flushing properly  
Hose bib handle is cracked (back of house)  
Master bath tub is leaking into basement**

---

\* 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.