

# Lighthouse Home Inspection Report

The main purpose of the Lighthouse home inspection is to provide clients with a better understanding as to the general condition of the home. A visual inspection of the building and its immediate grounds has been conducted in accordance with the pre-inspection agreement and the standards of practice in the home inspection industry. The facing pages outline general information and the Lighthouse standard of practice. This information forms an integral component of the inspection results and should be reviewed thoroughly in conjunction with the personalized sections of the report. The home inspection report is confidential and was prepared for the exclusive use of the client as identified in the agreement.

## Summary

Address of Inspection: 233 Belsize Dr. Toronto  
 Date of Inspection: Mar. 30/16 Approximate start time: 10:10 A.M. P.M. (circle) stop time 12:45 A.M. P.M. (circle)  
 Recent WEATHER conditions: rainy, windy Rain past 3 days:  Yes \_\_\_ Light \_\_\_ No  
 Weather at start of inspection: sunny, cloudy Ground Condition  Wet \_\_\_ Dry \_\_\_ Snow \_\_\_  
 Approximate outside temperature during the inspection +3 C. & prior to inspection 0 C.  
 Front of Building facing:  North \_\_\_ South \_\_\_ East \_\_\_ West In Attendance:  Client \_\_\_ Homeowner \_\_\_ Other \_\_\_  
 General Accessibility: \_\_\_ Excessive storage \_\_\_ Construction in progress \_\_\_ Systems winterized \_\_\_  
 \_\_\_ Utilities turned off \_\_\_ Occupied room or section \_\_\_ Access denied \_\_\_ Other \_\_\_

## Reference: Item & Page Number

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Please note some deficiencies in the home may not be included on this summary page. Items that do not pose immediate safety hazards may be observed and omitted from this page.

The overall, general habitability of this home, taking into account the entire report, is in the opinion of the inspector:

*Excellent home, great shape. Nicely updated, well done.* 905-271 6381

If you have any questions, we encourage you to contact your inspector at

## General Structure & Roofing

<p style="text-align: center;"><b>Building Style</b></p> <p> <input type="checkbox"/> Detached  <input checked="" type="checkbox"/> Semi- Detached  <input type="checkbox"/> Townhouse  <input type="checkbox"/> Condominium / Apartment    <input type="checkbox"/> Bungalow  <input checked="" type="checkbox"/> 2 Storey  <input type="checkbox"/> Split Level  <input type="checkbox"/> 2nd floor extends out beyond 1st floor    <b>Estimated Age:</b> <input type="checkbox"/> Under 10 years  <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-60 <input type="checkbox"/> 60+ <input checked="" type="checkbox"/> over 70 years    <b>Occupancy:</b> <input checked="" type="checkbox"/> Occupied <input type="checkbox"/> Vacant    <b>General Construction:</b>  <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> Masonry         </p>	<p style="text-align: center;"><b>Roofing</b></p> <p> <b>Roof Style(s)</b> <input checked="" type="checkbox"/> Gable <input type="checkbox"/> Shed <input type="checkbox"/> Hip <input type="checkbox"/> Flat  <input type="checkbox"/> Mansard <input type="checkbox"/> Gambrel <input type="checkbox"/> Ridge <input type="checkbox"/> Pitched    <b>Roof Covering(s)</b> <input checked="" type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tar &amp; Gravel  <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Rolled <input type="checkbox"/> Slate / Clay Tiles    <b>Estimated life span:</b> <input type="checkbox"/> Younger <input checked="" type="checkbox"/> Mid-life  <input type="checkbox"/> Older or End of useful life  <b>Number of layers:</b> <input type="checkbox"/> 1    <b>Inspection Method:</b> <input checked="" type="checkbox"/> From ground with binoculars  <input checked="" type="checkbox"/> from a window <input checked="" type="checkbox"/> from roof edge    <b>Identified the following conditions:</b>  <input type="checkbox"/> lifting / clawing / cupping / curling <input type="checkbox"/> bubbling <input type="checkbox"/> dirty  <input type="checkbox"/> particulate releasing <input type="checkbox"/> dried, brittle / crumbling  <input type="checkbox"/> broken / missing parts <input type="checkbox"/> other roof covering deterioration  <input type="checkbox"/> excessive moss or mold growing on roof  <input type="checkbox"/> waves and dips noted between structural members, see ATTIC section of report    <b>Younger roof covering indicators:</b>  <input type="checkbox"/> clean <input type="checkbox"/> fresh colour <input type="checkbox"/> laying smooth    <b>Inspection Limitations:</b>            The _____ portion of roof was not visible to the inspector and should be inspected by a roofing contractor to determine condition    <input type="checkbox"/> Roofing is mostly snow covered  <input type="checkbox"/> Flat roof is covered by decking and could not be inspected    <b>Leaks see Moisture and water penetration in ATTIC section of report.</b>    <b>Course of Action</b>  <input type="checkbox"/> Recommend roofing contractor reroof  <input type="checkbox"/> Recommend roofer _____         </p>
<p style="text-align: center;"><b>Flashing</b></p> <p> <b>Material</b> <input type="checkbox"/> None noted <input checked="" type="checkbox"/> unknown metal  <input checked="" type="checkbox"/> Rubberized membrane <input type="checkbox"/> Galvanized  <input type="checkbox"/> Material not determined  <b>Defects:</b> <input type="checkbox"/> Appears to be patched  <input type="checkbox"/> Pieces damaged / loose <input type="checkbox"/> Pieces missing  <input type="checkbox"/> From interior, stains or wet spots indicate possible leaking at or near flashing    <b>Course of Action:</b> _____            _____         </p>	<p style="text-align: center;"><b>Skylights &amp; Roof Windows</b></p> <p> <input checked="" type="checkbox"/> None noted on exterior of house  <b># of units noted</b> _____  <b>Type:</b> <input type="checkbox"/> Domed <input type="checkbox"/> Flush <input type="checkbox"/> Roof Curb identified  <b>Material:</b> <input type="checkbox"/> glass <input type="checkbox"/> plastic <input type="checkbox"/> unknown material  <input type="checkbox"/> Patching noted around unit on roof  <input type="checkbox"/> Evidence of condensation noted  <b>Caulking around unit:</b> <input type="checkbox"/> appears adequate  <input type="checkbox"/> missing or damaged, recommend repair  <b>Defects noted:</b> <input type="checkbox"/> Cracked  <b>Glazing:</b> <input type="checkbox"/> double or triple <input type="checkbox"/> single, requires repair  <i>Skylights and Roof Windows are also identified on Interior section of report.</i> </p>
<p style="text-align: center;"><b>Soffit &amp; Fascia</b></p> <p> <b>Soffit:</b> <input checked="" type="checkbox"/> aluminum <input type="checkbox"/> wood <input type="checkbox"/> plastic  <input type="checkbox"/> Painted <input type="checkbox"/> Paint deteriorated <input type="checkbox"/> Mould  <input type="checkbox"/> Rotted <input type="checkbox"/> loose <input type="checkbox"/> evidence of leaks <input type="checkbox"/> rust <input type="checkbox"/> corrosion  <b>Fascia:</b> <input checked="" type="checkbox"/> aluminum <input type="checkbox"/> wood <input type="checkbox"/> plastic  <input type="checkbox"/> Painted <input type="checkbox"/> Paint deteriorated <input type="checkbox"/> Mould  <input type="checkbox"/> Rotted <input type="checkbox"/> loose <input type="checkbox"/> evidence of leaks <input type="checkbox"/> rust <input type="checkbox"/> corrosion         </p>	
<p><b>Additional Comments or Issues:</b></p>   	

