

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

Service Walks	<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"/> Trip Hazard	
<hr/>		
Driveway	<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
<input type="checkbox"/> Trip hazard		
<hr/>		
Patio/Lanai	<input type="checkbox"/> None	<input type="checkbox"/> Kool-Deck®
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	(See Remarks page)	
	<input type="checkbox"/> Settling cracks	<input checked="" type="checkbox"/> Other
		<input type="checkbox"/> Trip Hazard
		<input type="checkbox"/> Not visible
<hr/>		
Deck	<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"/> Not visible
		<input type="checkbox"/> Railing/balusters recommended
<hr/>		
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
<hr/>		
Porch (covered entrance)	<input type="checkbox"/> None	<input type="checkbox"/> Railing/balusters recommended
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"/> Safety Hazard
<hr/>		
Balcony (2nd floor platform)	<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"/> Railing/balusters recommended
		<input type="checkbox"/> Safety Hazard
<hr/>		
Stoops/Steps	<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"/> Railing recommended
<input type="checkbox"/> Cracked	<input type="checkbox"/> Settled	<input type="checkbox"/> Poor
		<input type="checkbox"/> Damaged wood
		<input type="checkbox"/> Recommend baluster
		<input type="checkbox"/> Safety Hazard
<hr/>		
Fencing	<input type="checkbox"/> None	<input type="checkbox"/> Type:
		<input checked="" type="checkbox"/> Not evaluated
<hr/>		
Landscaping Affecting Foundation	(See Remarks page)	
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/>		
Retaining Wall:	<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"/> Safety Hazard
<hr/>		
Hose Bibs	<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/>		
General Comments		

Hose bib handle is cracked (back of house)

ROOF COVERING

General Information	
Roof Visibility	<input type="checkbox"/> All <input checked="" type="checkbox"/> 80 Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By:
Inspected From	<input type="checkbox"/> Roof <input checked="" type="checkbox"/> Ladder at eaves <input type="checkbox"/> Ground w/binoculars
Style of Roof	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
Roof Covering	Roof #1: Type: Asphalt Estimated Layers: 1 Layer Approximate age of cover: 1-5+ years
Ventilation System	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
Flashing Material	Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Lead <input type="checkbox"/> Rubber <input type="checkbox"/> Not visible <input type="checkbox"/> Copper <input type="checkbox"/> Other
Valley Material	Combination: <input 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)	
Roof Covering	<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
Ventilation	(See Remarks page) (See Attic page)
Flashings	<input type="checkbox"/> Not visible <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted <input type="checkbox"/> Recommend Sealing <input type="checkbox"/> Pulled away from chimney/roof
Valleys	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible <input type="checkbox"/> N/A <input type="checkbox"/> Rusted <input type="checkbox"/> Holes <input type="checkbox"/> Recommend Sealing
Skylights	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Plumbing Vents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
General Comments	Satisfactory

CHIMNEY / GUTTERS / SIDING / TRIM

Chimney(s)		<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		

Gutters & Downspouts		<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	

Siding		<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			

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

Storms & Screens		<input 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		

1 - Trim, 2 - Soffit, 3 - Fascia		<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			

Caulking					
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				

General Comments	
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

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

KITCHEN

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

LAUNDRY / UTILITY ROOM

Room Components			
Laundry sink: <input checked="" 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 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"/> Safety Hazard	<input checked="" type="checkbox"/> No	
Appliances present: <input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer	<input type="checkbox"/> Water heater	<input type="checkbox"/> Furnace	<input type="checkbox"/> Other
Gas pipe: <input checked="" type="checkbox"/> N/A	Valve shutoff: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cap Needed	<input type="checkbox"/> Safety Hazard
General Comments	Satisfactory		

BATHROOMS

Bath: Upstairs			
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
	Potential safety hazards present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See Remarks page)		
Heat source present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See Remarks page)		
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
General Comments			
Satisfactory			

Bath: 1/2 Bath			
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
	Potential safety hazards present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See Remarks page)		
Heat source present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Exhaust fan:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy
General Comments			
Satisfactory			

