

Client Name(s):	REPORT #:
Address:	Day Phone:
City, State, Zip:	Alternate Phone:
	Other Phone:

Property Address:	Subdivision:
City/State/Zip:	Cross Street:
Directions:	
Current Owner:	

Property Description:	Year Built:
Foundation: <input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace	Square Footage:
Additions:	Bedrooms:
Utilities: <input type="checkbox"/> On <input type="checkbox"/> Off	Baths:
Property is: <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant	
Roof Type/Age:	
Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached	
<input type="checkbox"/> Pool <input type="checkbox"/> Spa	

Buyers Agent:	Business Phone:
Office:	Alternate Phone:
Address:	Fax:
	Email:
City/State/Zip:	Deliver Report Via:

Sellers Agent:	Business Phone:
Office:	Alternate Phone:
Address:	Fax:
	Email:
City/State/Zip:	Deliver Report Via:

Order Date:	Present During Inspection:	<input type="checkbox"/> Buyer	<input type="checkbox"/> Seller
Inspection Date:	Time:	<input type="checkbox"/> Buyer's Agent	<input type="checkbox"/> Seller's Agent
Weather Conditions:		<input type="checkbox"/> Other:	

KEY TO THE INSPECTION REPORT

This Report lists the systems and components inspected by this company. Items not found in this report are considered beyond the scope of this inspection, and should not be considered inspected at this time.

"APPEAR SATISFACTORY" means that we did not observe conditions that would lead us to believe problems existed with this system or component. The item is capable of being used. Some serviceable items may, however, show wear and tear. Other conditions if applicable, will be noted in the body of the report.

Significantly deficient systems or components will be identified as: Not functional / unsafe / worn / near end of lifespan. When in the inspector's opinion, an item is "significantly deficient", the reason will be within the body of the report.

Please read the entire report for all items.

- * Items that have an asterisk next to them. This item or component warrants additional attention, repair or monitoring.
- Items that have a (I) next to them. The Bracketed Numbers are defined as follows:
 - ① Recommended evaluation by a qualified licensed structural engineer / geotechnical engineer.
 - ② Recommend further review and repairs as needed by a qualified licensed contractor or specialty tradesman dealing with that item or system.
 - ③ Recommend further review for the presence of any wood destroying pests or organisms by qualified Pest Inspector.
 - ④ This item is a safety hazard - correction is needed
 - ⑤ Recommend upgrading for safety enhancement. This building may have been constructed before current safety standards were developed.

If you do not understand how to read this report please contact Quality Home Check.

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GROUNDS

1: DRIVEWAY Appears satisfactory

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Eroded Asphalt *	<input type="checkbox"/> Surface raised *
<input type="checkbox"/> Concrete	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> No cracks found	<input type="checkbox"/> Surface settled *
<input type="checkbox"/> Gravel	<input type="checkbox"/> Deteriorated *	<input type="checkbox"/> Common cracks	<input type="checkbox"/> Degradation *
<input type="checkbox"/> Other	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Major cracks *	<input type="checkbox"/> Moisture *
	<input type="checkbox"/> Not fully visible *	<input type="checkbox"/> Trip hazards *	<input type="checkbox"/> Seal/leader
			<input type="checkbox"/> Evidence of poor drainage

Comments: N/A

2: GRADING Appears satisfactory

<input type="checkbox"/> Level site	<input type="checkbox"/> Improper soil slope toward foundation *	<input type="checkbox"/> Overgrown landscaping	<input type="checkbox"/> Drainage slope of
<input type="checkbox"/> Minor slope	<input type="checkbox"/> Soil/pavement is high at foundation *	<input type="checkbox"/> Trees planted close to	<input type="checkbox"/> Foundation is
<input type="checkbox"/> Moderate slope	<input type="checkbox"/> Earth to wood contact visible ③	<input type="checkbox"/> Plants/trees touching	<input type="checkbox"/> Foundation on vis
<input type="checkbox"/> Steep slope	<input type="checkbox"/> Signs of poor drainage/erosion *		<input type="checkbox"/> Foundation
<input type="checkbox"/> Stairstepped	<input type="checkbox"/> Surface drains noted, not tested-underground pipes not be		
<input type="checkbox"/> Banks	<input type="checkbox"/> Not fully visible *		

Comments: N/A

Notice: The inspection does not include geological conditions or site stability information. For more information regarding the conditions, a geotechnical soils report should be consulted.

3: SIDEWALKS Appears satisfactory

<input type="checkbox"/> Concrete	Location(s):	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Cracks found	<input type="checkbox"/> Surface Raised *
<input type="checkbox"/> Brick	A:	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Common	<input type="checkbox"/> Surface settled *
<input type="checkbox"/> Paver/Tile	B:	<input type="checkbox"/> Deteriorated *	<input type="checkbox"/> Major cracks	<input type="checkbox"/> Concrete is above
<input type="checkbox"/> Gravel	C:	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Trip hazards	<input type="checkbox"/> foundation/siding/stucco *
<input type="checkbox"/> Other	D:	<input type="checkbox"/> Not fully visible *		<input type="checkbox"/> Evidence of poor drainage *

Comments: N/A

4: PATIO Appears satisfactory

<input type="checkbox"/> Concrete	Location(s):	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Cracks found	<input type="checkbox"/> Surface Raised *
<input type="checkbox"/> Brick	A:	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Common	<input type="checkbox"/> Surface settled *
<input type="checkbox"/> Paver/Tile	B:	<input type="checkbox"/> Deteriorated *	<input type="checkbox"/> Major cracks	<input type="checkbox"/> Concrete is above
<input type="checkbox"/> Other	C:	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Trip hazards	<input type="checkbox"/> foundation/siding/stucco *
	D:	<input type="checkbox"/> Not fully visible *		<input type="checkbox"/> Evidence of poor drainage *

Comments: N/A

5: PATIO DECK Appears satisfactory

<input type="checkbox"/> Open edge	Location(s):	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Unsecure/improper attachment to house *
<input type="checkbox"/> Covered roof (refer to roof page*)	A:	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Earth contact ③
<input type="checkbox"/> Other	B:	<input type="checkbox"/> Deteriorated *	<input type="checkbox"/> Lacks: <input type="checkbox"/> metal straps <input type="checkbox"/> bolts <input type="checkbox"/> nails
	C:	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Moisture/damage at: <input type="checkbox"/> post base <input type="checkbox"/> roof <input type="checkbox"/> structure ②③
	D:	<input type="checkbox"/> Not fully visible *	<input type="checkbox"/> Wood appears: <input type="checkbox"/> overspanned <input type="checkbox"/> sagging <input type="checkbox"/> damaged ②