**Course of Action: Have a roofing or other appropriate contractor repair any deficiencies noted above.**

# Chimneys & Roof Drainage

## Chimney

Brick \_\_\_ Block \_\_\_ Stone \_\_\_ Metal

Chimney is covered, limiting inspection

Clearance sufficient above roof

\_\_\_ Chimney saddle on roof above chimney

Number of chimney(s) 2

High Efficiency exhaust

\_\_\_ Missing or loose mortar \_\_\_ Cracks

Flue liner  observed \_\_\_ cracked \_\_\_ missing

Clean-out: located \_\_\_\_\_

\_\_\_ operable \_\_\_ Unable to operate, have repaired

Clean-out \_\_\_ Dirty \_\_\_ Damaged \_\_\_ Blocked

Chimney cap / wash  observed \_\_\_ Broken / damaged

Cap overhanging to protect brick \_\_\_ None noted

Rain Cap / Spark Arrester \_\_\_ None noted

Defects Observed:

\_\_\_ Cracked \_\_\_ Loose \_\_\_ Damaged

\_\_\_ Deteriorated \_\_\_ not visible

Flashing at chimney \_\_\_ secure

\_\_\_ Loose \_\_\_ Damaged, repair / reseal / replace

\_\_\_ BEFORE USE, have chimney sweep clean, further evaluate & repair as needed.

\_\_\_ Temporary / non-standard repair observed, recommend mason evaluate and repair as needed.

Course of Action: \_\_\_\_\_

## Exterior Ventilation

Types: \_\_\_ Gable End Vents  Ridge Vent  Soffit Vent

\_\_\_ Windows \_\_\_ Attic fan(s) \_\_\_ Roof vents \_\_\_ Turbines

\_\_\_ Self opening & closing louvered vents.

Side Walls:

No evidence noted to indicate need to increase ventilation

\_\_\_ Spalling brick \_\_\_ Mould/mildew spores

\_\_\_ Peeling or stained paint on exterior siding seems to indicate more ventilation is needed in side walls for the house to breathe better

Course of Action:

\_\_\_ Recommend adding ventilation

## Drainage

\_\_\_ Nothing noted to direct roof run off

\_\_\_ On roof diverters were noted

### Gutters and Downspouts

Material:  Aluminum \_\_\_ Copper \_\_\_ Plastic \_\_\_ Other metal

Defects:

\_\_\_ Loose \_\_\_ Broken \_\_\_ Out of adjustment

\_\_\_ Remove debris which is sticking out of system

\_\_\_ Stains over outer gutter edge indicate overflow, system may be clogged or undersized

Leaking observed at:

\_\_\_ Drains \_\_\_ Downspouts \_\_\_ Corners of gutters

Discharge:

Discharges onto ground

\_\_\_ Discharge extended 6 feet from foundation

\_\_\_ Discharges into pipe or hole in ground

\_\_\_ Did \_\_\_ Did not determine where pipe exits

\_\_\_ Recommend change to ground discharge

Sufficient number of downspouts

Add downspout at: \_\_\_ Front \_\_\_ Rear \_\_\_ Left \_\_\_ Right side

\_\_\_ Downspouts blocked

Gutters:

\_\_\_ Rusty \_\_\_ Holding water (adjust)

\_\_\_ Clean gutters

Course of Action:

\_\_\_ Recommend add / adjust splash blocks

\_\_\_ Recommend add extensions to downspouts to direct water farther away from foundation

\_\_\_ Recommend redirect water discharge off lower roof – connect with lower gutters or direct to ground discharge

\_\_\_ Downspout missing, re-install

\_\_\_ Water penetration noted, make appropriate repairs

\_\_\_ Have the appropriate type of contractor make repairs as needed to the above components

Additional Comments or Issues:

Course of Action: Have a roofing, masonry, or other appropriate contractor evaluate and repair as needed.

## Vehicle Parking

Driveway	Garage
<p> <input type="checkbox"/> None noted <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Stone or gravel  <input type="checkbox"/> Interlock _____                 </p> <p> <b>Defects noted:</b>  <input type="checkbox"/> Depressions or holes pose a trip or safety hazard and should be corrected.  <input type="checkbox"/> Slope to building directing water to building or into garage, should be corrected.  <input type="checkbox"/> Trench drain should be added across width of garage  <input type="checkbox"/> Crumbled/damaged surface may indicate water damage from under driveway surface.                 </p> <p> <i>Course of Action:</i> _____                      _____                 </p>	<p> <input checked="" type="checkbox"/> None Noted                 </p> <p> <b>Estimated Size:</b> _____ Car(s)                      Bays are: _____ side by side _____ tandem  <input type="checkbox"/> Attached _____ living space above  <input type="checkbox"/> Semi-detached _____ Detached                      Interior accessed: _____ Yes _____ No because _____                      Visibility limited by: _____ Parked car _____ Storage                 </p> <p> <b>Floor:</b> _____ Concrete _____ Asphalt _____ Dirt                      _____ normal condition                      Defects: _____ Cracks _____ Depressions _____ Oil stained                      _____ Deteriorated surfaces                 </p> <p> <b>Walls:</b> _____ Masonry _____ Wood framed                      Framing _____ exposed to view _____ blocked by storage / walls finished                      _____ Exterior finishes deteriorated, replace                 </p> <p> <b>Automobile doors:</b> _____ Overhead _____ Swinging                      Number: _____ such doors  <input type="checkbox"/> Operated _____ Not-operated, because _____                      Electric opener _____ noted                      _____ operated _____ not operated, because _____                      Applied resistance and door _____ did _____ did not stop or reverse, as expected. _____ Adjust sensor                      _____ Missing safety cables inside of overhead garage doors springs, have contractor install.                 </p> <p> <b>Man doors:</b> _____ into house _____ to exterior                      # _____ doors _____ operated  <input type="checkbox"/> Replace weather seal _____ Requires proper step(s)                      Self Closing door? _____ Yes _____ No _____ Add                      _____ Not operated, because _____                      Results: _____                 </p> <p> <b>Windows:</b> _____ None _____ fixed _____ operational                      _____ Not tested, because _____                      Results: _____                 </p> <p> <b>Roof underside:</b> _____ Framing and sheathing exposed to view from inside _____ Drywall _____ Stored items restrict viewing                      _____ Enclosed attic: _____ Access _____ No access                      Entered _____ Yes _____ No                 </p> <p> <b>Water Penetration:</b> _____ Water stains noted                      _____ Water leaking through _____ Damaged members                 </p> <p> <b>Gas-Proofing:</b> _____ Seal any openings in the finishing materials to minimize the potential for gas entry into the home                 </p>
Other Parking Area	
<p> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Not determined <input type="checkbox"/> On street  <input type="checkbox"/> Off street _____ Common parking area                 </p>	
Carport	
<p> <input checked="" type="checkbox"/> None Noted                 </p> <p> <b>Size:</b> _____ Car(s)  <input type="checkbox"/> Attached _____ Semi-detached _____ Detached  <input type="checkbox"/> Visibility clear  <input type="checkbox"/> Visibility obstructed by: _____ Parked car _____ Storage                 </p> <p> <b>Floor:</b> _____ Concrete _____ Asphalt _____ Dirt _____                      _____ Normal condition                      Defects: _____ Cracks _____ Depressions _____ Oil Stained                      _____ Deteriorate surfaces                 </p> <p> <b>Walls:</b> _____ Vertical supports only _____ Open to weather                      _____ Enclosed on # _____ sides                 </p> <p> <b>Roof underside:</b> _____ Framing and sheathing exposed to view from inside _____ Stored items restrict viewing                 </p> <p> <b>Water Penetration:</b> _____ Water stains                      _____ Water leaking through _____ Damaged members                 </p> <p> <b>Attic:</b> _____ Enclosed attic: _____ Access _____ No access                      Entered _____ Yes _____ No                 </p> <p> <i>Course of Action:</i> _____                      _____                 </p>	
<p><b>Additional Comments or Issues:</b></p>  	

