

Home Inspection Report



1234 S. Sample Street – Sample, WI 53123

Inspection Date:

Thursday – August 17, 2006 (4:00 PM)

Prepared For:

John Doe

Prepared By:

Milwaukee HomesighT, Inc.
5760 S. 108th Street, #216
Hales Corners, WI 53130
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Report Number:

HISC126081706

Inspector:

Dave Kolesari CRI

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This confidential report is prepared exclusively for John Doe

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BUILDING DATA / RECEIPT INFORMATION

RECEIPT

Inspection Date: Thursday – August 17, 2006 (4:00 pm)
Inspection Number: HISC126081706
Client Name: John Doe
Inspection Address: 1234 S. Sample Street – Sample, WI 53123
Inspected by: Dave Kolesari CRI

Inspection: \$
Total: \$

Paid by:

BUILDING DATA

Approximate Age: 58
Style: Single Family (*Two Story*)
General Appearance: Satisfactory
Main Entrance Faces: East
Weather Condition: Cloudy
Temperature: 77 °F
Ground cover: Damp
State of Occupancy: Occupied

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 checked="" type="checkbox"/> Typical Trip Hazards

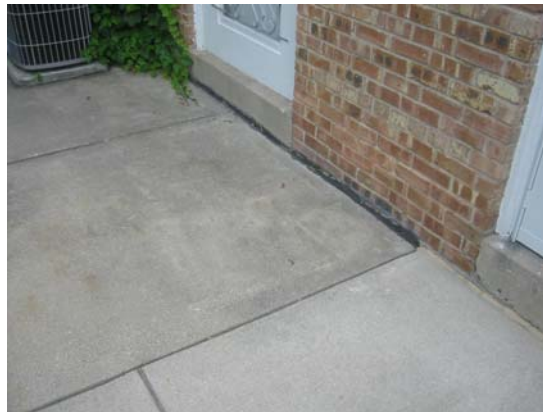
Driveway	<input type="checkbox"/> None	<input type="checkbox"/> Gravel	
Condition:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input checked="" type="checkbox"/> Typical cracks
	<input type="checkbox"/> Fill cracks and seal	<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Not visible
		<input type="checkbox"/> Possible Trip hazards	

- 1) Past sealing at house gives evidence of possible past seepage into the home. Consult owner as needed and/or repair as needed. (stains in basement)




Patio/Lanai	<input type="checkbox"/> None	<input type="checkbox"/> Brick	
Condition:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	<input checked="" type="checkbox"/> Pitched towards home (See Remarks page)	<input type="checkbox"/> Settling cracks	<input type="checkbox"/> Not visible
		<input type="checkbox"/> Possible Trip Hazards	

- 1) Past sealing at house gives evidence of possible past seepage into the home. Consult owner as needed and/or repair as needed.



Deck (<i>flat, floored, roofless area</i>)	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Wood	<input type="checkbox"/> Composite	<input type="checkbox"/> Other
Condition: <input type="checkbox"/> Treated	<input type="checkbox"/> Painted/Stained	<input type="checkbox"/> Railing/balusters recommended		
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Not visible	
Deck/Patio/Porch Covers	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Earth to wood contact	<input type="checkbox"/> Moisture/insect damage	
Lacks: <input type="checkbox"/> Metal straps/bolts/nails	<input type="checkbox"/> Improper attachment to house		<input type="checkbox"/> Satisfactory	
Porch (<i>covered entrance</i>)	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Railing/balusters recommended		
Support Pier: <input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	<input type="checkbox"/> Not visible	
Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Floor: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs repair			
Balcony (<i>2nd floor platform</i>)	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Wood	<input type="checkbox"/> Composite	<input type="checkbox"/> Other
Railing: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Railing/balusters recommended		
Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
<input type="checkbox"/> Possible Safety Hazard	<input type="checkbox"/> Baluster gaps too far apart			
Stoops/Steps	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Uneven risers	<input checked="" type="checkbox"/> Possible Safety Hazard	
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> Baluster gaps too far apart	
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Railing recommended	
<input checked="" type="checkbox"/> Cracked	<input type="checkbox"/> Settled	<input type="checkbox"/> Damaged	<input type="checkbox"/> Recommended balusters	
Fencing	<input type="checkbox"/> None	Type: Wood/Wire	<input checked="" type="checkbox"/> Not evaluated	
1) Fence not inspected – Beyond scope per WI State Statutes.				
Landscaping Affecting Foundation	(See Remarks page)			
Negative grade at: <input checked="" type="checkbox"/> East <input checked="" type="checkbox"/> West <input checked="" type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> Satisfactory			
<input checked="" type="checkbox"/> Recommend additional backfill	<input checked="" type="checkbox"/> Recommend window well covers			
<input checked="" type="checkbox"/> Trim back trees/shrubberies	<input type="checkbox"/> Wood in contact/too close to soil			
<input type="checkbox"/> Yard drains observed - not tested	<input type="checkbox"/> N/A			
1) Recommend reducing grade in window well so that water will not seep into the basement via the basement window.				
Retaining Wall:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Visual Condition: <input checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> Possible Safety Hazard	
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Hose Bibs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Winterized	
Operates: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not tested	<input checked="" type="checkbox"/> No anti-siphon valve (Rec.)	
General Comments				