Comments: N/A

6: DECKS/PORCH				<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Wood	Location(s):	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Cracks ②③	<input type="checkbox"/> On grade
<input type="checkbox"/> Concrete	A:	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Moisture stains ②③	<input type="checkbox"/> E to det active
<input type="checkbox"/> Waterproof coating	B:	<input type="checkbox"/> Deteriorated *	<input type="checkbox"/> Damage ②③	<input type="checkbox"/> En ste porch/
	C:	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Earth-to-wood contact③	<input type="checkbox"/> h/ste tled 2
	D:	<input type="checkbox"/> Not fully visible *	<input type="checkbox"/> Evidence of poor drainage*	<input type="checkbox"/> hou
		<input type="checkbox"/> Deck appears unsound ①②		<input type="checkbox"/> /po
		Railings: *④⑤ <input type="checkbox"/> missing <input type="checkbox"/> damaged		<input type="checkbox"/> s/fo
		Screens/panels: * <input type="checkbox"/> missing <input type="checkbox"/>		<input type="checkbox"/> look <input type="checkbox"/> too wid
		Flashing: ② <input type="checkbox"/> missing at hou		<input type="checkbox"/> im
Comments:				<input type="checkbox"/> N/A

7: RETAINING WALLS		Location(s)	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Concrete	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Cracks	<input type="checkbox"/> Moisture penetration *
<input type="checkbox"/> Block	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Moisture	<input type="checkbox"/> drainage openings *
<input type="checkbox"/> Stucco	<input type="checkbox"/> Deteriorated *	<input type="checkbox"/> R cr	
<input type="checkbox"/> Wood	<input type="checkbox"/> Near end of lifespan *		
<input type="checkbox"/> Other	<input type="checkbox"/> Not fully visible *		
Comments:			<input checked="" type="checkbox"/> N/A

8: FENCE & GATE		Location(s)	<input type="checkbox"/> Not inspected *	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Wood	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Cracks	<input type="checkbox"/> Loose/rotted posts *	<input type="checkbox"/> Loose/rotted posts *
<input type="checkbox"/> Chain link	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Major	<input type="checkbox"/> Loose/missing blocks *	<input type="checkbox"/> Loose/missing blocks *
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Deteriorated *	<input type="checkbox"/> Rust/	<input type="checkbox"/> Broken/loose/missing boards*	<input type="checkbox"/> Broken/loose/missing boards*
<input type="checkbox"/> Iron	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Moisture		
<input type="checkbox"/> Other	<input type="checkbox"/> Not fully visible *	<input type="checkbox"/> Gate/latch is*: <input type="checkbox"/> adjustment <input type="checkbox"/> repair <input type="checkbox"/> replacement		
		Fence at post is*④⑤: <input type="checkbox"/> missing <input type="checkbox"/> too low <input type="checkbox"/> climbable		
		Self closing gate latch is*④⑤: <input type="checkbox"/> missing <input type="checkbox"/> not working		
Comments:				<input type="checkbox"/> N/A

9: SPRINKLER		Location(s)	<input type="checkbox"/> Not inspected *	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Commercial	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Areas of inadequate spray coverage/adjust heads. *	<input type="checkbox"/> Automatic timers not tested *	<input type="checkbox"/> Automatic timers not tested *
A:	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Adjust spray away from structures, fences, sidewalks, etc. *	<input type="checkbox"/> Anti-siphon valves needed *	<input type="checkbox"/> Anti-siphon valves needed *
B:	<input type="checkbox"/> Deteriorated *			
C:	<input type="checkbox"/> Near end of lifespan *			
D:	<input type="checkbox"/> Not fully visible *	Valve <input type="checkbox"/> Head <input type="checkbox"/> Line: <input type="checkbox"/> leaks <input type="checkbox"/> missing <input type="checkbox"/> not functioning *		
Comments:				<input type="checkbox"/> N/A
<small>Underground pipes cannot be judged for breaks or possible root intrusions. Association-maintained systems are not tested. Grove systems are not tested.*</small>				

10: FAUCETS		Location(s)	<input type="checkbox"/> Not inspected*	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Kitchen	<input type="checkbox"/> no*	<input type="checkbox"/> Some inoperative/corroded ②	<input type="checkbox"/> Winterized-not tested*	<input type="checkbox"/> Winterized-not tested*
A:	<input type="checkbox"/> yes <input type="checkbox"/> no*	<input type="checkbox"/> Leaks ②		
B:		<input type="checkbox"/> Missing/broken handle(s)*		
Comments:				<input type="checkbox"/> N/A

EXTERIOR

I 1: EXTERIOR WALLS

Structure:	Wall Covering:			
<input type="checkbox"/> Wood frame	<input type="checkbox"/> Wood	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> No cracks found	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Masonry	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Common cracks	<input type="checkbox"/> Contact damage
<input type="checkbox"/> Brick	<input type="checkbox"/> Metal	<input type="checkbox"/> Deteriorated *	<input type="checkbox"/> Major cracks ①	<input type="checkbox"/> Moisture staining
<input type="checkbox"/> Log	<input type="checkbox"/> Fibrous siding	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Cracks/openings need repair ②	<input type="checkbox"/> Peeling paint
<input type="checkbox"/> Post & Beam	<input type="checkbox"/> Stucco	<input type="checkbox"/> Not fully visible *		<input type="checkbox"/> Rot
<input type="checkbox"/> Other	<input type="checkbox"/> Veneer			<input type="checkbox"/> Missing siding
	<input type="checkbox"/> EIFS*			

Comments: _____

Notice: Wall insulation type and value is not verified.* UFFI insulation or hazards are not identified.* Conditions inside are not visible. Lead testing is not performed.

I 2: TRIM

<input type="checkbox"/> Wood	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Caulking needed	<input type="checkbox"/> Finish	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Metal	<input type="checkbox"/> Unsafe *	Moisture staining	<input type="checkbox"/> Missing	<input type="checkbox"/> Fascia corner
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Deteriorated *		<input type="checkbox"/> Low	<input type="checkbox"/> Cracks
<input type="checkbox"/> Brick	<input type="checkbox"/> Near end of lifespan *		<input type="checkbox"/> Peeling	<input type="checkbox"/> Soffits
<input type="checkbox"/> Concrete	<input type="checkbox"/> Not fully visible *		<input type="checkbox"/> Missing	<input type="checkbox"/> Fascia
<input type="checkbox"/> Masonry			<input type="checkbox"/> All trim	<input type="checkbox"/> Window
<input type="checkbox"/> Other			<input type="checkbox"/> Corner	

Comments: _____ N/A

I 3: GUTTERS & DOWNSPOUTS

<input type="checkbox"/> Full	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Stains below	<input type="checkbox"/> Route downspouts away from building *	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Partial	<input type="checkbox"/> Unsafe	bris from	<input type="checkbox"/> Add gutters & downspouts/splashblocks for drainage *	
<input type="checkbox"/> No instal.	Worried	off/gutter not drain properly *		
	Near end of lifespan	secondary drain roof ②		
	<input type="checkbox"/> Not fully visible *	surface drains needed	<input type="checkbox"/> loose	<input type="checkbox"/> damaged
		gutters/downspouts	<input type="checkbox"/> rusted	<input type="checkbox"/> disconnected
			<input type="checkbox"/> corroded	<input type="checkbox"/> leak

Comments: _____ N/A

Notice: The drainage system is not inspected. Regular maintenance of drainage systems is required to avoid water problems at the roof and foundation.*

I 4: CHIMNEY (S)

