



123 Main St., Anytown, IL

Inspection Date:

12/8/06

Prepared For:

The Client

Prepared By:

RCIS LLC

630-248-1371

708-445-1228 Fax

rcisllc@hotmail.com

Report Number:

Inspector:

Jeffrey Wadsworth

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REPORT OVERVIEW

CONVENTIONS USED IN THIS REPORT

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

MARGINAL - 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.

THE SCOPE OF THE INSPECTION

All components designated for inspection in the ASHI® Standards of Practice as required by state law are inspected, except as may be noted in the "Limitations of Inspection" sections within this report.

It is the goal of the inspection to put a homebuyer in a better position to make a buying decision. Not all improvements will be identified during this inspection. Unexpected repairs should still be anticipated. The inspection should not be considered a guarantee or warranty of any kind.

Please refer to the pre-inspection contract for a full explanation of the scope of the inspection.

BUILDING DATA

Approximate Age:	80+
Style:	Three story
General Appearance:	Satisfactory
Main Entrance Faces:	West
Weather Conditions:	Overcast
Temperature	10-20°F
Most Recent Precipitation:	No rain or snow within the past week
Ground cover:	Snow cover
State of Occupancy:	Occupied
Client at inspection:	No

RECEIPT / INVOICE

RCIS LLC

630-248-1371

Date: 12/8/06

Inspection Number:

Name:

Inspection:

Other**

Total: _____

- Agent
- Check #
- Cash
- Credit Card:

** Radon

Inspected By: Jeffrey Wadsworth

License # 450.0000954



- Exterior Recommend trim trees off power lines
- Kitchen Small leak on garbage disposal
Oven not secured properly
- Bathroom Window frame showing signs of water damage –
recommend change to glass block and tile
Tile in need of grout, areas of tile “soft”
- Basement Live knob and tube wiring, wires hanging loose
unsupported, recommend further evaluation by licensed
electrician
- Boiler Asbestos like wrap, becoming frayed at edges

ITEMS NOT OPERATING

None apparent

MAJOR CONCERNS

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

Boiler

POTENTIAL SAFETY HAZARDS

Windows on landing for stairs from attic - not safety glass
Open junction boxes and unsupported live knob and tube wiring in basement
Undersized branch wire – 14 g wire on 20 amp breaker
Gas leak top valve by boiler

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.

Water heater that is 5+ years.

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



SERVICE WALKS	<input type="checkbox"/> None	<input type="checkbox"/> Public sidewalk needs repair
Material:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone <input type="checkbox"/> Gravel <input type="checkbox"/> Brick <input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Trip Hazard
	<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Settling cracks <input checked="" type="checkbox"/> Not visible <input type="checkbox"/> Typical cracks
DRIVEWAY/PARKING	<input type="checkbox"/> None	
Material:	<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel/Dirt <input type="checkbox"/> Brick <input type="checkbox"/> Other
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fill cracks and seal
	<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Trip hazard <input type="checkbox"/> Settling Cracks <input type="checkbox"/> Typical crack
PORCH (covered entrance)	<input type="checkbox"/> None	
Support Pier:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood <input type="checkbox"/> Not visible <input type="checkbox"/> Other
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Railing/Balusters recommended
Floor:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Safety Hazard
STOOPS/STEPS	<input type="checkbox"/> None	
Material:	<input checked="" type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Railing/Balusters recommended
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Cracked <input type="checkbox"/> Settled
	<input type="checkbox"/> Rotted/Damaged	<input type="checkbox"/> Uneven risers <input type="checkbox"/> Safety Hazard
PATIO	<input type="checkbox"/> None	
Material:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone <input type="checkbox"/> Kool-Deck® <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Trip hazard
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Settling Cracks
	<input type="checkbox"/> Pitched towards home (See remarks page)	<input checked="" type="checkbox"/> Not visible <input type="checkbox"/> Typical cracks
DECK/BALCONY (flat, floored, roofless area)	<input checked="" type="checkbox"/> None	
Material:	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Composite	<input type="checkbox"/> Not visible <input type="checkbox"/> Railing/Balusters recommended
Finish:	<input type="checkbox"/> Treated	<input type="checkbox"/> Painted/Stained <input type="checkbox"/> Other
	<input type="checkbox"/> Improper attachment to house	<input type="checkbox"/> Railing loose
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Safety Hazard
DECK/PATIO/PORCH COVERS	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Earth to wood contact <input type="checkbox"/> Moisture/Insect damage
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Posts/Supports need Repair
Recommend:	<input type="checkbox"/> Metal Straps/Bolts/Nails/Flashing	<input type="checkbox"/> Improper attachment to house
FENCE/WALL	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> None
Type:	<input type="checkbox"/> Brick/Block	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Chain Link <input type="checkbox"/> Rusted <input checked="" type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Loose Blocks/Caps <input type="checkbox"/> Typical cracks
Gate:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Planks missing/damaged
LANDSCAPING AFFECTING FOUNDATION	(See remarks page)	
Negative Grade:	<input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Recommend additional backfill	<input type="checkbox"/> Recommend window wells/covers <input checked="" type="checkbox"/> Trim back trees/shrubberies
	<input type="checkbox"/> Wood in contact with/improper clearance to soil	<input type="checkbox"/> Yard drains observed - not tested
RETAINING WALL	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Leaning/cracked/bowed
(Relates to the visual condition of the wall)	<input type="checkbox"/> Drainage holes recommended	
HOSE BIBS	<input type="checkbox"/> None	<input type="checkbox"/> No anti-siphon valve
Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not tested <input type="checkbox"/> Not on
GENERAL COMMENTS		