*Course of Action: Have a home improvement or other appropriate contractor evaluate and repair as needed.*

# Exterior

<h3>Wall Finishes</h3> <p>Location: <input type="checkbox"/> All <input checked="" type="checkbox"/> Main Floor <input checked="" type="checkbox"/> Upper floor <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input checked="" type="checkbox"/> Brick / Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum/Vinyl <input type="checkbox"/> Stucco <input type="checkbox"/> Cement board <input type="checkbox"/> EIFS (Exterior Insulation and Finish System) Evidence of Condensation present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No General Condition <input checked="" type="checkbox"/> Typical <input type="checkbox"/> deteriorated <input type="checkbox"/> Repairs Required _____</p> <p>Location: <input type="checkbox"/> All <input checked="" type="checkbox"/> Main Floor <input type="checkbox"/> Upper floor <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Aluminum/Vinyl <input type="checkbox"/> Stucco <input type="checkbox"/> Cement board <input type="checkbox"/> EIFS Evidence of Condensation present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No General Condition <input checked="" type="checkbox"/> Typical <input type="checkbox"/> deteriorated <input type="checkbox"/> Repairs Required _____</p> <p><input checked="" type="checkbox"/> Finish too close to grade, repair</p> <p><input type="checkbox"/> Vines, shrubs, trees or other planting obscuring the view of the wall finish. These plantings will restrict the inspection scope and may be hiding significant defects.</p>	<h3>Foundation Walls</h3> <p><input type="checkbox"/> Poured Concrete <input type="checkbox"/> Block &amp; Mortar <input type="checkbox"/> Stone &amp; Mortar <input type="checkbox"/> Brick &amp; Mortar <input type="checkbox"/> Wood <input type="checkbox"/> Stucco over unknown</p> <p>Defects: <i>(none visible)</i> <input type="checkbox"/> Cracks observed were smaller, monitor over time <input type="checkbox"/> Larger cracks were observed, recommend repair</p> <p><input type="checkbox"/> Vines, shrubs, trees or other planting obscuring the view of the foundation. These plantings will restrict the inspection scope and may be hiding significant defects.</p>
<h3>Windows</h3> <p><input type="checkbox"/> Normal condition for age of house <input checked="" type="checkbox"/> Upgraded <input type="checkbox"/> Storms <input type="checkbox"/> Screens <input type="checkbox"/> Some may be missing <input type="checkbox"/> Loose or missing glazing should be replaced <input type="checkbox"/> Loose or missing caulk, have recaulked Trim, Observed: <input type="checkbox"/> Mould <input type="checkbox"/> Decay / rot <input type="checkbox"/> Re-seal sills</p>	<h3>Structural</h3> <p><input checked="" type="checkbox"/> No major structural defect evidence was noted, appears in normal condition for its age <input type="checkbox"/> Major structural defect evidence was noted, as described:</p> <p>Course of Action: _____</p>
<h3>Window Wells</h3> <p><input checked="" type="checkbox"/> None noted <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Uncovered <input type="checkbox"/> Covered</p> <p>Defects: <input type="checkbox"/> Broken <input type="checkbox"/> Cracked <input type="checkbox"/> Crumbling <input type="checkbox"/> Flooded <input type="checkbox"/> Damaged cover <input type="checkbox"/> Water Stains inside windows indicating poor drainage</p> <p>Course of Action: <input type="checkbox"/> Recommend adding well for drainage <input type="checkbox"/> Cover should be installed/repared to keep water out. <input type="checkbox"/> Close down openings for safety <input type="checkbox"/> Re-secure to wall <input type="checkbox"/> Grade in well too high, lower</p>	<h3>Doors</h3> <p><input type="checkbox"/> Solid <input checked="" type="checkbox"/> Hollow core <input type="checkbox"/> French doors <input type="checkbox"/> Sliding glass <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> fiberglass / composite <input checked="" type="checkbox"/> Open &amp; close as expected <input type="checkbox"/> Need adjustments to operate as expected <input type="checkbox"/> Broken door or parts need repairing/replacing <input type="checkbox"/> Missing/broken hardware to be installed/replaced/repared. <input type="checkbox"/> Reseal frames</p> <p>Storm doors Operated: <input type="checkbox"/> open &amp; close as expected <input type="checkbox"/> Doors require adjustment to operate as expected Trim, Observed: <input type="checkbox"/> Mould <input type="checkbox"/> Decay / rot</p> <h3>Wood to Soil Contact</h3> <p><input type="checkbox"/> was <input checked="" type="checkbox"/> was not observed</p> <p>Location: _____</p> <p>Course of Action: _____ <input type="checkbox"/> Remove all decayed wood and raise any wood structure onto concrete pavers as possible</p>
<h3>Storage</h3> <p><input type="checkbox"/> Excessive storage at side of building, have removed <input type="checkbox"/> Wood piles against building, have removed, may provide home to animals and insects.</p>	
<p>Additional Comments or Issues:</p>	

Course of Action: Have an engineer, Pest Control or other appropriate contractor rectify any deficiencies noted above