<input type="checkbox"/> Brick	<input type="checkbox"/> Not Functional *	Chimney is: ② <input type="checkbox"/> cracked	<input type="checkbox"/> deteriorated	<input type="checkbox"/> leaning	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Block	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Cracks or separations.*	Sealing needed at <input type="checkbox"/> wall <input type="checkbox"/> roof		
<input type="checkbox"/> Concrete	<input type="checkbox"/> Worn *	<input type="checkbox"/> Cracks in chimney cap *	<input type="checkbox"/> Flashing is improper/not visible *		
<input type="checkbox"/> Masonry flue	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Settlement ②	<input type="checkbox"/> Raincap/screen recommended *		
<input type="checkbox"/> Fire	<input type="checkbox"/> Not fully visible *	<input type="checkbox"/> Unlined flue ②			
		<input type="checkbox"/> Spark screen present			
		Spark screen: * <input type="checkbox"/> missing <input type="checkbox"/> improper <input type="checkbox"/> not visible			
		Ash dump/door is: * <input type="checkbox"/> rusted <input type="checkbox"/> corroded <input type="checkbox"/> damaged <input type="checkbox"/> missing			

Comments: _____ N/A

Notice: The interior of the flue was not inspected at this time. We recommend that you retain a qualified chimney sweep to clean and evaluate the flue.*

I 5: EXTERIOR STAIRS

<input type="checkbox"/> Wood	Location(s):	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Moisture stains *	<input type="checkbox"/> Uneven rise/run on steps ②	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Metal	A:	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Damage *	<input type="checkbox"/> Loose steps ②	
<input type="checkbox"/> Concrete	B:	<input type="checkbox"/> Worn/Deteriorated *	<input type="checkbox"/> Earth contact *		
<input type="checkbox"/> Waterproof coating	C:	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> Improper/no landing ②④		
<input type="checkbox"/> Other	D:	<input type="checkbox"/> Not fully visible *			
		Railings: ②④ <input type="checkbox"/> Loose <input type="checkbox"/> Improper <input type="checkbox"/> Too low <input type="checkbox"/> missing <input type="checkbox"/> openings too large ⑤			

Comments: _____ N/A

STRUCTURAL

I 6: FOUNDATION

<input type="checkbox"/> Slab-on-grade	<input type="checkbox"/> Crawl space	<input type="checkbox"/> Basement
<input type="checkbox"/> Slab visible	<input type="checkbox"/> Entered crawl space	<input type="checkbox"/> Entered basement
<input type="checkbox"/> Slab not visible due to floor covering-no readily visible problem noted today	<input type="checkbox"/> No access	<input type="checkbox"/> No access
<input type="checkbox"/> Slab not visible due to floor covering-recommend further evaluation by removal of floor covering due to:	<input type="checkbox"/> Partial access	<input type="checkbox"/> Partial access
<input type="checkbox"/> cracks found *	<input type="checkbox"/> Viewed from access opening only	<input type="checkbox"/> Viewed from access opening only
<input type="checkbox"/> uneven areas in flooring *	<input type="checkbox"/> Door/cover: <input type="checkbox"/> OK <input type="checkbox"/> missing/damaged*	<input type="checkbox"/> Door/cover: <input type="checkbox"/> OK <input type="checkbox"/> missing/damaged*
<input type="checkbox"/> unusual cracks found on interior/exterior walls ①		

Foundation material:

<input type="checkbox"/> Poured concrete	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not Functional *
<input type="checkbox"/> Masonry block	<input type="checkbox"/> Steel	<input type="checkbox"/> Unsafe *
<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Deteriorated
<input type="checkbox"/> Stone	<input type="checkbox"/> Masonry block	<input type="checkbox"/> Near failure
<input type="checkbox"/> Piers	<input type="checkbox"/> Brick	<input type="checkbox"/> Missing/damaged
<input type="checkbox"/> Wood	<input type="checkbox"/> Not visible	<input type="checkbox"/> Moisture/damage ①
<input type="checkbox"/> Not visible		<input type="checkbox"/> Paneling <input type="checkbox"/> tile <input type="checkbox"/> floor coverings *

Columns:

Unable to inspect walls frame due to furniture cabinets s...

Ventilation: vents blocked vents damaged missing

Comments: N/A

Notice: All structural inspections are performed on a visual basis. The inspector will, at the discretion of the inspector, provide a written report of the condition of the structure. The inspector does not determine the effectiveness of any system installed to control or remove suspected hazardous substances. No engineering is performed during this inspection.*

I 7: ROOF CONSTRUCTION

<input type="checkbox"/> Joists	<input type="checkbox"/> Not functional *	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Trusses	<input type="checkbox"/> Underlayment	<input type="checkbox"/> Anchor bolts installed
<input type="checkbox"/> Ceiling	<input type="checkbox"/> Shear	<input type="checkbox"/> Shear installed
<input type="checkbox"/> Decking	<input type="checkbox"/> Debris under house *	<input type="checkbox"/> No anchor bolts/shear panels ①
<input type="checkbox"/> Moisture stains/damage ② ③	<input type="checkbox"/> Evidence of moisture/water present ② ③	<input type="checkbox"/> Bolts not visible *
<input type="checkbox"/> Probing where deterioration is suspected revealed: <input type="checkbox"/> moisture <input type="checkbox"/> pests <input type="checkbox"/> rot		<input type="checkbox"/> Engineer recommended ①

Joists beams overspanned bearing poorly twisting overnotched cracked rotted ②

Concrete floors: cracked deteriorated settled ①

Insulation: Fiberglass cellulose vermiculite/foam none not visible loose installed incorrectly

Vapor barrier: installed not installed not visible loose installed incorrectly *

Sump pump: Functional Not functional Pump not tested Sump pump needed *

Comments: N/A

Inspection does not determine the effectiveness of any system installed to control or remove suspected hazardous substances. No engineering is performed during this inspection.*

I 8: ATTIC

<input type="checkbox"/> Full	Roof frame:	Ceiling frame:	Access location:
<input type="checkbox"/> Partial	<input type="checkbox"/> Truss	<input type="checkbox"/> Truss	How inspected: <input type="checkbox"/> Entered
	<input type="checkbox"/> Rafters x	<input type="checkbox"/> Joists x	<input type="checkbox"/> Access blocked/small/none
			<input type="checkbox"/> Inspection limited to view from access*
		<input type="checkbox"/> Vent pipe disconnected/terminates ②	

PLUMBING

21: MAIN LINE

<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Cannot determine Size:	Pressure: <input type="checkbox"/> Not Functional * <input type="checkbox"/> Unsafe * <input type="checkbox"/> Deteriorated * <input type="checkbox"/> Near end of lifespan * <input type="checkbox"/> Not fully visible * <input type="checkbox"/> Water softener installed-(water condition/quality not tested) * <input type="checkbox"/> Leaks at water conditioner ②	<input type="checkbox"/> Above 80psi-adjustment required/repair/install regulator Main valve: Location: <input type="checkbox"/> Not located <input type="checkbox"/> On roof <input type="checkbox"/> In crawlspace <input type="checkbox"/> In basement <input type="checkbox"/> In utility room <input type="checkbox"/> In garage <input type="checkbox"/> In kitchen <input type="checkbox"/> In laundry room <input type="checkbox"/> In bathroom <input type="checkbox"/> In bedroom <input type="checkbox"/> In living area <input type="checkbox"/> In other location	<input type="checkbox"/> Appears satisfactory <input type="checkbox"/> N/A
Comments:			