Don't leave hoses on in winter



ROOF VISIBILITY	<input type="checkbox"/> All	<input checked="" type="checkbox"/> 30 Percent	<input type="checkbox"/> None	<input type="checkbox"/> Limited by: Snow
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INSPECTED FROM	<input type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input checked="" type="checkbox"/> Ground (Inspection Limited)	<input type="checkbox"/> With Binoculars
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STYLE OF ROOF						
Type:	<input checked="" type="checkbox"/> Gable	<input checked="" type="checkbox"/> Hip	<input type="checkbox"/> Mansard	<input type="checkbox"/> Shed	<input type="checkbox"/> Flat	<input type="checkbox"/> Other
Pitch:	<input type="checkbox"/> Flat	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> Steep		

ROOF COVERING	<input type="checkbox"/> Not visible
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Roof #1: Type: [Multi-thickness shingle](#) Estimated Layers: [1+](#) Approximate age of cover: [5-10 +](#) years

VENTILATION SYSTEM	Type:	<input type="checkbox"/> Soffit	<input type="checkbox"/> Ridge	<input type="checkbox"/> Gable	<input type="checkbox"/> Roof
Appears Adequate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Turbine	<input type="checkbox"/> Powered	<input type="checkbox"/> Other

FLASHING						
Material:	<input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> Galv/Alum	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Rubber	<input type="checkbox"/> Copper	<input type="checkbox"/> Lead
Condition:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusted	
	<input type="checkbox"/> Separated from chimney/roof	<input type="checkbox"/> Recommend Sealing	<input type="checkbox"/> Other			

VALLEYS	<input type="checkbox"/> N/A				
Material:	<input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> Galv/Alum	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Lead	<input type="checkbox"/> Copper
Condition:	<input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	<input type="checkbox"/> Rusted	<input type="checkbox"/> Holes	<input type="checkbox"/> Recommend Sealing		

CONDITION OF ROOF COVERINGS	Roof #1:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	Roof #2:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	Roof #3:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	Condition:	<input type="checkbox"/> Curling	<input type="checkbox"/> Cracking	<input type="checkbox"/> Ponding	<input type="checkbox"/> Burn Spots
	<input type="checkbox"/> Nail popping	<input type="checkbox"/> Granules missing	<input type="checkbox"/> Alligatoring	<input type="checkbox"/> Blistering	<input type="checkbox"/> Missing Tabs/Shingles/Tiles
	<input type="checkbox"/> Moss buildup	<input type="checkbox"/> Exposed felt	<input type="checkbox"/> Cupping	<input type="checkbox"/> Incomplete/Improper Nailing	

SKYLIGHTS	<input type="checkbox"/> N/A				
Condition:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked/Broken

PLUMBING VENTS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	<input type="checkbox"/> Recommend roofer evaluate		<input type="checkbox"/> Not Visible		

Conditions reported above reflect visible portion only

GENERAL COMMENTS	
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CHIMNEY(S)	<input type="checkbox"/> None	Location(s): North		
Viewed From:	<input type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input checked="" type="checkbox"/> Ground with binoculars	
Rain Cap/Spark Arrestor:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Recommended	
Chase:	<input checked="" type="checkbox"/> Brick	<input type="checkbox"/> Stone	<input type="checkbox"/> Metal	<input type="checkbox"/> Blocks <input type="checkbox"/> Framed
Evidence of:	<input type="checkbox"/> Holes in metal	<input type="checkbox"/> Cracked chimney cap	<input type="checkbox"/> Loose mortar joints	<input type="checkbox"/> Flaking <input type="checkbox"/> Loose Brick <input type="checkbox"/> Rust
Flue:	<input type="checkbox"/> Tile	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Unlined	<input type="checkbox"/> Not visible
Evidence of:	<input type="checkbox"/> Scaling	<input type="checkbox"/> Cracks	<input type="checkbox"/> Creosote	<input checked="" type="checkbox"/> Not evaluated (See remarks page)
	<input type="checkbox"/> Have flue(s) cleaned and re-evaluated		<input type="checkbox"/> Recommend Cricket/Saddle/Flashing	
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
GUTTERS/SCUPPERS/EAVESTROUGH				
	<input type="checkbox"/> None	<input type="checkbox"/> Recommend cleaning	<input type="checkbox"/> Downspouts recommended	
Material:	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl/Plastic	<input checked="" type="checkbox"/> Galvanized/Aluminum	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusting
Leaking:	<input type="checkbox"/> Corners	<input type="checkbox"/> Joints	<input type="checkbox"/> Hole in main run	
Attachment:	<input type="checkbox"/> Loose	<input type="checkbox"/> Missing spikes	<input type="checkbox"/> Improperly sloped (See remarks page)	
Extension needed:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
SIDING (*See remarks page EIFS)				
Material:	<input checked="" type="checkbox"/> Metal/Vinyl	<input type="checkbox"/> Brick	<input type="checkbox"/> Stone	<input type="checkbox"/> Slate <input type="checkbox"/> Fiberboard
	<input type="checkbox"/> Fiber-cement	<input type="checkbox"/> Stucco	<input type="checkbox"/> EIFS*	<input type="checkbox"/> Asphalt <input type="checkbox"/> Wood
	<input type="checkbox"/> Typical cracks	<input type="checkbox"/> Monitor	<input type="checkbox"/> Wood rot	<input type="checkbox"/> Peeling paint <input type="checkbox"/> Loose/Missing/Holes
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Recommend repair/painting
TRIM, SOFFIT, FASCIA, FLASHING				
Material:	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Fiberboard	<input type="checkbox"/> Aluminum/Steel	<input type="checkbox"/> Fiber Cement <input type="checkbox"/> Stucco
	<input checked="" type="checkbox"/> Metal covered	<input checked="" type="checkbox"/> Recommend repair/painting		<input type="checkbox"/> Damaged wood
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
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			
WINDOWS & SCREENS				
	<input type="checkbox"/> Failed/fogged insulated glass			
Material:	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum/Vinyl Clad
Screens:	<input type="checkbox"/> Torn	<input type="checkbox"/> Bent	<input type="checkbox"/> Not installed	<input type="checkbox"/> Glazing/caulk needed
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Wood rot <input type="checkbox"/> Recommend repair/painting
STORMS WINDOWS				
	<input type="checkbox"/> None	<input type="checkbox"/> Not installed	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Metal. <input type="checkbox"/> Wood/metal comb.
Putty:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Glazing/caulk needed	<input checked="" type="checkbox"/> N/A	
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Broken/cracked	<input type="checkbox"/> Wood rot	<input type="checkbox"/> Recommend repair/painting
SLAB-ON-GRADE/FOUNDATION				
	<input type="checkbox"/> N/A As observed from outside (See Basement/Crawl Space)			
Stem Wall:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Concrete block	<input type="checkbox"/> Poured concrete	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Recommend repair
Slab:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Post tensioned	<input type="checkbox"/> Poured concrete	<input type="checkbox"/> Other
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	(See comments page)
GENERAL COMMENTS				
Tuck pointing recommended south foundation wall where exposed/missing mortar present				