ROOF COVERING #1

General Information	
Roof Visibility	<input checked="" type="checkbox"/> All <input type="checkbox"/> Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By:
Inspected From	<input checked="" type="checkbox"/> Roof <input 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 checked="" type="checkbox"/> Shed <input type="checkbox"/> Flat <input type="checkbox"/> Other Pitch: Combination: <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Steep <input type="checkbox"/> Flat
Roof Covering	<input type="checkbox"/> None Roof #1: Type: Composite Shingle Estimated Layers: 1 Layer Approximate age of cover: 10 years
Ventilation System	<input type="checkbox"/> None <input type="checkbox"/> Ridge <input checked="" type="checkbox"/> Gable <input checked="" type="checkbox"/> Roof Combination: <input type="checkbox"/> Soffit <input type="checkbox"/> Powered <input type="checkbox"/> Eaves <input type="checkbox"/> Other <input type="checkbox"/> Turbine
Flashing Material	<input type="checkbox"/> None <input type="checkbox"/> Asphalt <input type="checkbox"/> Not visible Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input checked="" type="checkbox"/> Lead <input type="checkbox"/> Copper
Valley Material	<input type="checkbox"/> None <input type="checkbox"/> Asphalt <input type="checkbox"/> Copper <input type="checkbox"/> N/A Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Other <input type="checkbox"/> Not visible
Apparent Condition of the Following at Time of Inspection (conditions reported reflect visible portion only)	
Roof Covering	<input checked="" type="checkbox"/> Satisfactory/Typical <input type="checkbox"/> Marginal <input type="checkbox"/> Poor Condition: <input type="checkbox"/> Curling/Cupping <input checked="" type="checkbox"/> Cracking <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"/> Exposed Fasteners (typical)
<div style="margin-left: 40px; color: blue;"> 1) De-ice wires installed today (possible past ice dams). Consult owner on history as needed. 2) Roof appears to have ice & water shield installed. 3) Recommend periodical inspections/maintenance. </div>	
<div style="text-align: center;">  </div>	
Ventilation	(See Attic & Remarks page)

Flashings	<input checked="" type="checkbox"/> Not all visible <input checked="" type="checkbox"/> Satisfactory/Typical <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Rusted <input type="checkbox"/> Recommend Sealing <input type="checkbox"/> Pulled away from chimney/roof <input checked="" type="checkbox"/> Exposed Fasteners (typical – rec. sealing)
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- 1) Step flashings not verified (no access).
- 2) Evidence of past repairs/sealing at dormer and roof (step flashings) Reason unknown. Consult owner on leak history.
- 3) Recommend periodical inspections/maintenance.



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 type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input checked="" type="checkbox"/> Poor

1) Flashing damaged – may leak (recommend repair).



General Comments

- 1) Flat rubber roof area at rear of home appears marginal – recommend periodical inspections/maintenance (anticipate repairs – typical)



CHIMNEY / GUTTERS / SIDING / TRIM


Chimney #1		<input type="checkbox"/> None	Location: North	
Viewed from:	<input checked="" type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input type="checkbox"/> Ground w/binoculars	
Chase:	<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stone	<input type="checkbox"/> Metal <input type="checkbox"/> Framed	<input type="checkbox"/> Blocks	<input type="checkbox"/> Stucco
Evidence of:	<input checked="" type="checkbox"/> Cracked chimney cap (minor)	<input type="checkbox"/> Loose mortar joints	<input type="checkbox"/> Loose brick	
	<input checked="" type="checkbox"/> Past repairs	<input type="checkbox"/> Rust	<input type="checkbox"/> Flaking	
Flue:	<input checked="" type="checkbox"/> Tile	<input type="checkbox"/> Metal <input type="checkbox"/> Unlined	<input type="checkbox"/> Not visible	
Evidence of:	<input type="checkbox"/> Scaling/Cracks	<input type="checkbox"/> Gaps/Shifting	<input type="checkbox"/> Creosote	
	<input type="checkbox"/> Have flue cleaned and re-evaluated	<input checked="" type="checkbox"/> Flue not evaluated (See Remarks page)		
<input type="checkbox"/> Recommend cricket/saddle flashing		<input type="checkbox"/> Spark arrestor/Chimney cap recommended		

- 1) A chimney liner at west flue would keep the chimney from deteriorating over time – consult professional as needed.



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

- 1) Recommend extending all downspouts 6 feet from house (may be difficult to do at some downspouts due to drives/sidewalks).

Siding		<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco <input type="checkbox"/> Fiber-cement <input type="checkbox"/> Stone <input type="checkbox"/> Slate <input type="checkbox"/> Fiberboard <input type="checkbox"/> Slate <input type="checkbox"/> EIFS (See Remarks page) Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Recommend repair/painting					
		1) Trees/foliage restricts view/inspection around house (NW) – Recommend trimming and re-inspect. 2) Evidence of cracking and past patching at window lentils – monitor/repair as needed.					
							