BATHROOMS

Bath: Master bath	
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
Whirlpool:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Shower/Tub area:	<input checked="" type="checkbox"/> Ceramic/Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Masonite <input type="checkbox"/> Other
	Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rotted floors
	Caulk/Grouting needed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drainage:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal
Water flow:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal
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
Outlets present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GFCI protected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Open ground/reverse polarity within 6' of water: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Potential safety hazards present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See Remarks page)
Heat source present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Exhaust fan:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy

General Comments

Master Bath: Jetted tub is not operable

BEDROOM

Location: Upstairs	
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 Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Open ground/reverse polarity: <input type="checkbox"/> Yes <input type="checkbox"/> Safety Hazard <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

Location: Upstairs	
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 Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Open ground/reverse polarity: <input type="checkbox"/> Yes <input type="checkbox"/> Safety Hazard <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

Location: 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	Operates:
	Open ground/reverse polarity:	<input type="checkbox"/> Yes <input type="checkbox"/> Safety Hazard		<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:

Smoke detectors missing: master bed, hallway, and basement

WINDOWS / FIREPLACES / ATTIC

Interior Windows/Glass					
General condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Painted shut	
<input 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 checked="" type="checkbox"/> Representative number of windows operated		
Evidence of leaking insulated glass:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not determinable	<input type="checkbox"/> N/A	
Safety glazing:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Safety issue	Where:		
Security bars present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not tested	<input type="checkbox"/> Test release mechanism before moving in	

Fireplace					
<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Wood	<input type="checkbox"/> None Location(s): Family room			
<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			<input type="checkbox"/> Pre-fabricated panels damaged/worn		
Hearth:	Satisfactory:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mantle:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Loose	
<input type="checkbox"/> Recommend having flue cleaned and re-examined			<input type="checkbox"/> Ventless		

Stairs					
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> None	
Handrail:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Safety Hazard	
Risers/Treads:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Risers/treads uneven	

Smoke/CO Detectors					
(See Remarks page)					
Smoke detector:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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

Attic					
Access:	<input type="checkbox"/> Stairs	<input type="checkbox"/> Pulldown	<input checked="" type="checkbox"/> Scuttlehole	<input type="checkbox"/> Knee wall	<input type="checkbox"/> No access
Inspected from:	<input checked="" type="checkbox"/> Access panel	<input type="checkbox"/> In the attic		<input type="checkbox"/> Other	
	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	<input type="checkbox"/> Walls	<input type="checkbox"/> Not Visible
Vent fans:	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not tested	<input type="checkbox"/> Thermostat controlled	<input type="checkbox"/> Safety Hazard	
Ventilation:	<input checked="" type="checkbox"/> Appears adequate		<input type="checkbox"/> Recommend additional venting		
Roof structure:	<input 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"/> 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 checked="" type="checkbox"/> Not visible <input type="checkbox"/> N/A
	(See Remarks page)				
Chimney chase:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs repairs	<input checked="" type="checkbox"/> Not visible		

Structural problems observed: 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)

Stairs					
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Safety Hazard	
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	

Foundation Walls					
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"/> Have evaluated	<input type="checkbox"/> Monitor	

*** Note: See below for basement diagram

Condition reported above reflects visible portion only

Floor		(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	

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 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	

Drain Tile (See Remarks page)	<input type="checkbox"/> Palmer valve present	<input checked="" type="checkbox"/> Not Visible	(See Remarks page)
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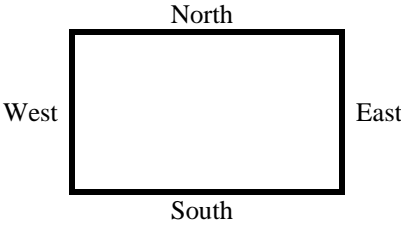
Girders (1), Columns (2)					
Condition:	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not visible
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Stained/rusted	

Joists /Trusses					
Condition:	<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"/> 2x6	<input type="checkbox"/> 2x8	<input type="checkbox"/> 2x10	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not visible

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



PLUMBING

Water Service	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 (Needs evaluation)
	Pipes: <input type="checkbox"/> Corroded <input type="checkbox"/> Leaking	<input type="checkbox"/> Valves broken/missing		<input type="checkbox"/> Dissimilar metal
Drain/waste/vent pipe:	<input type="checkbox"/> Copper	<input type="checkbox"/> Cast iron	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Other
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Not visible
	Waste discharge:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Slow drain	