ELECTRICAL/A/C - HEAT PUMP

BUILDING(S) EXTERIOR WALL CONSTRUCTION

Type: Not visible Framed Masonry Other

EXTERIOR DOORS

Weather-stripping: Satisfactory Marginal Poor Missing Replace
 Door Condition: Satisfactory Marginal Poor Hardware loose Damaged
 Locks missing on back door

ELECTRICAL SERVICE ENTRY

Trees in contact with overhead power lines

Service Entry: Underground Overhead Weather head/mast needs repair Overhead wires low
 Condition: Satisfactory Needs repair Less than 3' from balcony/deck/windows
 Exterior outlets: Yes No Operative: Yes No
 GFCI present: Yes No Operative: Yes No
 Reverse polarity Open ground Extension cord/exposed Romex
 Safety Hazard

A/C CONDENSER(S) / HEAT PUMP(S)

UNIT #1: N/A Location: **East**
 Brand: **Bryant** Serial Number: **0902e29348** Approximate age: **4+**
 Outside Disconnect: Yes No Maximum fuse/breaker rating: **40 Amp** Fuses/breakers installed: **30 Amp**
 Level: Yes No Cabinet/housing rusted Improperly sized fuses/breakers
 Condenser Fins: Damaged Need cleaning Damaged base/pad
 Condition: Satisfactory Marginal Poor Insulation missing

UNIT #2: N/A Location:
 Brand: Serial Number: Approximate age:
 Outside Disconnect: Yes No Maximum fuse/breaker rating: Amp Fuses/breakers installed: Amp
 Level: Yes No Cabinet/housing rusted Improperly sized fuses/breakers
 Condenser Fins: Damaged Need cleaning Damaged base/pad
 Condition: Satisfactory Marginal Poor Insulation missing

GENERAL COMMENTS

Outside compressor unit coils could be cleaned to improve efficiency.



TYPE	<input checked="" type="checkbox"/> None/common element <input type="checkbox"/> Garage mostly/fully finished <input type="checkbox"/> View blocked by storage					
	<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	<input type="checkbox"/> 1-car	<input type="checkbox"/> 2-car	<input type="checkbox"/> 3-car	<input type="checkbox"/> 4-car
AUTOMATIC OPENER						
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Operates	<input type="checkbox"/> Inoperable	<input type="checkbox"/> Remote not available	
SAFETY REVERSE						
Operable:	<input type="checkbox"/> Pressure reverse	<input type="checkbox"/> Electric eye	<input type="checkbox"/> Need(s) adjusting	<input type="checkbox"/> Safety hazard		
ROOFING	<input type="checkbox"/> None		<input type="checkbox"/> Not visible			
Material:	<input type="checkbox"/> Same as house	Type:	Approx. Age:	Approx. layers:		
GUTTERS / EAVESTROUGH	<input type="checkbox"/> None					
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
SIDING / TRIM						
Siding:	<input type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl		
	<input type="checkbox"/> Stucco	<input type="checkbox"/> Masonry	<input type="checkbox"/> Slate	<input type="checkbox"/> Fiberboard		
Trim:	<input type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Vinyl		
FLOOR						
Material:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other	
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Typical cracks	<input type="checkbox"/> Large settling cracks	<input type="checkbox"/> Recommend evaluation/repair		
Burners less than 18" above garage floor:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Safety hazard		
SILL PLATES						
	<input type="checkbox"/> Not visible	<input type="checkbox"/> Floor level	<input type="checkbox"/> Elevated	<input type="checkbox"/> Rotted/Damaged	<input type="checkbox"/> Recommend repair	
OVERHEAD DOOR(S)	<input type="checkbox"/> N/A					
Material:	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite	<input type="checkbox"/> Recommend repair	
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Overhead door hardware loose		
	<input type="checkbox"/> Recommend Priming/Painting Inside & Edges: <input type="checkbox"/> Recommend lubrication <input type="checkbox"/> Weather-stripping missing/damaged					
EXTERIOR SERVICE DOOR	<input type="checkbox"/> None					
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Damaged/Rusted		
ELECTRICITY PRESENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not visible			
GFCI Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Safety hazard
Reverse polarity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Open ground:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Handyman/extension cord wiring
FIRE SEPARATION WALLS & CEILING	(Between garage & living area)					
	<input type="checkbox"/> N/A	<input type="checkbox"/> Present	<input type="checkbox"/> Missing			
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Safety hazard(s)	<input type="checkbox"/> Holes walls/ceiling	<input type="checkbox"/> Recommend repair		
Fire door:	<input type="checkbox"/> Not verifiable	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not a fire door	<input type="checkbox"/> Needs repair		
Auto closure:	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Missing	<input type="checkbox"/> Needs repair	
Moisture Stains:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Where:	Typical Cracks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
GENERAL COMMENTS						