## Additions

<p style="text-align: center;"><b>Main Entry</b></p> <p>Location: <u>front</u></p> <p><input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Porch of <input checked="" type="checkbox"/> wood <input type="checkbox"/> concrete  <input type="checkbox"/> stone with steps <input type="checkbox"/> walls enclose area  <input type="checkbox"/> Deteriorated/damaged steps / supports pose safety hazard          # <u>4</u> steps down from porch  <input checked="" type="checkbox"/> Step rise(s) too high / uneven, adjust</p> <p>Handrails/guardrails: <u>(low)</u>  <input type="checkbox"/> None noted <input type="checkbox"/> Recommend add for safety  <input type="checkbox"/> Loose or unsafe, recommend repair for safety</p>	<p style="text-align: center;"><b>Deck and Balcony</b></p> <p><input checked="" type="checkbox"/> None noted          Location: _____  <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete</p> <p># _____ Steps to grade  <input type="checkbox"/> Too close to grade to look under  <input type="checkbox"/> Close to grade could only see under some sections  <input type="checkbox"/> Sufficiently above grade to get under and look  <input type="checkbox"/> No access below: Blocked by _____ Stored items  <input type="checkbox"/> Plant growth _____ Elements(Snow, ice, water)</p> <p>Defects:  <input type="checkbox"/> Uneven surfaces pose a trip hazard  <input type="checkbox"/> No bolts noted to attach to house _____ Bolt to framing  <input type="checkbox"/> Install missing / additional joist supports  <input type="checkbox"/> Support columns not attached to foundation  <input type="checkbox"/> Take steps to reduce sway or deflection noted  <input type="checkbox"/> Wooden piles / supports below soil, raise above soil level  <input type="checkbox"/> Wood flooring and/or structure deteriorated  <input type="checkbox"/> Improve supports as required</p> <p>Handrails/guardrails:  <input type="checkbox"/> None noted <input type="checkbox"/> Recommend add for safety  <input type="checkbox"/> Feel loose <input type="checkbox"/> Broken <input type="checkbox"/> Close down openings for safety</p>
<p style="text-align: center;"><b>Walkways</b></p> <p><input type="checkbox"/> None noted</p> <p>To Main entry: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Pavers  <input type="checkbox"/> Slate <input type="checkbox"/> Gravel <input type="checkbox"/> Interlock / brick _____  <input type="checkbox"/> Uneven/broken surfaces pose trip hazard</p> <p>Other walks: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Pavers  <input type="checkbox"/> Slate <input type="checkbox"/> Gravel <input type="checkbox"/> Interlock / brick _____  <input type="checkbox"/> Uneven/broken surfaces pose trip hazard</p>	<p style="text-align: center;"><b>Patio</b></p> <p><input type="checkbox"/> None noted</p> <p>Location: <u>rear yard</u>  <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Stone <input type="checkbox"/> Interlock  <input type="checkbox"/> Uneven/broken surfaces noted which pose trip hazard</p>
<p style="text-align: center;"><b>Secondary Entry</b></p> <p><input type="checkbox"/> None noted</p> <p>Location: <u>rear yard</u></p> <p><input checked="" type="checkbox"/> Concrete slab <input type="checkbox"/> Porch of _____ wood <input type="checkbox"/> concrete  <input type="checkbox"/> stone with steps <input type="checkbox"/> walls enclose area  <input type="checkbox"/> Deteriorated/damaged steps / supports pose safety hazard          # <u>1</u> steps down from porch  <input type="checkbox"/> Step rise(s) too high / uneven, adjust  <input type="checkbox"/> Exterior below grade entry noted _____ requires proper step(s)  <input type="checkbox"/> Requires proper drain</p> <p>Handrails/guardrails:  <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Recommend add for safety  <input type="checkbox"/> Loose or unsafe, recommend repair for safety</p>	<p style="text-align: center;"><b>Retaining Walls</b></p> <p><input checked="" type="checkbox"/> None noted / decorative only  <input type="checkbox"/> Wooden: _____ Pressure treated  <input type="checkbox"/> Unknown if pressure treated _____ Appear untreated  <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Brick  <input type="checkbox"/> Mortar joints observed</p> <p>Drainage holes to relieve water pressure from behind the wall  <input type="checkbox"/> are _____ are not evident.</p> <p>Defects:  <input type="checkbox"/> Buckling _____ Bowing _____ Cracking _____ Leaning  <input type="checkbox"/> Differential displacement _____ Other displacement</p>
<p style="text-align: center;"><b>Fences</b></p> <p><input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Other _____  <input checked="" type="checkbox"/> secure  <input type="checkbox"/> loose <input type="checkbox"/> weak <input type="checkbox"/> Broken sections          Gate: <input checked="" type="checkbox"/> operated _____ self-closer _____ install self-closer  <input checked="" type="checkbox"/> Inspector does not know ownership</p>	<p>Additional Comments or Issues:</p>

*Course of Action: Have the above noted deficiencies corrected by the appropriate contractor*

## Grounds & Air Conditioning

Grading	Air Conditioning
<p><b>Within 6 feet of foundation:</b></p> <p><input checked="" type="checkbox"/> Front of house, slopes              toward <input checked="" type="checkbox"/> away from house _____ is relatively level,          _____ Right of house, slopes              toward _____ away from house _____ is relatively level</p> <p><input checked="" type="checkbox"/> Left of house, slopes              toward <input checked="" type="checkbox"/> away from house _____ is relatively level</p> <p><input checked="" type="checkbox"/> Rear of house, slopes              toward <input checked="" type="checkbox"/> away from house _____ is relatively level.</p> <p><b>Beyond 6 feet:</b></p> <p>____ Entire lot is relatively level  <input checked="" type="checkbox"/> Slopes away from house, acceptable          _____ Slopes towards the house, should be graded away  <input checked="" type="checkbox"/> Recommend grading slope to direct water a minimum of 6 feet from foundation to minimize water penetration</p> <p>____ General grading should be addressed as larger depressions can pose a trip hazard          _____ Ravine lot, potential erosion concerns          Recommend the following negative effect on the building is addressed:          _____ General grading could not be assessed due to snow.</p>	<p>____ None Noted</p> <p>Location: <u>left side</u></p> <p>Brand name on central unit: <u>LG</u></p> <p>Type: _____ Central Air _____ Heat Pump _____ Gas Chiller          _____ Evaporative Cooler _____ Electric Compressor          _____ Roof or attic mounted (or other) system  <input checked="" type="checkbox"/> <u>Ductless Air Conditioning system</u>          _____ Water cooling system, recommend replace</p> <p>____ In use during inspection _____ Operated</p> <p><input checked="" type="checkbox"/> <u>Not operated</u>          (see opposite page for testing limitations)</p> <p>Visible portion of equipment appears to be          _____ Newer _____ Midlife _____ Older          or Approximately _____ Years old</p> <p>Central unit appears <input checked="" type="checkbox"/> level _____ not level          Outdoor fan is: _____ obstructed          Outdoor grills are: _____ damaged _____ dirty  <i>Have all debris removed before use</i>          Compressor is _____ noisy</p> <p>Ductwork          _____ in common with heating <u>_____ independent from heating.</u></p> <p>With unit running, house seemed to cool          _____ slowly _____ quickly _____ adequately _____ not at all</p> <p>Course of Action: _____</p> <p>Individual room units _____ observed          _____ operated _____ not operated          Results: _____ received cooling _____ did not receive cooling</p> <p>Course of Action: _____</p>
<p style="text-align: center;"><b>Trees, Shrubs, &amp; Plantings</b></p> <p>Trees, shrubs and other plantings near the home should allow the home to breathe          _____ None noted near house which appear to pose a possible hazard to the house at the present time.  <input checked="" type="checkbox"/> Planting(s) noted <u>overhanging / touching / near to / climbing on house</u>          These conditions should be corrected, usually involving cutting back, pruning or removal of the planting.          _____ Other plantings, away from house, should be inspected by client and attended to as needed</p>	<p style="text-align: center;"><b>Environmental</b></p> <p>Although not required as part of a Home Inspection, some evidence noticed by an inspector, which might indicate some environmental hazard, chemical or oil spills:          _____ Dead foliage, out of season - looks unusual          _____ Dark stains on soil _____ Oil slick or stain on water          Abandoned _____ motor vehicle(s) _____ batteries _____ Paint cans          _____ Pipes into the ground may indicate buried storage tanks          _____ Out of use storage tanks          _____ Although none was detected, homes of this era may have additional environmental hazards/concerns. (i.e., lead, asbestos, etc.)  <b>Course of Action:</b>          _____ Recommend further evaluation by an appropriate contractor before any renovations of the property.</p>
<p><b>Additional Comments or Issues:</b></p>   	