22: SUPPLY LINES

<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Cannot determine	Pressure: <input type="checkbox"/> Not Functional * <input type="checkbox"/> Unsafe * <input type="checkbox"/> Deteriorated * <input type="checkbox"/> Near end of lifespan * <input type="checkbox"/> Not fully visible * <input type="checkbox"/> Minor corrosion * <input type="checkbox"/> Moderate rust/corrosion ② <input type="checkbox"/> Major rust/corrosion ②	<input type="checkbox"/> Above 80psi-adjustment required/repair/install regulator <input type="checkbox"/> Excessive water flow * <input type="checkbox"/> Excessive water flow when using multiple fixtures ② <input type="checkbox"/> Leaks in pipes ② <input type="checkbox"/> Pipes lack support ② <input type="checkbox"/> Loose connection(s) present ② <input type="checkbox"/> Copper/galvanized contact ② <input type="checkbox"/> Uninsulated lines not insulated *	<input type="checkbox"/> Appears satisfactory <input type="checkbox"/> N/A
Comments:			
<small>Not all underground pipes or pipes inside walls can be inspected. For sizing, corrosion, or quality testing or testing for lead is not part of this inspection.* Be advised that some "ABS" plastic piping systems have experienced documented problems. Contact the manufacturer or plumbing expert for further information and evaluation.*</small>			

23: DRAINAGE

<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Cannot determine	<input type="checkbox"/> Not Functional * <input type="checkbox"/> Unsafe * <input type="checkbox"/> Deteriorated * <input type="checkbox"/> Near end of lifespan * <input type="checkbox"/> Not fully visible * <input type="checkbox"/> Minor corrosion * <input type="checkbox"/> Moderate rust/corrosion ② <input type="checkbox"/> Major rust/corrosion ②	<input type="checkbox"/> Pipes lack support ② <input type="checkbox"/> Leaks ② <input type="checkbox"/> Insufficient fall for adequate drainage ② <input type="checkbox"/> Open waste/sewer line ②④ <input type="checkbox"/> Improper/no visible trap/vent ② <input type="checkbox"/> Vent missing/terminates improperly ②	<input type="checkbox"/> Appears satisfactory <input type="checkbox"/> N/A
Comments:			
<small>Not all underground pipes or pipes inside walls can be inspected. For sizing, corrosion, or quality testing or testing for lead is not part of this inspection.* Be advised that some "ABS" plastic piping systems have experienced documented problems. Contact the manufacturer or plumbing expert for further information and evaluation.*</small>			

HEATING/COOLING

26: HEAT DESCRIPTION

Location A:		Location B:		Location C:	
Heating Type	Fuel Type:	Heating Type	Fuel Type:	Heating Type	Fuel Type:
<input type="checkbox"/> Forced air	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Forced air	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Forced air	<input type="checkbox"/> Natural gas
<input type="checkbox"/> Floor/wall/gravity	<input type="checkbox"/> Electric	<input type="checkbox"/> Floor/wall/gravity	<input type="checkbox"/> Electric	<input type="checkbox"/> Floor/wall/gravity	<input type="checkbox"/> Electric
<input type="checkbox"/> Heat pump	<input type="checkbox"/> Propane	<input type="checkbox"/> Heat pump	<input type="checkbox"/> Propane	<input type="checkbox"/> Heat pump	<input type="checkbox"/> Propane
<input type="checkbox"/> Boiler/steam	<input type="checkbox"/> Oil	<input type="checkbox"/> Boiler/steam	<input type="checkbox"/> Oil	<input type="checkbox"/> Boiler/steam	<input type="checkbox"/> Oil
<input type="checkbox"/> Radiant	<input type="checkbox"/> Coal/wood	<input type="checkbox"/> Radiant	<input type="checkbox"/> Coal/wood	<input type="checkbox"/> Radiant	<input type="checkbox"/> Coal/wood
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Comments: _____
 Notice: If a fuel burning heater/furnace is located in a bedroom, we recommend evaluation by a qualified professional and a carbon monoxide detector is required.

27: OVERALL HEATING CONDITION

Heat temperature range:	Temp: <input type="checkbox"/> low <input type="checkbox"/> high ②	Pressure: <input type="checkbox"/> _____ ②
<input type="checkbox"/> Pilot not on/utilities off could not inspect*	<input type="checkbox"/> Did not respond to normal controls ②	System not inspected per manufacturer's instructions with _____ year *
<input type="checkbox"/> Recommend complete system evaluation ②	<input type="checkbox"/> Electronic ignition malfunction ②	Leaks from boiler/furnace/vents ②
<input type="checkbox"/> Unable to locate heat in all rooms *	<input type="checkbox"/> Air leaks at furnace/boiler/vents ②	Condensate lines: _____/leaked *
<input type="checkbox"/> Heater makes unusual noise during operation, further evaluation needed ②	<input type="checkbox"/> Air leaks at _____ ②	Terminals located _____/not found *
Suggest cleaning & servicing: <input type="checkbox"/> blower <input type="checkbox"/> motor _____/system _____/burner _____		Boiler/furnace/vent/condensate pump _____
Condensate lines: <input type="checkbox"/> blocked <input type="checkbox"/> leak <input type="checkbox"/> disconnected _____/icing _____		

Comments: _____ N/A
 Notice: Inspector does not check light pilots. If pilots are "OFF" during inspection, it is recommended that systems be inspected prior to close of transaction.* Verification of the location or condition of these items is the responsibility of the client. Environmental testing is not included.* A

28: CONTROLS

<input type="checkbox"/> Unlabeled controls	<input type="checkbox"/> Thermostat on/loop	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Unlabeled controls	<input type="checkbox"/> Thermostat location	<input type="checkbox"/> Damaged/deterioration/defects *
<input type="checkbox"/> Safety switches missing *	<input type="checkbox"/> Safety switches missing *	<input type="checkbox"/> Leaks/corrosion ②
<input type="checkbox"/> Controls/gauges need repair/replacement		<input type="checkbox"/> Expansion tank-rusted/leaks/water logged ②

Comments: _____ N/A
 Controls are not checked. Timed controls. Adequate capacity or even heat distribution system through the house is not part of this inspection.*

29: VENTING

<input type="checkbox"/> Damaged/deterioration/defects *	<input type="checkbox"/> Vent lacks clearance from combustible ②④
<input type="checkbox"/> Improper vent pipe/chamber ②	<input type="checkbox"/> Improper vent rise/elbow angle ②
<input type="checkbox"/> Vent terminates near window/opening ②④	<input type="checkbox"/> Improper materials used for vent pipe ②④
<input type="checkbox"/> Defective barometric vent damper/induced draft fan ②	

Comments: _____ N/A

30: COMBUSTION AIR

<input type="checkbox"/> Damage/deterioration/defects *	<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Recommend sealing platform at heater base/holes in platform *	
<input type="checkbox"/> Combustion and return air sources are too close or mixing ②④	

Comments: _____ N/A

31: BURNERS **Appears satisfactory**

Closed system/unable to inspect* Damaged chamber/refractory ②④ **Unusual flame pattern** ②④ Soot/charring in burn chamber ② Rust flakes/oil stains in burn chamber ②

Comments:

Notice: The inspector is not equipped to thoroughly inspect heat exchangers for evidence of cracks or holes, as this can only be done by dismantling the unit or other means. This procedure is beyond the scope of this inspection.* Some furnaces are designed in such a way that inspection is almost impossible.* Safety devices are not tested by this inspector.