COUNTERTOPS Satisfactory Marginal Recommend repair/caulking

CABINETS Satisfactory Marginal Recommend repair/adjustment

PLUMBING COMMENTS

Faucet Leaks: Yes No Pipes leak/corroded: Yes No
 Sink/Faucet: Satisfactory Corroded Chipped Cracked Recommend repair
 Functional Drainage: Adequate Poor Functional Flow: Adequate Poor

WALLS & CEILING

Condition: Satisfactory Marginal Poor Typical cracks Moisture stains

WINDOWS & DOORS N/A

Condition: Satisfactory Marginal Poor Evidence of leaking insulated glass
 Cracked glass Damage

FLOOR

Condition: Satisfactory Marginal Poor Sloping Squeaks

CEILING FAN N/A

Condition: Satisfactory Marginal Poor Loose/wobbles Noisy

HEATING / COOLING SOURCE Yes No

APPLIANCES (See remarks page)

Disposal Operates: Yes No Trash compactor Operates: Yes No
 Oven Operates: Yes No Exhaust fan Operates: Yes No
 Range Operates: Yes No Refrigerator Operates: Yes No
 Dishwasher Operates: Yes No Other Operates: Yes No
 Outlets Present: Yes No Operates: Yes No
 G.F.C.I.: Yes No Operates: Yes No
 Open ground/Reverse polarity within 6' of water: Yes No Potential safety hazard(s)

GENERAL COMMENTS

LAUNDRY ROOM

ROOM COMPONENTS N/A Stack unit – no access to utilities

Laundry sink: N/A Faucet leaks: Yes No Pipes leak: Yes No
 Cross connections: Yes No Heat source present: Yes No Room vented: Yes No
 Dryer vented: N/A Wall Ceiling Floor Not vented
 Not vented to Exterior Recommend repair Safety hazard
 Electrical: Open ground/reverse polarity within 6' of water: Yes No Safety hazard
 G.F.C.I. present: Yes No Operates: Yes No
 Appliances: Washer Dryer Water heater Furnace
 Washer hook-up lines/valves: Leaking Corroded Not visible
 Gas Shut-off Valve: N/A Yes No Cap Needed Safety hazard Not visible

GENERAL COMMENTS



BATHROOM(S)

BATH:	SECOND FLOOR BATH						
Sink:	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not visible
Tub:	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not visible
Shower:	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not visible
Toilet:	Bowl loose:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Cracked <input type="checkbox"/> Leaks
Whirlpool:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Access panel to pump/motor:		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Shower/tub area:		<input checked="" type="checkbox"/> Ceramic/Plastic	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite	<input type="checkbox"/> Other		
Condition:		<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rotted floors		
Caulk/Grouting Needed:		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Where:	Shower area		
Functional Drainage:		<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	Functional Flow:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	
Moisture stains present:		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Where:	Below window(s)		
Windows/doors:		<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Evidence leaking insulated glass		
Walls/ceiling:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks		
Outlets present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	G.F.C.I. Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Open ground/Reverse polarity within 6' of water:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
	Potential safety hazards present:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
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

Slight water pressure drop when running sink, shower and flushing toilet at same time

BATH:	FIRST FLOOR HALF BATH						
Sink:	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not visible
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 <input type="checkbox"/> Leaks
Functional Drainage:		<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	Functional Flow:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	
Moisture stains present:		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Where:			
Windows/doors:		<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Evidence leaking insulated glass		
Walls/ceiling:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks		
Outlets present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	G.F.C.I. Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Open ground/Reverse polarity within 6' of water:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
	Potential safety hazards present:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Heat Source Present:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
Exhaust Fan:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Noisy

GENERAL COMMENTS



LOCATION:	MASTER BEDROOM		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical cracks
	Moisture stains:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Where:
Floor:	<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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Open ground/Reverse polarity:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Cover plates missing <input type="checkbox"/> Safety Hazard
Heating/Cooling Source:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Bedroom Egress Restricted:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doors & Windows:	Operational: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Painted shut <input type="checkbox"/> Evidence leaking insulated glass
	Locks/Latches Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/> Cracked Glass
GENERAL COMMENTS			

LOCATION: NW	#2 BEDROOM		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical cracks
	Moisture stains:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Where:
Floor:	<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 type="checkbox"/> Satisfactory	<input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Cover plates missing <input type="checkbox"/> Safety Hazard
Heating/Cooling Source:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Bedroom Egress Restricted:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Doors & Windows:	Operational: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Painted shut <input type="checkbox"/> Evidence leaking insulated glass
	Locks/Latches Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/> Cracked Glass
GENERAL COMMENTS			

LOCATION: SOUTH	#3 BEDROOM		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Typical cracks
	Moisture stains:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Where:
Floor:	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Cover plates missing <input type="checkbox"/> Safety Hazard
Heating/Cooling Source:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Bedroom Egress Restricted:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Doors & Windows:	Operational: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Painted shut <input type="checkbox"/> Evidence leaking insulated glass
	Locks/Latches Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/> Cracked Glass
GENERAL COMMENTS			