Window Frames		<input checked="" type="checkbox"/> Wood <input type="checkbox"/> Aluminum covered <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal <input type="checkbox"/> Glass block Condition: <input checked="" type="checkbox"/> Satisfactory/Typical <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Peeling paint <input checked="" type="checkbox"/> Damaged wood					
		1) Metal flashing at top of east picture window - Marginal.					
Storms & Screens		<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal comb. <input type="checkbox"/> Insulated glass <input type="checkbox"/> Other Putty: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Deteriorated/Typical <input type="checkbox"/> N/A Screens: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Torn <input type="checkbox"/> Not all installed Storms: <input checked="" type="checkbox"/> Satisfactory/Typical <input checked="" type="checkbox"/> Cracked glass <input checked="" type="checkbox"/> Damaged wood <input checked="" type="checkbox"/> Peeling paint					
		1) Storms & screens not inventoried – Consult owner as needed.					
1 - Trim, 2 - Soffit, 3 - Fascia		<input checked="" type="checkbox"/> Wood (1/2/3) <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Other Condition: <input checked="" type="checkbox"/> Satisfactory (1/2/3) <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Damaged wood <input checked="" type="checkbox"/> Peeling paint					
Caulking		Condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Recommend around windows/doors/masonry ledges/corners/utility penetrations					
General Comments							

EXTERIOR / ELECTRICAL / AC / GARAGE

Exterior Wall Construction		<input checked="" type="checkbox"/> Not all visible <input checked="" type="checkbox"/> Wood frame <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other			
Exterior Doors		Entrance (1); Storm (2)			
Weatherstripping:	<input checked="" type="checkbox"/> Satisfactory (1/2)	<input checked="" type="checkbox"/> Marginal (1/2)	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	
Condition:	<input checked="" type="checkbox"/> Satisfactory (1/2)	<input checked="" type="checkbox"/> Marginal (1/2)	<input type="checkbox"/> Poor		
1) Entrance doors hard to operate (NW).					
Exterior Electrical Service					
	<input checked="" type="checkbox"/> Overhead	<input type="checkbox"/> Underground	Service drop:	<input checked="" 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 checked="" type="checkbox"/> No (NW - upper)
GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No (rec.)	Operate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reverse polarity:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Open ground:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Overhead wires:	<input type="checkbox"/> Low	<input type="checkbox"/> Less than 3" from balcony/deck/window		<input type="checkbox"/> Amateur wiring	
Safety Hazard: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
1) "Touchy" ground at lower NW outlet - repair as needed.					
A/C Condenser/Compressor					
		<input type="checkbox"/> None	Approximate age: 14	Max breaker/fuse: 20 amps	
#1 Brand: Carrier	Model #: 38TKB024300	Serial #: 3092E14630		Shutoff:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusty/dirty	Level: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damaged	<input type="checkbox"/> Insulation missing		<input type="checkbox"/> Buried <input checked="" type="checkbox"/> Satisfactory
1) Recommend clearing foliage from around unit.					



GARAGE

Garage		<input type="checkbox"/> None				
		<input type="checkbox"/> Attached	<input checked="" type="checkbox"/> Detached	<input checked="" type="checkbox"/> 1-car +	<input type="checkbox"/> 2-car	<input type="checkbox"/> 3-car
Automatic opener:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Operable	<input type="checkbox"/> Inoperable	
Safety reverse:	Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No Safety hazard
Electric sensor:	Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No Safety hazard
Roofing:	<input checked="" type="checkbox"/> Same as house	Type:	Approx. Age:	Approx. layers:		
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> None	
Gutters:	<input type="checkbox"/> Same as house	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		<input checked="" type="checkbox"/> None (rec.)	
Siding:	<input type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal		<input checked="" type="checkbox"/> Vinyl	
	<input type="checkbox"/> Stucco	<input type="checkbox"/> Masonry	<input type="checkbox"/> Slate		<input type="checkbox"/> Fiberboard	
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor	
Trim:	<input type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Metal		<input type="checkbox"/> Vinyl	
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor	
Floor:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Asphalt		<input type="checkbox"/> Dirt	
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Large settling cracks		
	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	
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"/> Recommend painting inside & edges	
Service door:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> None		
Sill plates:	<input checked="" type="checkbox"/> Elevated	<input type="checkbox"/> Floor level	<input type="checkbox"/> Both	<input type="checkbox"/> Not all 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:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No Safety hazard
Firewall:	(Between garage & living area)		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Present	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged

General Comments

- 1) Recommend positive grade around garage with no wood-to-dirt contact.
- 2) Evidence of foundation/structure movement. Consult professional as needed for evaluation/repair (minor today - monitor).
- 3) Collar tie cut to accommodate garage door opener – not recommended (repair as needed).
- 4) Recommend trimming foliage from around garage.
- 5) Hose faucet work at garage – recommend vacuum break.



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 leak: <input checked="" type="checkbox"/> Yes (typical) <input 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 checked="" type="checkbox"/> Typical cracks <input type="checkbox"/> Moisture stains		
Doors & Windows	Condition: <input checked="" type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor 1) Could not open west windows.		
Heat Source Present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	
Floor	Condition <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Sloping <input checked="" 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	
Dishwasher: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Range: <input checked="" type="checkbox"/> Yes (gas) <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Oven: <input checked="" type="checkbox"/> Yes (gas) <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Trash compactor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Exhaust fan: <input checked="" type="checkbox"/> Yes (older) <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Refrigerator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Electrical	Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GFCI protected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Remarks) Open ground/reverse polarity within 6' of water: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Operates: <input checked="" type="checkbox"/> No <input type="checkbox"/> Safety hazard Ceiling fan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No 220 Volt outlet: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Non visible <input type="checkbox"/> Amateur installation <input type="checkbox"/> Safety Hazard		
General Comments:			

LAUNDRY / UTILITY ROOM

Room Components			
Laundry sink:	<input type="checkbox"/> N/A	Faucet leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cross connections:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None apparent	Heat source present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Room appears vented:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Dryer vented:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wall		
Electrical: Open ground/reverse polarity within 6' of water:	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Safety hazard
Appliances present:	<input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer		<input checked="" type="checkbox"/> Appliances not tested
Gas pipe:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible	Valve shutoff:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cap Needed
220 Volt outlet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Non visible	Amateur installation	<input type="checkbox"/> Safety Hazard <input type="checkbox"/> Not tested
General Comments			

1) Extension cord wiring – not recommended.