**Course of Action: Have a heating / cooling or landscaping contractor evaluate and repair as needed.**

# Electrical

## Main Service Entrance

Location: left side  
Service Line:  Underground  Overhead wires  
Overhead Contact Hazards observed:  
 obstructed / threatened / touched by tree / branches have hydro  
or a tree surgeon correct situation before damage occurs  
**Meter**  
Service cable rated: 200 Amps  
Rated  110/120 Volts  220/240 Volts  
3 W (# wires in service)  
Location: left side

## Distribution

Outlets, switches, lighting as observed and evaluated, throughout the home. Random tested outlets, wall switches & installed lighting and found the following evidence:

no deficiencies were detected  3 holes (Says grounded)  
 Outlets with 2 slots (Older ungrounded style)

### Material

Copper  Aluminum  Knob & Tube

\*Please note that Aluminum and/or Knob and Tube wiring may exist within the homes' system and not be visible to the inspector or reported due to the limited nature of such an inspection. Inspector cannot determine percentage of older wiring.

### Defects:

Ungrounded outlets  Reversed polarity  
 Hot Ground reversed  Dead outlets  
 Open ground  Open neutral  Open hot  
 Missing safety covers on switches, outlets and junction boxes  
 Loose connections  Loose boxes  Loose receptacles  
 Lights did not light, missing or broken bulbs  Flickering lights  
 Switches for which use not determined (frequently noted)  
 Loose hanging wires / otherwise dangerous conditions.  
 Bare bulbs near / touching storage items, possible fire hazard  
 Move wires off heating ducts (secure)  
 Lighting at staircases is not sufficient  
 In staircases with 3 or more steps, switches are not located at both the top and bottom of staircase.  
 Decora style switches and outlets noted throughout system, have checked for proper installation with aluminum wiring  
 Have an electrician check entire system and rectify deficiencies as needed.  
 ESA certificate may be recommended or required due to aluminum or knob and tube wiring

## General Limitations

Concealed electrical components cannot be inspected  
 Main disconnect cover could not be removed, common  
 Panel cover could not be removed due to accessibility, recommend correct Power off in  some  all areas  
 No access to:  
In most cases, grounding termination point is not visible.

## Additional Comments or Issues:

## Main Distribution Panel

Location: basement  
Service Panel Rated 100 Amps  
Main Disconnect: 100 Amps  
 Circuit breaker  Fuses  Knife switch  
Location  Main panel box  Other  
Service Size 100 Amps  Circuit Breaker  Fuses  
110-120 volt circuits: (number) 30 15A  20A  30A  
220-240 volt circuits: (number)  
1 20A 1 30A 1 40A  50A  60A  70A

## Branch wiring

Copper  Aluminum  Knob & Tube  
 BX Cable (Metallic sheathed)  Romex (Non-metallic sheathed)  Not determined

As observed:  inside panel box  \_\_\_\_\_

Circuits labeled?  Yes  No  Some

Panel has been upgraded from original

Sub Panels  None noted  # noted,  
Panel Rated  Amps; Service Size  Amps  
Location \_\_\_\_\_

### Defects:

More than one wire attached to a circuit protector, have evaluated for safety by electrician  
 Abandoned wire(s)  
 Connections in panel box  
 Non-standard installation / upgrade, further evaluation  
 Water stains  Rust  
 Dead insects, may indicate cable entry not sealed properly  
 Unprotected panel openings, recommend closing down  
 Overloaded circuits  
 Loose connections  into the box  within the box  
 Damaged sheathing  
 Overfused breakers / fuses  
 Discoloration of wires in panel, may indicate overloaded circuits  
 Panel location non-conforming, needs to be addressed

### Course of Action:

Have an electrician install Arc Fault Interrupter (AFCI) protection  
 Panel may be overloaded, have evaluated and repaired as needed  
 Have an electrician check panel and rectify deficiencies as needed.