LOCATION:	OFFICE		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical cracks
	Moisture stains:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Where:
Floor:	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Cover plates missing <input type="checkbox"/> Safety Hazard
Heating/Cooling Source:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Bedroom Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doors & Windows:	Operational: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Painted shut <input type="checkbox"/> Evidence leaking insulated glass
	Locks/Latches Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/> Cracked Glass
GENERAL COMMENTS			

LOCATION:	ATTIC	FAMILY ROOM	
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Typical cracks
	Moisture stains:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Where:
Floor:	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Cover plates missing <input type="checkbox"/> Safety Hazard
Heating/Cooling Source:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Bedroom Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doors & Windows:	Operational: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Painted shut <input type="checkbox"/> Evidence leaking insulated glass
	Locks/Latches Operable: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/> Cracked Glass
GENERAL COMMENTS			

LOCATION:	LIVING ROOM		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical cracks
	Moisture stains:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Where:
Floor:	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Cover plates missing <input type="checkbox"/> Safety Hazard
Heating/Cooling Source:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Bedroom Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doors & Windows:	Operational: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Painted shut <input type="checkbox"/> Evidence leaking insulated glass
	Locks/Latches Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Cracked Glass
GENERAL COMMENTS			



LOCATION:	DINING ROOM
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Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks
	Moisture stains:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Where:	
Floor:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Cover plates missing <input type="checkbox"/> Safety Hazard
Heating/Cooling Source:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Bedroom Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Doors & Windows:	Operational: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Painted shut	<input type="checkbox"/> Evidence leaking insulated glass
	Locks/Latches Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Missing <input type="checkbox"/> Cracked Glass

GENERAL COMMENTS



INTERIOR WINDOWS / GLASS	
Condition:	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Painted shut <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Representative number of windows operated <input checked="" type="checkbox"/> Glazing compound needed <input type="checkbox"/> Cracked glass <input checked="" type="checkbox"/> Hardware missing <input checked="" type="checkbox"/> Broken counter-balance mechanism
Evidence of Leaking Insulated Glass:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Safety Glazing Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Security Bars Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> Safety hazard <input type="checkbox"/> Test release mechanism before moving in
FIREPLACE	
	<input checked="" type="checkbox"/> None Location(s):
Type:	<input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Wood burning stove (See remarks page) <input type="checkbox"/> Electric <input type="checkbox"/> Ventless
Material:	<input type="checkbox"/> Masonry <input type="checkbox"/> Metal (pre-fabricated) <input type="checkbox"/> Masonry insert
Miscellaneous:	<input type="checkbox"/> Blower built-in Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No Damper operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Open joints or cracks in firebrick/panels should be sealed <input type="checkbox"/> Fireplace doors need repair
Damper Modified for Gas Operation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Damper missing <input type="checkbox"/> Pre-fab panels damaged/worn
Hearth Adequate:	<input type="checkbox"/> Yes <input type="checkbox"/> No Mantle: <input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input type="checkbox"/> Adequate <input type="checkbox"/> Loose/missing
Physical Condition:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Recommend having flue cleaned and re-examined
STAIRS / STEPS / BALCONIES	
	<input type="checkbox"/> None <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
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
Hallway(s):	<input type="checkbox"/> Sloped floors <input type="checkbox"/> Damaged walls <input type="checkbox"/> Missing cover plates <input type="checkbox"/> Safety hazard
SMOKE / CARBON MONOXIDE DETECTORS	
	(See remarks page) Recommended on every level of the home
Present:	Smoke Detector: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not tested CO Detector: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not tested <input checked="" type="checkbox"/> Safety hazard- missing, not installed, no battery in basement
ATTIC/STRUCTURE/FRAMING/INSULATION	
	<input type="checkbox"/> N/A Access/view Limited By: Finished Family Room
Access:	<input checked="" type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input type="checkbox"/> Scuttle hole/Hatch <input type="checkbox"/> No access <input type="checkbox"/> Other
Location:	<input type="checkbox"/> Bedroom hall <input type="checkbox"/> Bedroom closet <input type="checkbox"/> Garage <input type="checkbox"/> Other
Inspected From:	<input type="checkbox"/> Access panel <input type="checkbox"/> In the attic <input type="checkbox"/> Other
Flooring:	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Complete
Insulation:	Type: <input type="checkbox"/> Batts <input type="checkbox"/> Loose Average inches: <input type="checkbox"/> Damaged <input type="checkbox"/> Displaced <input type="checkbox"/> Missing <input type="checkbox"/> Compressed <input type="checkbox"/> Recommend Baffles @ Eaves
Installed In:	<input type="checkbox"/> Rafters <input type="checkbox"/> Walls <input type="checkbox"/> Between ceiling joists <input type="checkbox"/> Not visible <input type="checkbox"/> Recommend additional insulation
Ventilation:	<input type="checkbox"/> Ventilation appears adequate <input type="checkbox"/> Recommend additional ventilation
Fans Exhausted To:	<input type="checkbox"/> N/A Attic: <input type="checkbox"/> Yes <input type="checkbox"/> No Outside: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not visible
HVAC Duct:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged <input type="checkbox"/> Split <input type="checkbox"/> Disconnected <input type="checkbox"/> Leaking <input type="checkbox"/> Repair/Replace
Chimney Chase:	<input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs repair <input type="checkbox"/> Not visible
Structural Problems Observed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend repair <input type="checkbox"/> Recommend Structural Engineer
Roof Structure:	<input type="checkbox"/> Rafters <input type="checkbox"/> Trusses <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other
Collar Ties Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Roof Sheathing:	<input type="checkbox"/> Plywood <input type="checkbox"/> OSB <input type="checkbox"/> 1x Wood <input type="checkbox"/> Rotted <input type="checkbox"/> Stained <input type="checkbox"/> Delaminated
Evidence of Condensation/Moisture Leaking:	<input type="checkbox"/> No <input type="checkbox"/> Yes Where:
Ceiling Joists:	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Not visible
Vapor Barriers:	<input type="checkbox"/> Kraft/foil faced <input type="checkbox"/> Plastic <input type="checkbox"/> Not visible <input type="checkbox"/> Improperly installed
Firewall Between Units:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs repair/sealing (See remarks page)
Electrical:	<input type="checkbox"/> Open junction boxes <input type="checkbox"/> Handyman wiring <input type="checkbox"/> Visible knob-and-tube <input type="checkbox"/> Safety hazard