BATHROOMS

Bath: First floor bath

Sinks	Faucet leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipes leak: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not visible	
Tubs	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	
Showers	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 bowl <input type="checkbox"/> Toilet leaks	
Whirlpool:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> No access (rec.)	
Shower/Tub area:	<input type="checkbox"/> Fiberglass/Plastic <input checked="" type="checkbox"/> Ceramic	<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	<input type="checkbox"/> Poor	
Water flow:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical Cracks <input type="checkbox"/> Damage	
	Moisture stains: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Marginal (window) <input type="checkbox"/> Poor <input type="checkbox"/> Cracked glass		
Outlets present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GFCI protected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (rec.)		
	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"/> Not visible		
Exhaust fan:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (rec.) Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy		

General Comments

- 1) Protect window from shower water or future repairs/maintenance may be needed.
- 2) Window hard to operate.
- 3) South outlet plugged – not working.

Bath: Second floor bath

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Monitor
Tubs	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
Showers	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 type="checkbox"/> Cracked bowl <input type="checkbox"/> Toilet leaks
Whirlpool:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not tested <input type="checkbox"/> No access (rec.)
Shower/Tub area:		<input type="checkbox"/> Fiberglass/Plastic	<input checked="" type="checkbox"/> Ceramic		<input type="checkbox"/> Masonite	<input type="checkbox"/> Other	
	Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal		<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Cracks	
	Caulk/Grouting needed:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Where: Rec. periodical insp/maint.		
Drainage:	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal (sink)		<input type="checkbox"/> Poor			
Water flow:	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal (tub)		<input type="checkbox"/> Poor			
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical Cracks	<input type="checkbox"/> Damage	
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass		
Outlets present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (rec.)				
	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (rec.)	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Noisy		

General Comments

- 1) Evidence of amateur repair at sink drain – monitor.
- 2) Drain stopper not working at tub.



DINING ROOM

Location:			
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical Cracks <input type="checkbox"/> Damage
	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 checked="" type="checkbox"/> Squeaks <input checked="" 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 <i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Open ground/rev polarity:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard <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 type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass

General Comments:

- 1) Doors to patio screwed shut - not tested.
- 2) Window – could not open (recommend repair)

LIVING ROOM

Location:			
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical Cracks <input type="checkbox"/> Damage
	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 checked="" type="checkbox"/> Squeaks <input checked="" 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 <i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Open ground/rev polarity:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard <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"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass

General Comments:

BED ROOM

Location: First floor			
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical Cracks <input type="checkbox"/> Damage
	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 checked="" type="checkbox"/> Squeaks <input checked="" 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 <i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Open ground/rev polarity:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard <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"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass

General Comments:

- 1) Typical storage in closet – restricts inspection view.

BED ROOM

Location: Second floor South

Walls & Ceiling: ☒ Satisfactory ☐ Marginal ☐ Poor ☒ Typical Cracks ☐ Damage
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/rev polarity: ☐ Yes ☒ No ☐ **Safety Hazard** ☐ Covers missing
Heat source present: ☒ Yes ☐ Not visible Holes: ☐ Doors ☐ Walls ☐ Ceilings
Doors & Windows: ☒ Satisfactory ☒ Marginal (door) ☐ Poor ☐ Cracked glass

General Comments:

- 1) Entrance door hard to operate.
- 2) Typical storage in closet – restricts inspection view.

BED ROOM

Location: Second floor North

Walls & Ceiling: ☒ Satisfactory ☐ Marginal ☐ Poor ☒ Typical Cracks ☐ Damage
Moisture stains: ☐ Yes ☒ No
Flooring: ☒ Satisfactory ☐ Marginal ☐ Poor ☒ Squeaks ☒ Slopes/Shakes
Ceiling fan: ☒ N/A ☐ Satisfactory ☐ Marginal ☐ Poor
Electrical: Switches: ☒ Yes ☐ No Outlets: ☒ Yes ☐ No Operates: ☒ Yes ☐ No
Open ground/rev polarity: ☐ Yes ☒ No ☒ **Safety Hazard** ☒ Damaged outlet - north
Heat source present: ☒ Yes ☐ Not visible Holes: ☐ Doors ☐ Walls ☐ Ceilings
Doors & Windows: ☒ Satisfactory ☒ Marginal (window) ☐ Poor ☐ Cracked glass

General Comments:

- 1) West window does not close to locking position (hardware missing too) - recommend repair.