32: DISTRIBUTION **Appears satisfactory**

Ducts/registers Damaged/missing registers * Insulation damaged/missing Pipes/convector Low air volume ② Zone valve not operating ② Pipes/radiators Asbestos-like materials ④ Electric/baseboard Ducts: damaged crushed disconnected Radiator convector fan: leaking convector Electric baseboard

Comments:

Notice: Asbestos materials have been commonly used in heating systems.* Determining the presence of asbestos should be performed by a laboratory and is beyond the scope of this inspection.* It is suggested that all homes with fuel burning systems have a certified asbestos detector for added safety.

33: AIR FILTERS **Appears satisfactory**

Missing * Wrong size * Suggest replacement * Shut-down * N/A

Comments:

Notice: Electronic air cleaners, humidifiers and de-humidifiers are not inspected by this inspector.* Have them inspected by a qualified individual.*

34: EVAPORATIVE COOLER **Appears satisfactory**

Location(s): not functional * Unit not level * Unit makes an unusual noise ②
 A: 120v not functional * Unit not level * Unit makes an unusual noise ②
 B: 120v not functional * Unit not level * Unit makes an unusual noise ②
 C: 120v not functional * Unit not level * Unit makes an unusual noise ②

Comments: N/A

35: HEAT PUMP/WHOLE HOUSE FAN **Appears satisfactory**

Split system Packaged unit Wall mounted Heat pump-air handler Ground

Refrigerant lines: Lines insulated Insulation damaged/missing * Lines leaking ② Leaking at condenser ② Lines damaged ② Ice on lines

Condensate: Condensate line installed: yes no Condensate line damaged/missing * Condensate line not fully visible * Condensate line subject to freezing * Termination location poor/not found *

Power: One speed fan only * Not level/makes unusual noise ② Temperature differential is incorrect ② Condenser coil: damaged poor air circulation ② Recommend system service * ② 120v 240v Electrical disconnect present: yes no ② Grounding improper/not provided ② Box/conduit improper/loose/missing ② Heat pump auxiliary heat not functional ②

Comments: N/A

ELECTRICAL

36: SERVICE years since installed

<input type="checkbox"/> Overhead	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Ground present: <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Underground	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Ground loose/disconnected ②④
<input type="checkbox"/> Number of conductors: 3	<input type="checkbox"/> Worn *	<input type="checkbox"/> Ground clamp/system not visible
<input type="checkbox"/> 120V *	<input type="checkbox"/> Near end of lifespan *	<input type="checkbox"/> No drip loop on service wires ②
<input type="checkbox"/> 240V/120V	<input type="checkbox"/> Not fully visible *	<input type="checkbox"/> Loose/damaged connections/flashed
<input type="checkbox"/> Amps: 200	<input type="checkbox"/> Conductors too close to: <input type="checkbox"/> ground <input type="checkbox"/> drive <input type="checkbox"/> roof ②④	<input type="checkbox"/> Wires ()
<input type="checkbox"/> Amps not determined	<input type="checkbox"/> Wires: <input type="checkbox"/> frayed <input type="checkbox"/> improper splices <input type="checkbox"/> tap on main service wires to	<input type="checkbox"/> More than six breakers with
Main disconnect location: Panel <input type="checkbox"/> More than six breakers with		

Comments: /A

Notice: Six or fewer breakers usually do not require a main breaker, however, this is required for high-voltage service. If the service amperage is less than 100, upgrade may be needed to operate electrical equipment.

37: ELECTRICAL PANELS years since installed

Location(s)/ratings:	<input type="checkbox"/> Not Functional *	<input type="checkbox"/> Breakers on main-ratio breaker ②④
Main:	<input type="checkbox"/> Unsafe *	<input type="checkbox"/> Missing (full-size) breaker size () charge for wire ②④
B:	<input type="checkbox"/> Not properly labeled	<input type="checkbox"/> Tap - voltage not properly labeled by fuse/breaker ②④
C:	<input type="checkbox"/> Electrical panel not outdoors	<input type="checkbox"/> Pushing up on wires ②④
D:	<input type="checkbox"/> Electrical panel not properly grounded	<input type="checkbox"/> Rust/corrosion ②④
<input type="checkbox"/> Breakers	<input type="checkbox"/> Breakers not properly labeled	<input type="checkbox"/> Loose wires connected ②④
<input type="checkbox"/> Fuses	<input type="checkbox"/> Breakers not properly labeled	<input type="checkbox"/> Safety provided for safety ②④
<input type="checkbox"/> Overcurrent protection devices not properly labeled	<input type="checkbox"/> Breakers not properly labeled	<input type="checkbox"/> Split branch couplers ②④
<input type="checkbox"/> Power not inspected/evaluated	<input type="checkbox"/> Breakers not properly labeled	<input type="checkbox"/> Missing g(s) /missing deadfront covers ②④
<input type="checkbox"/> Panel not properly labeled	<input type="checkbox"/> Breakers not properly labeled	<input type="checkbox"/> Connections ②④
<input type="checkbox"/> Panel not properly labeled	<input type="checkbox"/> Breakers not properly labeled	<input type="checkbox"/> Circuits ②④
<input type="checkbox"/> Panel not properly labeled	<input type="checkbox"/> Breakers not properly labeled	<input type="checkbox"/> (with aluminum wire)
<input type="checkbox"/> Panel not properly labeled	<input type="checkbox"/> Breakers not properly labeled	<input type="checkbox"/> Not labeled ②④

Comments: N/A

38: WIRING METHODS

<input type="checkbox"/> Non-metallic cable	<input type="checkbox"/> Knob and tube
<input type="checkbox"/> Metal/plastic conduit	

Comments: N/A

39: GENERAL ELECTRICAL			Appears satisfactory
<input type="checkbox"/> Sample of fixtures, switches and outlets tested appear satisfactory			
<input type="checkbox"/> Polarity and grounding of outlets within six feet of plumbing fixtures, in garage and on porch appear satisfactory			
<input type="checkbox"/> Furnishings prevent testing of all outlets and switches *			
<input type="checkbox"/> Three prong outlets did not test properly grounded ②④	<input type="checkbox"/> Improper wiring ②④	<input type="checkbox"/> Fixture is unsafe/corroded/missing/damaged ②④	
<input type="checkbox"/> Reverse polarity ②④	<input type="checkbox"/> Exposed splices ②④	<input type="checkbox"/> Light/fan not operational/missing/damaged ②④	
<input type="checkbox"/> Outlet not operational ②④	<input type="checkbox"/> Box cover missing ②④	Ceiling fans: <input type="checkbox"/> operational <input type="checkbox"/> not operational ①	
<input type="checkbox"/> Loose/damaged/miswiring ②④	<input type="checkbox"/> Evidence of overheating/arcing ②④	Ceiling fans: <input type="checkbox"/> vibrates <input type="checkbox"/> does not vibrate ②	
<input type="checkbox"/> Not exterior rated wire/box cover ②④	<input type="checkbox"/> Open Neutral ②④	<input type="checkbox"/> GFCI's responded to test ⑤	
<input type="checkbox"/> Exposed wiring needs protection ②④	<input type="checkbox"/> Extension cord used wiring ②④	<input type="checkbox"/> GFCI receptacle tested ⑤	
<input type="checkbox"/> Missing/damaged cover plates ②④		<input type="checkbox"/> GFCI not operational ②	
		<input type="checkbox"/> GFCI not operational ④	
Comments:			<input type="checkbox"/> N/A

sample

DOORS/WINDOWS

40: ENTRY DOOR(S)		<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Damage/deterioration/defects *	<input type="checkbox"/> No weather stripping *	<input type="checkbox"/> Weather stripping is satisfactory
<input type="checkbox"/> Door rubs/sticks/wont latch/damaged jamb *	<input type="checkbox"/> Hardware is not operational *	<input type="checkbox"/> Hardware is satisfactory
Comments:		<input type="checkbox"/> N/A