[Recommend additional hand rail on attic stairs](#)



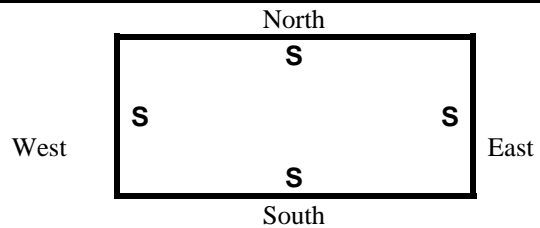
STAIRS	<input type="checkbox"/> No basement				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical wear and tear	<input type="checkbox"/> Need repair
Handrail:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Loose
Headway Over Stairs:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Low clearance	<input type="checkbox"/> Safety hazard		

FOUNDATION	<input type="checkbox"/> Basement mostly/fully finished <input checked="" type="checkbox"/> View blocked by storage				
Material:	<input type="checkbox"/> Poured concrete	<input type="checkbox"/> Brick	<input checked="" type="checkbox"/> Concrete block	<input type="checkbox"/> Fieldstone	
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Have evaluated	<input type="checkbox"/> Monitor	<input type="checkbox"/> Monitor
Horizontal Cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	
Step Cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	
Vertical Cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	
Covered Walls:	<input checked="" type="checkbox"/> North	<input checked="" type="checkbox"/> South	<input checked="" type="checkbox"/> East	<input checked="" type="checkbox"/> West	
Movement Apparent:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	
Indication Of Moisture:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Fresh	<input checked="" type="checkbox"/> Old stains	

Condition reported above reflects visible portion only

BASEMENT WALLS

Diagram indicates where wall not visible and type of covering:
 P = Paneling
 D = Drywall
 S = Storage
 G = Gas
 I = Insulation
 C = Crack(s)
 M = Monitor
 E = Evaluate
 W = Water



FLOOR	Material: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Dirt/Gravel	<input type="checkbox"/> Not visible	<input type="checkbox"/> Other
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks

BASEMENT DRAINAGE	<input type="checkbox"/> Recommend battery back up sump pump					
Sump Pump:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Working	<input type="checkbox"/> Not working	<input type="checkbox"/> Needs cleaning	<input type="checkbox"/> Not tested
Floor Drains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Tested: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Efflorescence present	

GIRDERS / BEAMS / COLUMNS	Material: <input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not visible
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Stained/rusted	

JOISTS	<input type="checkbox"/> Not visible				
	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Truss	<input type="checkbox"/> Engineered I-Type	<input checked="" type="checkbox"/> Sagging/altered joists
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		

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

GENERAL COMMENTS

Some joists cut, additional support beam could be added in center of long unsupported span



CRAWL SPACE	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Full crawlspace	<input type="checkbox"/> Combination basement/crawl space/slab
Conditioned (heated/cooled): <input type="checkbox"/> Yes <input type="checkbox"/> No			

ACCESS	<input type="checkbox"/> Exterior	<input type="checkbox"/> Interior hatch door	<input type="checkbox"/> Via basement	<input type="checkbox"/> No Access
Inspected from:	<input type="checkbox"/> Access panel	<input type="checkbox"/> In the crawl space		

FOUNDATION WALLS	Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Have evaluated	<input type="checkbox"/> Monitor
	<input type="checkbox"/> Concrete block	<input type="checkbox"/> Poured	<input type="checkbox"/> Stone		
	<input type="checkbox"/> Wood	<input type="checkbox"/> Brick	<input type="checkbox"/> Piers & columns		
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Movement			

FLOOR				
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other
	<input type="checkbox"/> Typical cracks			

DRAINAGE				
	<input type="checkbox"/> Outside drain	Sump pump:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> None apparent	Evidence of moisture damage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Operable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VENTILATION	<input type="checkbox"/> Wall vents	<input type="checkbox"/> Power vents	<input type="checkbox"/> None apparent
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GIRDERS / BEAMS / COLUMNS	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood	<input type="checkbox"/> Masonry	<input type="checkbox"/> Not visible
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	

JOISTS					
Material:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Truss	<input type="checkbox"/> Engineered I-Type
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Sagging/altered joists	

SUB FLOOR	<input type="checkbox"/> Not visible	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other
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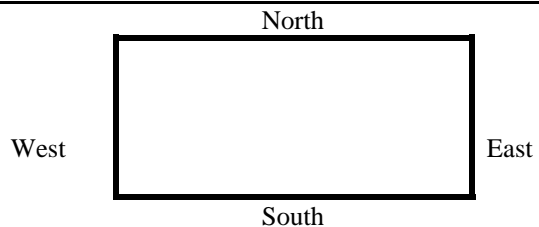
MOISTURE STAINS	<input type="checkbox"/> None	<input type="checkbox"/> Walls	<input type="checkbox"/> Sub floor	<input type="checkbox"/> Other
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INSULATION	<input type="checkbox"/> None	Type: INFO	
Location:	<input type="checkbox"/> Walls	<input type="checkbox"/> Between floor joists	<input type="checkbox"/> Other