**Course of Action: Have an electrician evaluate and repair entire system as required**



# Plumbing

Water Supply	Waste System
<p>Entry Location <input checked="" type="checkbox"/> Basement <u>BEHIND DRYER</u>  <input checked="" type="checkbox"/> Public                      Meter Location <input checked="" type="checkbox"/> Basement <u>BEHIND DRYER</u>  <input type="checkbox"/> Private                      Location of wellhead _____                      Main Shutoff valve: <u>BEHIND DRYER</u>                      Supply Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____                      Brass _____ Lead _____ Could not determine                      Conditions requiring attention: _____                      _____                      Distribution Pipes: _____ Copper _____ Plastic _____ Galvanized _____                      Brass _____ Lead _____ Unknown metal                      Conditions requiring attention: _____                      _____                      Leaks in water supply system _____ None noted                      Rust / Corrosion noted _____</p>	<p>Pipes: <input checked="" type="checkbox"/> ABS Plastic _____ Cast Iron _____ Copper _____ Lead _____                      _____ Galvanized Steel _____ Brass _____ Not Visible                      Pipes observed <u>basement</u>                      Main waste line clean-outs <input checked="" type="checkbox"/> were _____ were not observed                      _____ Cheater vent(s) noted <u>(exterior)</u>                      Venting <input checked="" type="checkbox"/> was _____ was not observed extending through roof                      and <input checked="" type="checkbox"/> was _____ was not seen in attic                      _____ 'S' traps noted in drainage system, should be rectified                      _____ No 'P' traps visible                      Conditions requiring attention: _____                      _____                      Leaks in waste system:  <input checked="" type="checkbox"/> None noted _____ active leaks _____ dry leak type stains                      were observed                      _____ Odour noted at _____, have evaluated by                      plumber                      Discharge  <input checked="" type="checkbox"/> Public _____ Private                      Reported by _____ Vendor _____ Realtor _____ Not Determined                      Drain line exits at _____</p>
<p style="text-align: center;"><b>Hose Bibs</b></p> <p>Number _____ Noted _____  <input checked="" type="checkbox"/> When turned on water came out, when turned off the                      water <input checked="" type="checkbox"/> did _____ did not shut off fully.                      _____ When turned on water did not come out                      _____ Not tested, because _____                      Interior:  <input checked="" type="checkbox"/> Hose bib shut off valve(s) located <u>(under kit, sink)</u>                      _____ Did not locate at _____, locate and leave accessible                      _____ Frost protected, interior shutoff may not be required</p>	<p style="text-align: center;"><b>Waste Ejectors</b></p> <p><input checked="" type="checkbox"/> None Noted                      _____ Drain or waste ejector pumps were observed                      Location _____                      When water was run the pump(s) _____ did _____ did not                      seem to pump out the water. _____ Slow drainage was noted.                      _____ Change ejector pipe to PVC/ABS</p>
<p style="text-align: center;"><b>Functional Flow</b></p> <p><input checked="" type="checkbox"/> Tested _____ Not Tested because _____                      Method: <input checked="" type="checkbox"/> With multiple fixtures running, flushed toilet(s)                      to over stress flow, observed decrease in flow:                      _____ minimal <input checked="" type="checkbox"/> acceptable _____ excessive</p>	<p style="text-align: center;"><b>Domestic Water Heater</b></p> <p>Location <input checked="" type="checkbox"/> basement _____                      _____ Rental _____ Owned <input checked="" type="checkbox"/> unknown                      Estimated age / year _____                      Make: <u>Rinnai</u>  <input checked="" type="checkbox"/> Gas _____ Electric _____ Oil _____ Propane  <input checked="" type="checkbox"/> Water on Demand system <input checked="" type="checkbox"/> Integral with heating system                      Rated Capacity _____ gallons / Liters, which is generally                      ample for about <u>N/A</u> people, depending on usage.                      Safety pressure release valve _____ was _____ was not observed                      and _____ did _____ did not have safety extension down to floor.  <input checked="" type="checkbox"/> No _____ Some _____ Extensive rust / corrosion / water                      noted at base of unit indicates unit is leaking.                      Vent Pipe: <input checked="" type="checkbox"/> does _____ does not slope or rise to exhaust                      _____ pipe loose _____ connection(s) loose                      _____ rusted or deteriorated                      _____ joint to exhaust in need of repair</p>
<p style="text-align: center;"><b>Hot Water Output:</b></p> <p>Hot water <input checked="" type="checkbox"/> was _____ was not received at hot water faucets                      which were operated, in random testing, indicating the system  <input checked="" type="checkbox"/> is _____ is not providing hot water to these faucets.                      After about <u>2nd flr.</u> minutes of running hot water at  <input checked="" type="checkbox"/> hot _____ warm _____ cold.</p>	
<p><b>Additional Comments or Issues:</b></p> <p>_____</p> <p>_____</p>	

**Course of Action: Have a plumber or other appropriate contractor repair / replace items noted as needed.**

# Heating

## General Heating System

### Fuel:

Gas  Oil  Electric  Wood  Propane

### Type:

Forced Air  Electric Baseboard  Electric Radiant

Hot Water Radiant  Boiler  Steam Boiler  Geothermal

High efficiency  mid-efficiency  low efficiency

Integral with water heater / water on demand system

Approximate age/year of system \_\_\_\_\_ as evidenced by: \_\_\_\_\_

Brand Name: Ecologix

Furnace not operated due to temperature (see opposite page for testing limitations)

Recommend  Service  Clean Furnace

Remove filler pipes for previous heating system

Improve clearance around furnace for safety and access

Previous oil tank noted  Oil line noted below surface,

recommend further evaluation. Estimated age of oil tank \_\_\_\_\_

Add vent to furnace room

Corrosion/rust/water noted in furnace, evaluate and repair

## Controls

Heating System  was \_\_\_\_\_ was not in use during inspection

Thermostat(s) were located  main floor basement

The system seems to be regulated by individual controls

in each heated area  on the heating units themselves

When turned on by above thermostat(s)/control(s), units

fired or gave heat  did not fire or give heat.

HRV control (s) located in \_\_\_\_\_

A furnace electrical disconnect noted  above \_\_\_\_\_ the unit

An automatic Shut-Off Safety Device(s) was noted

on the oil line at  tank  burner

## Energy Supply

Gas, believed to be public  Electricity

Oil tank in basement  Fill pipes indicate possible buried oil tank

Gas, onsite, evidenced by white storage tank

Entry Location front

Gas meter location appears too close to vent/A/C, have checked

by HVAC technician  Bond gas line to proper ground

Fuel Leaks noted?  No  Yes

## Flue Pipes

Flue pipes were identified

Do  Do not rise slightly to chimney / exhaust

Joints appear loose  Rusted or deteriorated

Connection to exhaust is loose or in need of repair

Pipes too close to combustibles, recommend repair

## Supplemental Heat

None noted  Some noted

Type, Location, and operation: \_\_\_\_\_

## Distribution

Ductwork / Registers  Unobserved Radiant

Baseboard heaters Thermostat(s)  on units  on wall

Radiators  Bleed valves  Leaks / Corrosion

Heat equal at both ends, indicates proper distribution within unit

Boiler system: pressure release valve extension missing

### Heat supply & return PIPES:

Copper  Galvanized Iron  Plastic  Unknown material

Observed in:  basement  crawlspace  attic

some \_\_\_\_\_ most pipes not visible

### Heat Distribution:

was \_\_\_\_\_ was not found in each room – add as needed

Distribution missing from: \_\_\_\_\_

Heat Recovery Ventilator (HRV) noted:  working properly

Recommend maintenance  Recommend service

### Course of Action:

Clean Ducts

Insulation on heating pipes/vents, recommend test for asbestos

Seal gaps/joints at ductwork and plenum to maximize the

efficiency of distribution system.

## Heat Exchanger

Heat exchanger is hidden from view, inside the unit, and therefore cannot be inspected.

The following evidence suggests that the heat exchanger may be defective \_\_\_\_\_

## Filters

Air Filter in warm air heating/cooling unit N/A

Washable  Disposable  Electronic  HEPA

Location  at furnace  in return grill

Not installed properly to correctly filter air

None noted, have it located and evaluated or have installed

by heating contractor.

Heating contractor should rectify defects.

Recommend non-allergy type filter

Filter appears clogged/blocked replace/clean

### Oil Line Filter:

Located  near entry into basement  near oil tank  near furnace

Oil filters should be serviced by a heating contractor annually

along with the oil heating unit.