41: INTERIOR DOORS		<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Damage/deterioration/defects *	<input type="checkbox"/> Hardware is not operational *	<input type="checkbox"/> Hardware is satisfactory
<input type="checkbox"/> Not operational/missing/loose *	<input type="checkbox"/> Several frames are not square	
<input type="checkbox"/> Door rubs/sticks/wont latch/damaged jamb *	indicate movement	
Comments:		<input type="checkbox"/> N/A

42: EXTERIOR DOORS		<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Sliding glass	Location(s):	<input type="checkbox"/> Hardware is operational
<input type="checkbox"/> French	A:	<input type="checkbox"/> Temporary adjustment *
<input type="checkbox"/> Solid	B:	<input type="checkbox"/> Door difficult to operate *
	C:	<input type="checkbox"/> Door is damaged *
	D:	<input type="checkbox"/> Door rubs/sticks/wont latch/damaged jamb *
Comments:		<input type="checkbox"/> N/A

43: WINDOWS		<input type="checkbox"/> Appears satisfactory
<input type="checkbox"/> Appears satisfactory	<input type="checkbox"/> Sample tested appeared satisfactory	
<input type="checkbox"/> Caulking/glazing deteriorated *	<input type="checkbox"/> Dual-glaze fogged ②	
<input type="checkbox"/> Stains/damage *	<input type="checkbox"/> Screens not checked	
<input type="checkbox"/> Few damaged/missing screens *	<input type="checkbox"/> Many damaged/missing screens *	
Comments:		<input type="checkbox"/> N/A

Checking the operation of all windows is not possible due to temperature, weather, and lighting variations. Check with owner for further information.

INTERIOR

44: INTERIOR WALLS **Appears satisfactory**

<input type="checkbox"/> Drywall	<input type="checkbox"/> Needs repair *	<input type="checkbox"/> No ... found
<input type="checkbox"/> Plaster	<input type="checkbox"/> Moist/dry – stains/damage *	<input type="checkbox"/> Co ... crack
<input type="checkbox"/> Paneling	<input type="checkbox"/> Holes/openings/exposed frame *	<input type="checkbox"/> Ma ... cks ②
<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Recommend review by an engineer ①	<input type="checkbox"/> Na ... *
	<input type="checkbox"/> Furnishings prevent full inspection – do a careful check on your final walkthrough *	

Comments: N/A

Notice: The condition of walls behind wallpaper, paneling and other furnishings cannot be inspected.

45: CEILINGS **Appears satisfactory**

<input type="checkbox"/> Drywall	<input type="checkbox"/> Needs repair *	<input type="checkbox"/> No ... found
<input type="checkbox"/> Acoustic spray	<input type="checkbox"/> Moist/dry – stains/damage ②	<input type="checkbox"/> Co ... crack
<input type="checkbox"/> Ceiling tile	<input type="checkbox"/> Ceiling height appears low *	<input type="checkbox"/> Ma ... cks ②
<input type="checkbox"/> Plaster	<input type="checkbox"/> Recommend review by an engineer ①	<input type="checkbox"/> Na ... *
<input type="checkbox"/> Wood/beam		

Comments: N/A

Notice: Determining whether acoustic sprayed ceilings contain asbestos is beyond the scope of this inspection. For information, contact the National Lung and Occupational Health and Safety Institute or asbestos specialist.

46: FLOORS **Appears satisfactory**

<input type="checkbox"/> Carpet	<input type="checkbox"/> Needs repair *	<input type="checkbox"/> Cracked tiles *
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Uneven areas	<input type="checkbox"/> Loose carpet *
<input type="checkbox"/> Wood	<input type="checkbox"/> ... squeaking	<input type="checkbox"/> Worn *
<input type="checkbox"/> Tile	<input type="checkbox"/> ... end ...	
<input type="checkbox"/> Concrete	<input type="checkbox"/> ...	

Comments: N/A

Notice: ... of wood flooring below carpets is not inspected.*

47: FIREPLACES **Appears satisfactory**

<input type="checkbox"/> Mantel	<input type="checkbox"/> Deteriorated	<input type="checkbox"/> Combustibles close ②④
<input type="checkbox"/> Painted	<input type="checkbox"/> Cracked/loose	<input type="checkbox"/> Doors broken/inoperable *
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Improper gas	<input type="checkbox"/> Flue needs cleaning ②
<input type="checkbox"/> Vent	<input type="checkbox"/> Gas valve in	
<input type="checkbox"/> Insulation	<input type="checkbox"/> Gas operational: <input type="checkbox"/> yes <input type="checkbox"/> no ② <input type="checkbox"/> capped	
	<input type="checkbox"/> Damper operational: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> missing <input type="checkbox"/> spacer needed ④⑤	
	<input type="checkbox"/> Flans/blowers operational: <input type="checkbox"/> yes <input type="checkbox"/> no ②	

Comments: N/A

Notice: Recommend ... when gas logs are present.* Wood and ashes are not moved for inspection. Recommend clearing debris and further evaluation.*

48: SMOKE DETECTORS **Appears satisfactory**

<input type="checkbox"/> Indicator light	<input type="checkbox"/> No response to test button *	<input type="checkbox"/> Test button(s) response
<input type="checkbox"/> ...	<input type="checkbox"/> Not tested	
<input type="checkbox"/> ...	<input type="checkbox"/> Couldn't test/no button *	
<input type="checkbox"/> Smoke detectors ⑤		