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

Well Pump	<input checked="" type="checkbox"/> N/A	(See Remarks page)		
	<input type="checkbox"/> Submersible	<input type="checkbox"/> In basement	<input type="checkbox"/> Well house	<input type="checkbox"/> Well pit <input type="checkbox"/> Shared well
Pressure gauge operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Sanitary Pump	<input checked="" type="checkbox"/> N/A
Sealed crock:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vented:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Water Heater #1	<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
	Capacity: 40 gallons	Approx. age: 3 yr(s)
		Seismic restraints needed: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Relief valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing
Vent pipe:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Improper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> Safety Hazard

Water Heater #2	<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
	Capacity: 40 gallons	Approx. age: 3 yr(s)
		Seismic restraints needed: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Relief valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing
Vent pipe:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Improper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> Safety Hazard

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

General Comments	Satisfactory
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HEATING SYSTEM

Fuel Shutoff for Building	Main fuel shutoff location: Outside at the gas meter
Forced Air System	<input checked="" type="checkbox"/> Central Unit <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Floor Furnace <i>Brand name:</i> Payne <i>Approximate age:</i> 3 year(s) <i>Model #:</i> PG9MAA048100 <i>Serial #:</i> 4003A20476 <input type="checkbox"/> System not operated due to: Energy source: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric Hot air systems: <input type="checkbox"/> Belt drive <input checked="" type="checkbox"/> Direct drive <input type="checkbox"/> Gravity Heat exchanger: <input type="checkbox"/> Visual with mirror <input checked="" 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: TIFF 8800 <input type="checkbox"/> Plenum/register <input type="checkbox"/> Not tested <input type="checkbox"/> N/A Distribution: <input checked="" type="checkbox"/> Metal duct <input type="checkbox"/> Insul. flex duct <input type="checkbox"/> Cold air returns Flue piping: <input checked="" type="checkbox"/> Metal <input type="checkbox"/> PVC <input type="checkbox"/> Proper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> N/A Filter: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Electrostatic <input type="checkbox"/> Paper <input type="checkbox"/> N/A Condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Replace/clean <input type="checkbox"/> Missing Operated: When turned on by thermostat: <input checked="" type="checkbox"/> Fired <input type="checkbox"/> Did not fire Operation: Satisfactory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend HVAC technician examine <input type="checkbox"/> Before closing Controls: <input checked="" type="checkbox"/> Disconnect <input checked="" type="checkbox"/> Normal operating and safety controls observed Heat pump: <input type="checkbox"/> Aux. Elec. <input type="checkbox"/> Aux. Gas <input type="checkbox"/> Aux. geothermal <input checked="" type="checkbox"/> N/A Emergency heat tested: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Boiler System	<input checked="" type="checkbox"/> N/A
Others	<input checked="" 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)
General Comments	

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

COOLING SYSTEM

System Components	
Energy source:	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other Approximate age: 3 year(s)
Central air:	<input checked="" type="checkbox"/> Air cooled <input type="checkbox"/> Water cooled <input type="checkbox"/> Evaporative cooler <input type="checkbox"/> Heat pump
Operated:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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
A/C was not operated due to outside temperature.

ELECTRICAL

Main Panel	Location: Exterior wall
Amps: 150	Volts: 240 <input checked="" type="checkbox"/> Breakers <input type="checkbox"/> Fuses
Appears grounded:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GFCI present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No
Main Wire:	<input type="checkbox"/> Copper <input checked="" 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:

Sub Panel(s)	<input type="checkbox"/> None apparent	
Location 1: Basement	Location 2:	Location 3:
Branch Wiring:	<input type="checkbox"/> Panel not accessible <input type="checkbox"/> Not evaluated Reason:	
	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper clad aluminum	
	Neutral/ground separated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Have electrician separate	
	Neutral isolated: <input checked="" 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 checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
<input type="checkbox"/> Open grounds <input type="checkbox"/> Reverse polarity <input type="checkbox"/> GFCIs not operating <input type="checkbox"/> Ungrounded 3-prong outlets
<input type="checkbox"/> Solid conductor aluminum branch wiring circuits (See Remarks page)
<input type="checkbox"/> Recommend a licensed electrician evaluate the service

General Comments:
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.