## Humidifier

None noted

Location:  return duct  heating duct

Filter appears clean  Adjust water level

Working  Not working  Disconnected

Parts Missing  humidifier should be replaced

Drum type humidifier, recommend replace with drip type

Humidistat Located: \_\_\_\_\_

Additional Comments or Issues:

Course of Action: Have a heating contractor rectify any defects noted above.

## Basement & Crawl Space

<p><b>Basement</b></p> <p><u>100%</u> Percent of lowest level</p> <p>Exterior access / egress <input checked="" type="checkbox"/> None noted _____ Direct walk out          _____ Up exterior stairway bulkhead</p> <p>Foundation walls: <input checked="" type="checkbox"/> Covered _____ Visible          Approximate percentage visible <u>2%</u></p> <p>Limitations to a thorough inspection:          _____ Storage _____ Insulation <input checked="" type="checkbox"/> Walls finished / drywall / painted          Visible areas: _____ Block _____ Concrete <input checked="" type="checkbox"/> Brick &amp; Mortar          _____ Stone &amp; Mortar _____ Stucco over unknown</p> <p>Condition:          _____ Satisfactory          _____ Evidence of previous wall repair          _____ Evidence of _____ Previous _____ Active leak</p> <p>Defects noted:          _____ Settlement cracks _____ Minor _____ Monitor over time          _____ Significant, have a mason repair          _____ Have cracks / leaky areas repaired to prevent ongoing leakage</p>	<p><b>Crawl Space</b></p> <p><input checked="" type="checkbox"/> None noted          _____ Percent of lowest level          _____ Accessible _____ Not Accessible          _____ Entered _____ Not Entered, because _____</p> <p>Floors: _____ concrete _____ dirt          Ventilation: _____ noted _____ none noted          Type: _____ wall vents _____ vents into basement          Insulation observed: _____ Yes _____ No; Adequate? _____ Yes _____ No          Vapour Barrier: _____ on warm side of insulation          _____ None noted _____ Installed improperly          Moisture Evidence: _____ Present _____ Not noted          Water Penetration Evidence: _____ noted _____ none noted</p>
<p><b>Basement Ceilings</b></p> <p>_____ Exposed to view <input checked="" type="checkbox"/> Hidden from view _____ Partial view          Ceilings finished? <input checked="" type="checkbox"/> Yes _____ No          _____ Evidence of _____ Previous _____ Active leak</p>	<p><b>Slab on Grade</b></p> <p><input checked="" type="checkbox"/> Not Applicable _____ Percent of lowest level          _____ concrete _____ wood _____ unknown / not visible          slab: _____ at about grade level _____ slightly above/below grade          The support system below grade is not observed and is unknown.          The exterior perimeter of the slab, where visible, cracks          _____ were _____ were not noted. _____ No areas visible          Exposed interior floor coverings are of: _____ concrete _____ vinyl          _____ wall to wall carpet _____ hardwood _____ softwood          _____ carpet less than wall to wall in coverage          Observed _____ broken _____ warped _____ rippled          _____ floor coverings, which may indicate cracks in the slab.</p>
<p><b>Basement Floors</b></p> <p><input checked="" type="checkbox"/> concrete _____ dirt          Covered with <input checked="" type="checkbox"/> tile <input checked="" type="checkbox"/> sheet goods _____ carpeting _____ painted          _____ Hardwood / softwood / laminated wood</p> <p>Limitations to a thorough inspection: _____ <input checked="" type="checkbox"/> Storage          _____ Floors finished / covered _____ Excessive Furniture          Approximate percentage visible <u>10%</u>  <input checked="" type="checkbox"/> Satisfactory</p> <p>Defects:          _____ Settlement Cracks in floor were noted which appear to          be: _____ newer _____ older          _____ small, probably not major defects at this time, which          should be monitored over time to see if they worsen          _____ larger major defects          _____ showing differential settlement _____ heaving          _____ Evidence suggests hollow under floor          _____ Evidence of _____ Previous _____ Active leak</p> <p>Moisture Evidence: _____ Present <input checked="" type="checkbox"/> Not noted          Water Penetration Evidence: _____ noted <input checked="" type="checkbox"/> none noted</p>	<p><b>Support Columns</b></p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p>Support columns of _____ Metal _____ Concrete _____ Wood          _____ Stone _____ Block _____ Brick          were observed under the _____</p> <p>Support columns condition looked _____ Satisfactory</p>
<p><b>Basement Floors</b></p> <p><input checked="" type="checkbox"/> concrete _____ dirt          Covered with <input checked="" type="checkbox"/> tile <input checked="" type="checkbox"/> sheet goods _____ carpeting _____ painted          _____ Hardwood / softwood / laminated wood</p> <p>Limitations to a thorough inspection: _____ <input checked="" type="checkbox"/> Storage          _____ Floors finished / covered _____ Excessive Furniture          Approximate percentage visible <u>10%</u>  <input checked="" type="checkbox"/> Satisfactory</p> <p>Defects:          _____ Settlement Cracks in floor were noted which appear to          be: _____ newer _____ older          _____ small, probably not major defects at this time, which          should be monitored over time to see if they worsen          _____ larger major defects          _____ showing differential settlement _____ heaving          _____ Evidence suggests hollow under floor          _____ Evidence of _____ Previous _____ Active leak</p> <p>Moisture Evidence: _____ Present <input checked="" type="checkbox"/> Not noted          Water Penetration Evidence: _____ noted <input checked="" type="checkbox"/> none noted</p>	<p><b>Floor Drainage</b></p> <p>Floor Drainage observed:  <input checked="" type="checkbox"/> Yes _____ No  <input checked="" type="checkbox"/> did _____ did not have protective perforated cover          Trap primer noted? _____ Yes _____ No          _____ Evidence of trap cracked / broken          _____ Recommend install backflow preventer</p>
<p><b>Additional Comments or Issues:</b></p>	<p><b>Cold Room</b></p> <p><input checked="" type="checkbox"/> Not Applicable          _____ Install/replace weatherstripping at door          _____ Venting installed _____ venting blocked, open and leave active          _____ No venting, proper venting to be added          _____ It is not recommended to finish or partially finish a cold room.          Revert area to original state.</p>