VAPOR BARRIER	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Kraft/foil face	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other	<input type="checkbox"/> Not visible

CRAWL SPACE WALLS			
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Diagram indicates where wall not visible and type of covering:
 P = Paneling
 D = Drywall
 S = Storage
 G = Gas
 I = Insulation
 C = Crack(s)
 M = Monitor
 E = Evaluate
 W = Water



GENERAL COMMENTS			
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WATER SERVICE	Main Shut-off Location: Basement north						
Water Entry Piping:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Lead	<input type="checkbox"/> Unknown		
Visible Water Distribution Piping:	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic* (PVC, CPVC, Polybutylene, PEX)		<input type="checkbox"/> Not visible		
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor				
Lead Other Than Solder Joints:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> None apparent				
Functional Flow:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Water pressure over 80 psi				
Pipes, Supply/Drain:	<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"/> Not visible	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/> Cast iron	<input type="checkbox"/> Galvanized	<input type="checkbox"/> PVC	<input type="checkbox"/> ABS	
Condition:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Cross connection:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> None apparent					
Functional Drainage:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Recommend plumber evaluate				
WELL PUMP	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Submersible					
Location:	<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	Well pressure: psi	<input type="checkbox"/> Not visible		
SANITARY / GRINDER 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	<input type="checkbox"/> Safety hazard					
Brand name:	Sears	Serial #:	h98326239	Capacity:	40 gallons	Approximate age:	7+
Type:	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other			
Unit Elevated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Tank/Piping corroded/leaking				
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	<input type="checkbox"/> Recommend repair		
Vent Pipe:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Pitch proper	<input type="checkbox"/> Improper	<input type="checkbox"/> Rusted	<input type="checkbox"/> Recommend repair		
WATER HEATER #2	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Safety hazard					
Brand name:		Serial #:		Capacity:	gallons	Approximate age:	
Type:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other			
Unit Elevated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Tank/Piping corroded/leaking				
Relief Valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Missing	<input type="checkbox"/> Recommend repair		
Vent Pipe:	<input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Pitch proper	<input type="checkbox"/> Improper	<input type="checkbox"/> Rusted	<input type="checkbox"/> Recommend repair		
WATER SOFTENER	(Unit not evaluated)						
Loop Installed:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Plumbing Hooked Up:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Softener Present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Plumbing Leaking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
GENERAL COMMENTS							



MAIN FUEL SHUT-OFF LOCATION	<u>Exterior north</u>	<input type="checkbox"/> N/A				
Gas Line:	<input type="checkbox"/> Copper	<input type="checkbox"/> Brass	<input checked="" type="checkbox"/> Black iron	<input type="checkbox"/> Stainless steel	<input type="checkbox"/> CSST	<input type="checkbox"/> Not visible
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Leak(s) detected	Where: INFO	<input type="checkbox"/> Safety hazard		
Interior Fuel Storage System:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Leaking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Evidence of underground fuel storage tank:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A			

FORCED AIR SYSTEM(S)	<input type="checkbox"/> N/A	<input type="checkbox"/> Safety hazard					
Brand Name:	Serial #:	Approximate age:					
Brand Name:	Serial #:	Approximate age:					
Energy Source:	<input type="checkbox"/> Gas	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Solid Fuel		
Warm Air System:	<input type="checkbox"/> Direct drive	<input type="checkbox"/> Belt drive	<input type="checkbox"/> Gravity	<input type="checkbox"/> Floor/Wall unit			
Heat Exchanger:	<input type="checkbox"/> N/A (sealed)	<input type="checkbox"/> Visual w/mirror	<input type="checkbox"/> Flame distortion	<input type="checkbox"/> Rusted	<input type="checkbox"/> Carbon/soot buildup		
Carbon Monoxide:	<input type="checkbox"/> N/A	<input type="checkbox"/> Detected at Plenum/Register	<input type="checkbox"/> Not tested	Tester:			
Controls:	Disconnect: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Normal operating and safety controls observed					
Distribution:	<input type="checkbox"/> Metal duct	<input type="checkbox"/> Insul. flex duct	<input type="checkbox"/> Cold air returns	<input type="checkbox"/> Duct board			
Flue Piping:	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory:	<input type="checkbox"/> Rusted	<input type="checkbox"/> Improper slope			
Filter:	<input type="checkbox"/> Standard	<input type="checkbox"/> Electrostatic	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs cleaning/replacement	<input type="checkbox"/> Missing		
When Turned On By Thermostat:	<input type="checkbox"/> Fired	<input type="checkbox"/> Did not fire	Proper Operation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not tested	
Heat Pump:	<input type="checkbox"/> Aux. electric	<input type="checkbox"/> Aux. gas	<input type="checkbox"/> N/A	Sub-Slab ducts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
System Not Operated Due To:	<input type="checkbox"/> Recommend technician examine						

BOILER SYSTEM	<input type="checkbox"/> N/A	<input type="checkbox"/> Safety hazard			
Brand Name:	<u>ARCO</u>	Serial #:	Approximate age: <u>100+</u>		
	<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	
Distribution:	<input checked="" type="checkbox"/> Hot water	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Steam	<input checked="" type="checkbox"/> Radiator	
Circulator:	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Gravity	<input type="checkbox"/> Multiple zones	<input checked="" type="checkbox"/> Asbestos-like wrap	
Controls:	Temp/pressure gauge exist:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operating: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Oil Fired Units:	Disconnect: <input type="checkbox"/> Yes <input type="checkbox"/> No	Combustion Air Venting Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Relief valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing	Extension proper: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Operated:	When turned on by thermostat:	<input checked="" type="checkbox"/> Fired	<input type="checkbox"/> Did not fire		
Operation:	Satisfactory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Recommend HVAC technician examine	<input type="checkbox"/> Before closing