WINDOWS / FIREPLACES / ATTIC

Interior Windows/Glass

General condition: ☒ Satisfactory/Typical ☒ Marginal ☐ Poor ☒ Hard to operate
☒ Hardware missing ☐ Glazing compound needed ☒ Won't lock ☐ Broken counter-balance mech.
☐ Surface deterioration: (See Remarks page) ☒ Representative number of windows operated
Evidence of leaking insulated glass: ☐ Yes ☒ No ☐ Not determinable ☐ N/A
 Safety glazing: ☒ N/A ☐ Not determinable ☐ Safety issue Where:
 Security bars present: ☐ Yes ☒ No ☐ Not tested ☐ Test release mechanism before moving in

1) Windows appear typical for the age of home.

Fireplace #1

☐ Gas ☒ Wood ☐ None Location: **Living room**
☒ Masonry ☐ Pre-fab ☐ Woodburner stove (See Remarks page) ☐ Metal ☐ Electric
☐ Blower built-in Operates: ☐ Yes ☐ No ☒ Damper operates ☐ Damper missing
☐ Open joints or cracks in firebrick should be sealed ☒ Exterior chimney (See Remarks page)
 Hearth: Adequate: ☐ Yes ☒ No Mantle: ☒ Satisfactory ☐ Loose
☐ Recommend having flue cleaned and re-examined – Dirty

- 1) Hearth/Mantle clearances/size may not be equal to today's Standards
- 2) Safety type glass not verified with "stamp" at fireplace glass doors.
- 3) Loose mortar joints at hearth – repair as needed.
- 4) Rock by flue damper – reason unknown (consult owner as needed).
- 5) Owner claims he has never used the fireplace (20 years). Recommend professional evaluate before use due to it not being operated in years.
- 6) Wood noted at underside of fireplace (through clean-out "common") This may be a fire safety hazard though may be difficult to repair if repair is needed at all – consult professional as needed.
- 7) Stains at top may give evidence of past drafting issues – consult professional as needed.



Stairs/Hall	<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 issue
Risers/Treads:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Risers/treads uneven

1) Minimal head clearance at stairs – caution!

2) Typical storage in hall closets – restrict today's view.

Smoke Detectors	(See Remarks page)								
Present:	<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 checked="" type="checkbox"/> Non visible

ATTIC

Attic	
Access:	<input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input checked="" type="checkbox"/> Scuttlehole <input checked="" type="checkbox"/> Knee wall <input type="checkbox"/> No access (See Remarks page)
Inspected from:	<input checked="" type="checkbox"/> Access panel <input type="checkbox"/> In the attic <input type="checkbox"/> Other
	Location: <input checked="" type="checkbox"/> Bedroom <input checked="" type="checkbox"/> Bedroom closet <input type="checkbox"/> Garage <input type="checkbox"/> Other
Flooring:	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Partial <input checked="" type="checkbox"/> None (top)
Insulation:	Type: Fiberglass <input type="checkbox"/> Batts <input type="checkbox"/> Loose Average inches: 1-3 (recommend more)
	Installed in: <input checked="" type="checkbox"/> Floor <input checked="" type="checkbox"/> Rafters (limits view) <input type="checkbox"/> Walls
Vent fans:	<input type="checkbox"/> Present <input type="checkbox"/> Not tested <input type="checkbox"/> Thermostat controlled <input type="checkbox"/> Safety issue <input checked="" type="checkbox"/> N/A
Ventilation:	<input checked="" type="checkbox"/> Appears adequate <input type="checkbox"/> Recommend additional venting
Roof structure:	<input checked="" type="checkbox"/> Wood Rafters/joists <input type="checkbox"/> Metal Rafters/joists <input checked="" type="checkbox"/> Collar ties
	<input type="checkbox"/> Trusses <input type="checkbox"/> Other <input type="checkbox"/> Not visible
Roof sheathing:	<input type="checkbox"/> Plywood <input type="checkbox"/> OSB <input checked="" type="checkbox"/> 1x Wood <input checked="" type="checkbox"/> Insulation limits view
	<input type="checkbox"/> Rotted <input checked="" type="checkbox"/> Stained <input type="checkbox"/> Delaminated <input checked="" type="checkbox"/> Satisfactory/Typical <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Evidence of leaks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where: Around chimney (appears old)
Active:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (consult owner as needed)
Evidence of condensation:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fans exhausted to:	Attic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Outside: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not visible <input type="checkbox"/> N/A
	(See Remarks page)
Chimney chase:	<input checked="" type="checkbox"/> Satisfactory/Typical <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Not all visible
Structural problems observed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vapor barriers:	<input type="checkbox"/> Not visible <input type="checkbox"/> Improperly installed
	<input checked="" type="checkbox"/> Kraft faced <input checked="" type="checkbox"/> Foil (See Remarks page)
Electrical:	<input type="checkbox"/> Open junction box(ex) <input type="checkbox"/> Amateur wiring <input type="checkbox"/> Visible knob-and-tube
	<input type="checkbox"/> Unprotected Romex wire

General Comments

- 1) Lots of storage in knee wall attic - limits today's view.



BASEMENT

(See Remarks page)

Stairs

Condition: ☒ Satisfactory ☐ Marginal ☐ Poor ☒ Safety Hazard
 Handrail: ☒ Yes ☐ No Condition: ☒ Satisfactory ☐ Marginal ☐ Poor
 Headway over stairs: ☐ Satisfactory ☒ Marginal (low) ☐ Poor
 Under carriage: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Not visible

1) Door at top of stairs not installed.