Comments: N/A

49: LAUNDRY				<input type="checkbox"/> Appears satisfactory	
<input type="checkbox"/> Garage	Piping (water & waste):	<input type="checkbox"/> OK	<input type="checkbox"/> Corrosion/deterioration *	<input type="checkbox"/> Leaks ②	<input type="checkbox"/> Not viewed/tested*
<input type="checkbox"/> Basement	Electrical outlet:	<input type="checkbox"/> OK	<input type="checkbox"/> Grounded <input type="checkbox"/> Ungrounded*	<input type="checkbox"/> Inoperative ②	<input type="checkbox"/> Not viewed/tested*
<input type="checkbox"/> Service area	240 volt outlet:	<input type="checkbox"/> OK	<input type="checkbox"/> No 240 outlet	<input type="checkbox"/> Inoperative v	<input type="checkbox"/> Not viewed/tested*
	Gas piping:	<input type="checkbox"/> OK	<input type="checkbox"/> No/improper gas valve/line ②	<input type="checkbox"/> No gas	Unable to v
	Dryer venting:	<input type="checkbox"/> OK	<input type="checkbox"/> Vents into attic/crawlspace *	<input type="checkbox"/> Provided	Not prov
	Laundry sink:	<input type="checkbox"/> OK	<input type="checkbox"/> Damage/deterioration *	<input type="checkbox"/> Sink is loose *	Slow dr
	Plumbing below sink:	<input type="checkbox"/> OK	<input type="checkbox"/> Corrosion/deterioration *	<input type="checkbox"/> Leaks ②	Impro
	Faucet:	<input type="checkbox"/> OK	<input type="checkbox"/> Corrosion/deterioration *	<input type="checkbox"/> Faucet leaks ②	Hot/c
Comments:					<input type="checkbox"/> N/A
<p>Notice: Washing machines and dryers are not tested or moved during this inspection – condition of walls or flooring cannot be judged. The inspector does not test v Water supply valves if turned may be subject to leaking.</p>					

50: INTERIOR FEATURES				<input type="checkbox"/> Appears satisfactory	
<input type="checkbox"/> Interior stairs	<input type="checkbox"/> OK	<input type="checkbox"/> Uneven/rise run ②④	<input type="checkbox"/> Too narrow ②④	Too	
<input type="checkbox"/> Handrails	<input type="checkbox"/> OK	<input type="checkbox"/> Improper *	<input type="checkbox"/> Missing* <input type="checkbox"/> L	Open	
<input type="checkbox"/> Wetbar faucet	<input type="checkbox"/> OK	<input type="checkbox"/> Faucet not operational ②	<input type="checkbox"/> Faucet leaks ②	Cold	
<input type="checkbox"/> Wetbar	<input type="checkbox"/> OK	<input type="checkbox"/> Counter is damaged *	<input type="checkbox"/> Icemaker not fur	um	
<input type="checkbox"/> Intercom system	<input type="checkbox"/> OK	<input type="checkbox"/> Not inspected			
<input type="checkbox"/> Security system	<input type="checkbox"/> OK	<input type="checkbox"/> Not inspected			
Comments:					<input type="checkbox"/> N/A

KITCHEN

51: SINK

Dishes block access to sink, could not inspect	A	B	Disposal	Appears satisfactory	<input type="checkbox"/>
Sink # of sinks:	Appears satisfactory	<input type="checkbox"/>	Not functional*		<input type="checkbox"/>
Minor wear			Interior corroded*		<input type="checkbox"/>
Heavy wear/chipped/cracked/damaged*			Blades appear to be frozen/missing ②		<input type="checkbox"/>
Recommend sealing at sink to counter*			Unit makes an unusual noise*		<input type="checkbox"/>
Faucet	Appears satisfactory	<input type="checkbox"/>	Splash guard damaged/missing		<input type="checkbox"/>
Sink/faucet leaks*			Improper wiring ②④		<input type="checkbox"/>
Low water volume*			Loose/missing wire ch...		<input type="checkbox"/>
Hot & cold water reversed ④			Switch is in a hazard...		<input type="checkbox"/>
Corrosion/damage at sink faucet/fixtures*			Exposed wire splice...		<input type="checkbox"/>
Constant dripping*			Missing ground bo...		<input type="checkbox"/>
Drain	Appears satisfactory	<input type="checkbox"/>	Under the sink	Appears satisfactory	<input type="checkbox"/>
Slow draining*			Complete mag...		<input type="checkbox"/>
Rust/corroded drain line*			...poly v...		<input type="checkbox"/>
Drain stopper non-functional/missing*			sup...		<input type="checkbox"/>
Improper drain trap ②			stus/d...		<input type="checkbox"/>
Leaking drain line*			stric...		<input type="checkbox"/>
Comments:					<input type="checkbox"/> N/A

52: CABINETS / COUNTERS

Counter	Appears satisfactory	<input type="checkbox"/>	Cabinets	Appears satisfactory	<input type="checkbox"/>
Minor wear*		<input type="checkbox"/>	Minor wear*		<input type="checkbox"/>
Moderate wear*		<input type="checkbox"/>	Moderate wear*		<input type="checkbox"/>
Heavy wear/chipped/cracked/damaged*		<input type="checkbox"/>	Heavy wear/chipped/cracked/damaged*		<input type="checkbox"/>
Grout/caulk needed at counter		<input type="checkbox"/>	Grout/caulk needed at cabinets*		<input type="checkbox"/>
Comments:					<input type="checkbox"/> N/A

53: APPLIANCES		A	B	
Ovens	# of ovens:	Appears satisfactory		<input type="checkbox"/>
<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination	<input type="checkbox"/> Electronic Ignition	
Free-standing oven – not tested*		<input type="checkbox"/>	<input type="checkbox"/>	
Unable to inspect (power/gas off)*		<input type="checkbox"/>	<input type="checkbox"/>	
Not functional*		<input type="checkbox"/>	<input type="checkbox"/>	
Heavy corrosion/wear*		<input type="checkbox"/>	<input type="checkbox"/>	
Oven door damaged*		<input type="checkbox"/>	<input type="checkbox"/>	
Oven door does not close properly*		<input type="checkbox"/>	<input type="checkbox"/>	
Cracked glass in door ②④		<input type="checkbox"/>	<input type="checkbox"/>	
Door gasket damaged*		<input type="checkbox"/>	<input type="checkbox"/>	
Clock not functional*		<input type="checkbox"/>	<input type="checkbox"/>	
Range/Cooktop		Appears satisfactory		<input type="checkbox"/>
<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination	<input type="checkbox"/> Electronic Ignition	
Ranges/cooktops not inspected*		<input type="checkbox"/>	<input type="checkbox"/>	
Unable to inspect (power/gas off)*		<input type="checkbox"/>	<input type="checkbox"/>	
Not functional*		<input type="checkbox"/>	<input type="checkbox"/>	
Burner not functional*		<input type="checkbox"/>	<input type="checkbox"/>	
Heavy corrosion/wear*		<input type="checkbox"/>	<input type="checkbox"/>	
Gas shutoff valve not installed ②④		<input type="checkbox"/>	<input type="checkbox"/>	
Gas valve inoperable*		<input type="checkbox"/>	<input type="checkbox"/>	
Fan/hood not installed*		<input type="checkbox"/>	<input type="checkbox"/>	
Fan/hood inoperative ②		<input type="checkbox"/>	<input type="checkbox"/>	
Fan/hood dirty/		<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher		Appears satisfactory		<input type="checkbox"/>
Unable to test – water/power off*		<input type="checkbox"/>	<input type="checkbox"/>	
Not functional*		<input type="checkbox"/>	<input type="checkbox"/>	
Rust/damage *		<input type="checkbox"/>	<input type="checkbox"/>	
Soap dish inoperative*		<input type="checkbox"/>	<input type="checkbox"/>	
Washer arm appears faulty ②		<input type="checkbox"/>	<input type="checkbox"/>	
Unit is not secured to cabinet*		<input type="checkbox"/>	<input type="checkbox"/>	
Leaking seals*		<input type="checkbox"/>	<input type="checkbox"/>	
Door won't open properly		<input type="checkbox"/>	<input type="checkbox"/>	
Leaking not inspected*		<input type="checkbox"/>	<input type="checkbox"/>	
Drain line is not properly installed ②		<input type="checkbox"/>	<input type="checkbox"/>	
to meet code		<input type="checkbox"/>	<input type="checkbox"/>	
device		<input type="checkbox"/>	<input type="checkbox"/>	
properly installed		<input type="checkbox"/>	<input type="checkbox"/>	
not inspected*		<input type="checkbox"/>	<input type="checkbox"/>	
gap closed		<input type="checkbox"/>	<input type="checkbox"/>	
con		Appears satisfactory		<input type="checkbox"/>
action		<input type="checkbox"/>	<input type="checkbox"/>	
wave		Appears satisfactory		<input type="checkbox"/>
action		<input type="checkbox"/>	<input type="checkbox"/>	
pu		Appears satisfactory		<input type="checkbox"/>
not inspected*		<input type="checkbox"/>	<input type="checkbox"/>	
ho		Appears satisfactory		<input type="checkbox"/>
installed-not inspected*		<input type="checkbox"/>	<input type="checkbox"/>	
ent				<input type="checkbox"/> N/A