OTHER SYSTEMS	<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"/> Wood burning stove (See Remarks page)	
Proper Operation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
System Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor

GENERAL COMMENTS	
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ELECTRIC/COOLING SYSTEM

COOLING SYSTEM	<input type="checkbox"/> N/A			
Energy Source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Other
Unit Type:	<input checked="" type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Through-wall	<input type="checkbox"/> Geothermal <input type="checkbox"/> Heat pump
Refrigerant lines:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Leak	<input type="checkbox"/> Damage	
Condensate Line/Drain:	<input type="checkbox"/> To exterior	<input type="checkbox"/> To pump	<input type="checkbox"/> Floor drain	<input type="checkbox"/> Other
Operation:	Differential Unit 1: Differential Unit 2:			
	<input checked="" type="checkbox"/> Not operated due to exterior temperature <input type="checkbox"/> Recommend HVAC technician examine/clean/service			

GENERAL COMMENTS	
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A/C was not operated due to outside temperature.

MAIN PANEL	Location: <u>Basement north</u> <input type="checkbox"/> Federal Pacific Panel Stab Lok® (See remarks page)*			
	<input type="checkbox"/> Panel not accessible		<input type="checkbox"/> Not evaluated Reason:	
	Amperage: 100 Volts 120/240	<input checked="" type="checkbox"/> Breakers		<input type="checkbox"/> Fuses
MAIN WIRE:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum	<input type="checkbox"/> Not visible
	<input type="checkbox"/> Tapping before the main breaker		<input type="checkbox"/> Double tapping of the main wire	
Appears Grounded:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not visible	Adequate Clearance To Panel: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
G.F.C.I. present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operative: <input type="checkbox"/> Yes <input type="checkbox"/> No		
A.F.C.I. present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operative: <input type="checkbox"/> Yes <input type="checkbox"/> No		
BRANCH WIRE:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum*	<input type="checkbox"/> Copper clad aluminum	<input type="checkbox"/> Not visible
Circuit protection:	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses			
Distribution:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Conduit	<input type="checkbox"/> Romex	<input checked="" type="checkbox"/> BX cable <input checked="" type="checkbox"/> Knob & tube**
	<input type="checkbox"/> Double tapping		<input checked="" type="checkbox"/> Wires undersized/oversized breaker/fuse	
	<input checked="" type="checkbox"/> Safety Hazard <input checked="" type="checkbox"/> Recommend electrician evaluate/repair*			

SUB PANEL(S)	<input checked="" type="checkbox"/> None apparent			<input type="checkbox"/> Panel not accessible	<input type="checkbox"/> Not evaluated Reason:
Location 1:	Location 2:		Location 3:		
Circuit protection:	<input type="checkbox"/> Breakers	<input type="checkbox"/> Fuses			
Branch Wire:	<input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum		
	Neutral/ground separated:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Safety hazard	
	Neutral isolated:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Safety hazard	
G.F.C.I. present:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operative: <input type="checkbox"/> Yes <input type="checkbox"/> No			
A.F.C.I. present:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operative: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Distribution:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Conduit	<input type="checkbox"/> Romex	<input type="checkbox"/> BX cable	<input type="checkbox"/> Knob & tube**
	<input type="checkbox"/> Double tapping		<input type="checkbox"/> Wires undersized/oversized breaker/fuse		
	<input type="checkbox"/> Panel not accessible		<input type="checkbox"/> Not evaluated Reason:		
	<input type="checkbox"/> Recommend electrician evaluate/repair*				

ELECTRICAL FIXTURES	
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A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be:

Condition: Satisfactory Marginal Poor

Open grounds Reverse polarity GFCIs not operating

Solid conductor aluminum branch wiring circuits* (See remarks page)

Ungrounded 3-prong outlets Recommend electrician evaluate/repair*

GENERAL COMMENTS	
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Live knob and tube wiring – recommend licensed electrician

Photo Summary



Old boiler, wrapped in an asbestos like substance



Edges of asbestos like substance are broken, making it possible for this substance to become air born.



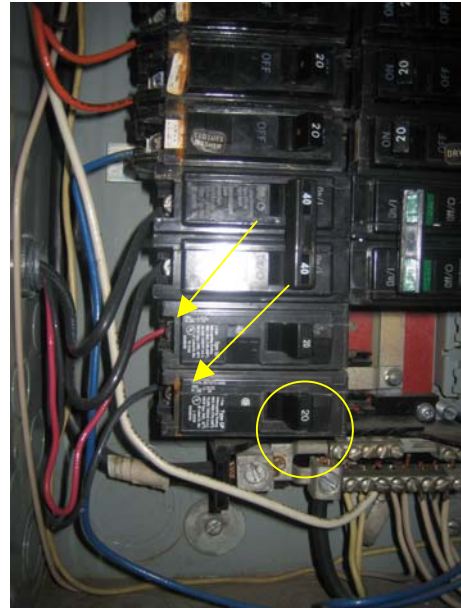
Corrosion on water heater appears to have been caused by an old leak from above.



Live knob and tube wiring found in one of several areas in basement



More knob and tube wiring found near electric panel



Arrows point to 14 g wire on 20 amp breaker – max rating for 14 g wire is 15 amps.