Foundation Walls

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

*** Note: See next page for basement diagram

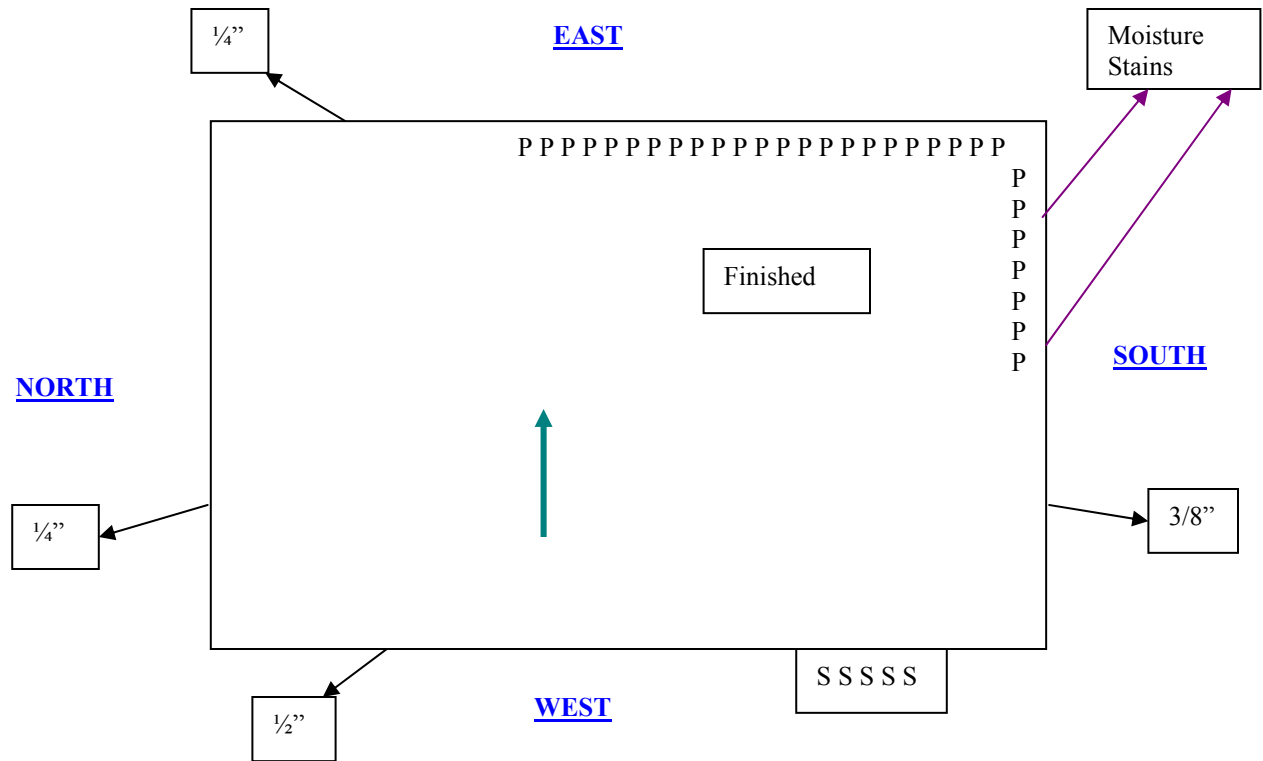
Condition reported above reflects visible portion only


Basement Walls Diagram

☐ D = Drywall ☒ S = Storage
☐ C = Crack(s) ☐ X = Other

Diagram indicates where walls are not visible and type of covering

☒ P = Paneling ☐ M = Monitor ☐ E = Evaluate
☐ R = Dry runs ☒ Plumb used to measure



Floor		(See vapor barrier remarks page)			
Condition:	<input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Dirt/Gravel <input type="checkbox"/> Marginal	<input type="checkbox"/> Not visible <input type="checkbox"/> Poor	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Typical cracks	
1) 9 inch tiles may contain asbestos.					
Seismic Bolts		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> None visible <input type="checkbox"/> Present <input type="checkbox"/> Recommended Shear Panel <input type="checkbox"/> Recommend evaluation			
Basement Drainage					
Indication of moisture:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fresh <input checked="" 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 drains present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Not tested <input checked="" type="checkbox"/> Efflorescence present (typical)			
					
Drain Tile (See Remarks page)		<input checked="" type="checkbox"/> Palmer valve <input type="checkbox"/> N/A (See Remarks page)			
1) Palmer valve appears operational to the fact that it is in the open position.					
Girders (1), Columns (2)		<input type="checkbox"/> N/A			
Condition:	<input checked="" type="checkbox"/> Steel (1/2) <input checked="" type="checkbox"/> Satisfactory (1/2)	<input type="checkbox"/> Wood <input type="checkbox"/> Marginal	<input type="checkbox"/> Block <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Not all visible - finished <input type="checkbox"/> Stained/rusted	
Joists/Trusses					
<input checked="" type="checkbox"/> Joist <input type="checkbox"/> Trusses	<input type="checkbox"/> 1-Joist <input type="checkbox"/> 2x6	<input type="checkbox"/> Steel <input type="checkbox"/> 2x8	<input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> 2x10	<input checked="" type="checkbox"/> Not all visible - Finished <input type="checkbox"/> 2x12	
Sub Floor		<input checked="" type="checkbox"/> Not all visible due to finishings <input checked="" type="checkbox"/> Indication of moisture stains/rotting (appears typical today) <input type="checkbox"/> Finishings stained/damaged in areas – consult owner on history (appears typical today) ** Areas around shower stalls, etc., as viewed from basement or crawl space			
General Comments					