BATHROOM(S)

LOCATION(S): A: _____ B: _____ C: _____ D: _____

54: TOILET

	A	B	C	D		A	B	C	D
Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet loose at floor*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrosion/leaking supply line*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend new wax seal/caulking at base*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose/leaking toilet tank*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water runs continually in tank*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracked tank/cover/bowl/base*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not flush properly*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rust/foreign material in toilet/tank*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture/stains around toilet ②	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

55: SINK/CABINET

	A	B	C	D		A	B	C	D
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Under Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink cracked/damaged*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrosion/damage to underside of sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaks on supply line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrosion of valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink/faucet leaks*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	More staining/damage to sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low water volume*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low water volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot & cold water reversed ④	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water & Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion/damage at sink faucet/fixtures *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constant dripping ②	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine condition to correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking needed at sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine condition to correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slow draining *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rust/corroded drain line *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain stopper non-functional/missing *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improper drain trap ②	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

56: JET/BUBBLER

	A	B	C	D		A	B	C	D
Bubbler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whirlpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable to this bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable to this bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage/deterioration to tub*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whirlpool non-functional ②	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion/damaged tub to floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whirlpool jets/pipes/motor need cleaning*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture/stains on wall/floor ④	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whirlpool not tested*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink/faucet leaks*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slow draining*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low water volume*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rust/corroded drain*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot & cold water reversed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain stopper non-functional/missing*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion/damage at faucet/fixtures ②	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper drain trap*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constant dripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									

57: SHOWER

	A	B	C	D		A	B	C	D
Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable to this bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors difficult to operate/does not seal*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage/deterioration to shower walls*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken glass enclosure*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower needs grout/caulking*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corroded/damaged door/enclosure*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Moisture damage at wall/floor ②③	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glass does not appear to be tempered*	<input type="checkbox"/>	<input type="checkbox"/>
Cracked/broken/missing/loose tiles*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulking needed at doors/enclosure*	<input type="checkbox"/>	<input type="checkbox"/>
Faucet	Appears satisfactory				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink/faucet leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain	Appears satisfactory	
Low water volume ②	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slow draining*	<input type="checkbox"/>	<input type="checkbox"/>
Hot & cold water reversed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rust/corroded drain*	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion/damage at faucet/fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper drain trap	<input type="checkbox"/>	<input type="checkbox"/>
Shower diverter not functional ②	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Constant dripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
Notice: Determining whether shower pans are watertight is beyond the scope of this inspection.* Saunas, steam							

58: VENT/HEAT										
	A	B	C	D						
Appears satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Exhaust fan did not operate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan make	equal no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window is broken/not operational*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inst	xhaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No/inadequate ventilation/heat*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:										
<input type="checkbox"/> N/A										

GARAGE

Attached Detached Carport
 Occupants' belongings block view of entire garage/conversion room – unable to fully inspect.

59: FLOOR Appears satisfactory

Not fully visible Possible flammable material on floor ④ No nails found
 Poor drainage Damage/deterioration/defects* Concrete cracks
 Floor raised/settled* Major cracks ①

Comments: _____

60: WALLS/CEILING Appears satisfactory

Not fully visible Wall ceiling attic access Older drywall app ④
 Holes/damage/missing covering * Moisture stains/damage on w floor lost *
 Framing: sagging bowed damaged altered ② Exterior walls soffit m: d d/de ted ③

Comments: _____

Notice: Framing, wiring and piping covered with drywall cannot be inspected

61: DOOR TO LIVING SPACE Appears satisfactory

Solid Weatherstrip/threshold Weatherstripping satisfactory
 Rated door Hardware is not oper Hardware is operational
 Hollow core (non-fire resistive) Door rubs/sticks jam Door is bedroom ④
 Pet door in ④
 Self close open g us adjustment *

Comments: _____

Notice: Det is bey cope c N/A

62: EXTERIOR DOOR Appears satisfactory

Damage/deterioration/defects* Weatherstripping missing Weather stripping is satisfactory
 Door is not latched * Hardware not operational* Hardware is operational

Comments: _____ N/A

63: ATTACHED GARAGE DOOR Appears satisfactory

Damaged/deteriorated/defects* Springs loose/damaged*
 Door is not latched * Extension rods loose*
 Door is not adjusted/balancing* Safety springs installed*
 Vehicle are could not test* Not safety type springs ④⑤
 Broken springs/safety wire ②④
 Rollers/tracks damaged ②

Comments: _____ N/A

64: AUTOMATIC GARAGE DOOR OPENER(S) Appears satisfactory

of units: _____ Oper reverse not tested Unit needs adjustment/lubrication Auto-reverse satisfactory
 Unit is not securing Electronic sensor not functional Auto reverse not operational
 Unit is disconnected Electronic sensor missing

Comments: _____ N/A

65: ELECTRICAL		<input type="checkbox"/> Appearance satisfactory
<input type="checkbox"/> Not fully visible	<input type="checkbox"/> Damage/deterioration/defects	<input type="checkbox"/> Junction boxes missing or not properly covered
<input type="checkbox"/> Some outlets are inaccessible	<input type="checkbox"/> Improper wiring	<input type="checkbox"/> GFCI receptacles not tested/operational
<input type="checkbox"/> Outlets not functional	<input type="checkbox"/> Exposed wiring subject to damage	<input type="checkbox"/> Open grounds
<input type="checkbox"/> Loose/damaged outlet/cover	<input type="checkbox"/> Extension cords used as permanent wiring	<input type="checkbox"/> Reverse polarity
	<input type="checkbox"/> Open splices	<input type="checkbox"/> Improperly installed or missing light fixtures
Comments:		

66: VENTILATION		<input type="checkbox"/> Appearance satisfactory
<input type="checkbox"/> Blocked/none*	<input type="checkbox"/> Window damaged/inoperative*	<input type="checkbox"/> Screens missing/damaged
Comments:		

sample