CRAWL SPACE / SLAB ON GRADE

Slab On Grade	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Not visible	Signs of settlement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Anchor bolts not visible		<input type="checkbox"/> No anchor bolts		<input type="checkbox"/> No Access	
Crawl Space	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Combination basement/crawl space	<input type="checkbox"/> Full		

PLUMBING

Water Service (General)	Shut off location: <u>In the basement</u>			Cross connection(s): <input checked="" type="checkbox"/> Yes (typical)	
Water entry piping:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB	<input checked="" type="checkbox"/> Lead (test water as needed)	
Water lines:	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic	<input type="checkbox"/> Polybutylene	<input type="checkbox"/> Unknown
Lead (<i>other than solder joints</i>):			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Service entry	<input type="checkbox"/> Unknown
Pipes:	<input checked="" type="checkbox"/> Corrosion	<input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Past repairs/upgrades	<input checked="" type="checkbox"/> Possible amateur plumbing	
Water flow:	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Water pressure:	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Drains:	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Galvanized	<input checked="" type="checkbox"/> Plastic		
	Pipes: <input checked="" type="checkbox"/> Corroded	<input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Past repairs/upgrades		
Drain/waste/vent pipe:	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Cast iron	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other	
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal/Typical	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Not all visible	
Waste discharge:	<input checked="" type="checkbox"/> Satisfactory/Typical	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		

- 1) Older house with older plumbing – anticipate repairs (typical).
- 2) Plumbing inspection limited to visible areas only.
- 3) Water pressure may fluctuate when multiple fixtures are in use.
- 4) Plumbing to garage (through SW wall) appears to be amateur like installation – Consult professional for repair as needed.
- 5) New plumbing/upgrades apparent – typical - recommend reviewing permits as needed to ensure professional installation(s).



Gas Lines	<input checked="" type="checkbox"/> Not all visible (finished) <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 <input type="checkbox"/> Not visible				
Sanitary Pump	<input checked="" type="checkbox"/> N/A				
Sealed cock:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check valve:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Vented:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Water Heater #1	
Brand name: A.O. Smith Serial #: GE02-0667411-248 Model #: FCG40248 <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other Approx. age: 4 yr.(s) Capacity: 40 gallons 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 checked="" type="checkbox"/> Monitor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Improper Pitch <input type="checkbox"/> Rusty <input checked="" type="checkbox"/> Safety Hazard Seismic restraints needed: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Needed <input type="checkbox"/> Satisfactory <input type="checkbox"/> Improper	
1) Evidence of past backdrafting (may be intermittent) Repair as needed (possible safety hazard).	



Water Softener	(Unit not evaluated - per WI State Statues)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Plumbing hooked up: <input type="checkbox"/> Yes <input type="checkbox"/> No
General Comments	

HEATING SYSTEM

Fuel Shutoff		Main fuel shutoff location: Inside at the gas meter	
Seismic shutoff:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Missing	<input type="checkbox"/> Recommended

Forced Air System		<input checked="" type="checkbox"/> Central Unit	<input type="checkbox"/> Wall Furnace	<input type="checkbox"/> Floor Furnace
--------------------------	--	--------------------------------------------------	---------------------------------------	----------------------------------------

Brand name: [Carrier \(WeatherMaker\)](#) Approximate age: [14 year\(s\)](#)
Model #: [58SXC060-GG](#) Serial #: [5092A03381](#)

☐ System not operated due to:

Energy source: ☒ Gas ☐ LP ☐ Oil ☐ Electric

Hot air systems: ☐ Belt drive ☒ Direct drive ☐ Gravity

Heat exchanger: ☐ Visual with mirror ☒ N/A (sealed) ☐ Not accessible

Condition: ☐ Rusty ☐ Flame distortion ☐ Possible Cracks

View is extremely limited - See Remarks page about options

CO test: Tester: [Bacharach](#) ☒ Plenum/register (0 PPM) ☒ Exhaust (12 PPM)

Distribution: ☒ Metal duct ☐ Insul. flex duct ☒ Cold air returns

Flue piping: ☐ Metal ☒ PVC ☐ Proper pitch ☐ Rusty ☐ N/A

Filter: ☐ Standard ☐ Electrostatic ☒ Paper ☐ N/A

Condition: ☒ Satisfactory ☐ Replace/clean ☐ Missing

Operated: When turned on by thermostat: ☒ Fired ☐ Did not fire

Operation: Satisfactory: ☒ Yes ☐ No ☐ **Recommend HVAC technician examine** ☐ Before closing

Controls: ☐ Disconnect ☒ Normal operating and safety controls observed

Heat pump: ☐ Aux. Elec. ☐ Aux. Gas ☐ Aux. geothermal ☒ N/A

Emergency heat tested: ☐ Yes ☐ No ☒ N/A

- 1) Older unit – anticipate repairs/replacement.
- 2) Condensation line drains through concrete floor – not recommended.



Forced Air System	<input type="checkbox"/> Central Unit <input checked="" type="checkbox"/> Wall Furnace <input type="checkbox"/> Floor Furnace		
	Brand name: Quaker		Approximate age: 24 year(s)
	Model #: WRF35A1N		Serial #: H25073998
	<input checked="" type="checkbox"/> System not operated due to: Pilot light out (limits inspection)		
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 checked="" type="checkbox"/> Visual with mirror	<input type="checkbox"/> N/A (sealed)	<input type="checkbox"/> Not accessible
	Condition: <input type="checkbox"/> Rusty	<input type="checkbox"/> Flame distortion	<input type="checkbox"/> Possible Cracks
	View is extremely limited - See Remarks page about options		
CO test:	Tester: <input type="checkbox"/> Plenum/register		<input type="checkbox"/> Exhaust <input checked="" type="checkbox"/> Not tested
Distribution:	<input checked="" type="checkbox"/> N/A	<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"/> Rusty <input type="checkbox"/> N/A
Filter:	<input type="checkbox"/> Standard	<input type="checkbox"/> Electrostatic	<input type="checkbox"/> Paper <input checked="" type="checkbox"/> N/A
	Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Replace/clean	<input type="checkbox"/> Missing
Operated:	When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire		
Operation:	Satisfactory: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Recommend HVAC technician examine		
Controls:	<input type="checkbox"/> Disconnect <input checked="" type="checkbox"/> Normal operating and safety controls observed		
Heat pump:	<input type="checkbox"/> Aux. Elec.	<input type="checkbox"/> Aux. Gas	<input type="checkbox"/> Aux. geothermal <input checked="" type="checkbox"/> N/A
	Emergency heat tested: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

1) Older unit – anticipate repairs/replacement.



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	


COOLING SYSTEM - Interior

Cooling System – Evaporator Coil

Energy source: ☒ Electric ☐ Gas ☐ Other Condenser age: Unknown
 Central air: ☒ Air cooled ☐ Water cooled ☐ Evaporative cooler ☐ Heat pump
 Operated: ☒ Yes ☐ No ☐ Not operated due to outside temperature
 Temperature differential: Unit 1: 17 °F (See Remarks page)
 Operation: Satisfactory: ☒ Yes ☐ No ☐ Recommend HVAC technician examine ☐ Before closing
 Refrigerant lines: ☐ Leak ☐ Damaged ☐ Insulation missing ☒ Satisfactory
 Through wall unit(s): ☒ N/A ☐ Not tested – beyond scope per WI Statutes

General Comments

ELECTRICAL

Main Panel		Location: Basement	
Amps: 100 Appears grounded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Main Wire: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum Branch Wire: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Romex <input type="checkbox"/> BX cable <input type="checkbox"/> Multiple tapping <input type="checkbox"/> Multiple tapping of main disconnect <input type="checkbox"/> Arc fault present <input type="checkbox"/> Panel not accessible		Volts: 120/240 GFCI present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Copper clad aluminum <input type="checkbox"/> Copper clad aluminum <input checked="" type="checkbox"/> Conduit <input type="checkbox"/> Branch wires undersized <input type="checkbox"/> Safety Hazard Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (See Remarks page) <input type="checkbox"/> Not evaluated Reason:	
		<input checked="" type="checkbox"/> Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Not visible <input type="checkbox"/> Not visible <input type="checkbox"/> Knob & tube <input type="checkbox"/> Federal Pacific panel	
1) Circuits not traced for label accuracy – beyond scope per WI State Statutes.			
			
Sub Panel(s)		<input checked="" type="checkbox"/> None apparent	
Location 1:	Location 2:	Location 3:	
Branch Wiring: <input type="checkbox"/> Panel not accessible <input type="checkbox"/> Copper Neutral/ground separated: <input type="checkbox"/> Yes <input type="checkbox"/> No Neutral isolated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Multiple tapping	<input type="checkbox"/> Not evaluated Reason: <input type="checkbox"/> Aluminum <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Branch wires undersized	<input type="checkbox"/> Copper clad aluminum <input type="checkbox"/> Have electrician separate <input type="checkbox"/> Have electrician isolate <input type="checkbox"/> Safety Hazard	
Electrical (General)			
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"/> Typical <input checked="" type="checkbox"/> Miss-wired outlets <input checked="" type="checkbox"/> Broken outlets <input checked="" type="checkbox"/> Extension cord wiring <input checked="" type="checkbox"/> Outlets covers missing <input type="checkbox"/> Solid conductor aluminum branch wiring circuits (See Remarks page) <input type="checkbox"/> Recommend a licensed electrician evaluate the service			
General Comments:			
1) The function of all switches in home were undetermined today – consult owner as needed.			

*** SUMMARY ***

ITEMS NOT OPERATING

Doorbell – rear
Wall furnace – Pilot light out today

IMPORTANT ISSUES

None apparent

POTENTIAL SAFETY HAZARDS

Low head clearance – interior stairs/basement stairs
Evidence of past backdrafting at water heater vent pipe.
Miss-wired outlets – exterior (east)/laundry area
Garage door safety reverse
Damaged outlet (bedroom – north upper)

DEFERRED COST ITEMS

Chimney Liner
Insulation
Kitchen exhaust fan
Central Furnace
Wall Furnace
Central air
Plumbing (typical for age of home)

IMPORTANT ISSUES: A system or component that may be considered a significantly deficient or is unsafe.

POTENTIAL/SAFETY HAZARD: Denotes a condition that is unsafe and in need of prompt attention.

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.