**Course of Action: Have a masonry or other appropriate contractor repair the above items as indicated.**

## Water Penetration & Internal Structure

<p style="text-align: center;"><b>Water Penetration</b></p> <p><input checked="" type="checkbox"/> No signs noted  <input type="checkbox"/> Evidence indicates a one time flooding  <input type="checkbox"/> Some _____ extensive evidence of ongoing water penetration was observed</p> <p><b>Evidence observed:</b>  <input type="checkbox"/> Water stains on: _____  <input type="checkbox"/> On walls, _____ at base of wall _____ floors  <input type="checkbox"/> base of stairs _____ around furnace  <input type="checkbox"/> Efflorescence _____ Rot  <input type="checkbox"/> Microbial growth / mildew  <input type="checkbox"/> Rust on nail heads/ baseboard heaters, etc.  <input type="checkbox"/> Sump pump, see section  <input type="checkbox"/> Wall board damaged  <input type="checkbox"/> Damp or wet floor coverings  <input type="checkbox"/> Lifting tile  <input type="checkbox"/> Other _____</p> <p><b>Limitations to inspection:</b>  <input type="checkbox"/> Subfloor &amp; carpet _____ Storage _____ Furniture _____</p> <p><b>Course of Action:</b>  <input type="checkbox"/> Overall, stains indicate previous flooding  <input type="checkbox"/> Further evaluation necessary  <input type="checkbox"/> Repair current leak issues noted  <input type="checkbox"/> Further evaluation and testing for possible mould recommended (and remediation work performed as required)</p>	<p style="text-align: center;"><b>Basement Structure</b></p> <p><b>Joists</b>  <input checked="" type="checkbox"/> Not visible  <input type="checkbox"/> Wood _____ Steel _____</p> <p><b>Condition</b> _____ good _____ defects noted, see below  <input type="checkbox"/> Span and beams appear adequate</p> <p><b>Defects Observed:</b>  <input type="checkbox"/> Cracks / cuts that reduce effectiveness, repair  <input type="checkbox"/> Joists span too large, add additional support  <input type="checkbox"/> Rot on joists has reduced strength, repair  <input type="checkbox"/> Evidence of sagging floors that is,  <input type="checkbox"/> _____ Minor / older, monitor over time for changes  <input type="checkbox"/> _____ Movement appears to be recent and/ or ongoing, add additional supports  Add (#) _____ joist hanger(s) _____</p> <p><b>Columns</b>  <input checked="" type="checkbox"/> Not visible  <input type="checkbox"/> Wood _____ steel _____ poured concrete _____ block / brick  <input type="checkbox"/> Appears to have been altered/removed have evaluated</p> <p><b>Condition:</b>  <input type="checkbox"/> Columns appear sufficient and in good condition  <input type="checkbox"/> Columns appear to have shifted, repair immediately</p> <p><b>Defects observed:</b>  <input type="checkbox"/> Rot  <input type="checkbox"/> Cracks have reduced strength, add additional support  <input type="checkbox"/> Insect infestation appears to have compromised columns, repair immediately</p>
<p style="text-align: center;"><b>General Dampness</b></p> <p><input checked="" type="checkbox"/> None noted  <input type="checkbox"/> Feels damp _____ Smells damp _____  <input type="checkbox"/> Dehumidifier noted</p> <p>Location: _____  <input type="checkbox"/> Dehumidifier was running during inspection  <input type="checkbox"/> Evidence that dehumidifier running continuously  <input type="checkbox"/> Recommend use of dehumidifier in basement</p>	<p style="text-align: center;"><b>Sump Pump</b></p> <p><input checked="" type="checkbox"/> None noted  Location: _____  <input type="checkbox"/> submersible _____ pedestal _____  <input type="checkbox"/> Running continuously _____</p> <p><input type="checkbox"/> Activated _____ Not working _____  <input type="checkbox"/> Could not test unit _____ No water in the hole _____  <input type="checkbox"/> Not plugged in (Electrical) _____  <input type="checkbox"/> Recommend backup system or alarm _____  <input type="checkbox"/> Operating properly _____ Slow _____ Replace _____</p> <p><b>Discharge</b>  <input type="checkbox"/> Exterior _____ Storm drain _____ Unknown _____ Sewer connection _____</p> <p><b>Course of Action:</b>  <input type="checkbox"/> repair/replace _____  <input type="checkbox"/> install sump pump _____  <input type="checkbox"/> Redirect discharge _____  <input type="checkbox"/> install check valve _____</p>
<p style="text-align: center;"><b>Basement Ventilation</b></p> <p><input type="checkbox"/> None noted</p> <p><b>Type:</b>  <input type="checkbox"/> Louvered wall vents _____  <input checked="" type="checkbox"/> Window _____  <input type="checkbox"/> Area open to main and / or upper floors (open stairwell) _____  <input type="checkbox"/> Exhaust fan _____  <input type="checkbox"/> Air Exchanging unit _____  <input type="checkbox"/> Other _____</p> <p><b>Course of Action:</b>  <input type="checkbox"/> Add additional ventilation to reduce condensation / moist air _____</p>	<p><b>Additional Comments or Issues:</b></p>   

*Course of Action: All defects noted above should be corrected and/or monitored by an appropriate contractor*

## Laundry & Wet Areas

<p style="text-align: center;"><b>Laundry Area</b></p> <p><input type="checkbox"/> No laundry provisions noted</p> <p>Location: <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Main floor <input type="checkbox"/> Upper floor</p> <p><input type="checkbox"/> In/near bedrooms <input type="checkbox"/> In bathroom <input type="checkbox"/> In/near kitchen</p> <hr/> <p style="text-align: center;"><b>Appliances: Laundry</b></p> <p><b>Clothes Washer</b></p> <p><input type="checkbox"/> None noted <span style="float: right; margin-right: 50px;">CSU2004432</span></p> <p>Brand <u>Whirlpool</u></p> <p>Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input type="checkbox"/> Connections for water &amp; drain were noted</p> <p><input checked="" type="checkbox"/> Connections not visible</p> <p>Condition of water hoses: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Replace</p> <p>Electrical Outlet <input type="checkbox"/> Grounded <input type="checkbox"/> Not grounded</p> <p><input type="checkbox"/> Replace outlet</p> <p><input type="checkbox"/> In use during inspection, performing normal cycles</p> <p><input checked="" type="checkbox"/> Operated one cycle, heard water come in, splash, spin and pump out</p> <p><input type="checkbox"/> Not operated _____</p> <p><b>Course of Action:</b></p> <p>Have an appliance repair contractor repair noted defects.</p> <p><b>Clothes Dryer</b></p> <p><input type="checkbox"/> None noted <span style="float: right; margin-right: 50px;">MU2703901</span></p> <p>Brand <u>Whirlpool</u></p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Connections were noted <input type="checkbox"/> Not Secure</p> <p><input checked="" type="checkbox"/> Connections not visible</p> <p>Vented to: <input type="checkbox"/> Exterior <input type="checkbox"/> Not vented properly, redirect</p> <p>Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input checked="" type="checkbox"/> Unit checked for spin and drying heat</p> <p><input type="checkbox"/> In use during inspection, performing major functions</p> <p><input type="checkbox"/> Not operated _____</p> <p><b>Course of Action:</b></p> <p><input type="checkbox"/> Change dryer vent to metal</p> <p><input type="checkbox"/> Vent appears clogged / dirty, requires cleaning <small>(All dryer vents require regular maintenance. see preventative maintenance booklet for more information)</small></p> <p>Have an appliance repair contractor repair noted defects.</p>	<p style="text-align: center;"><b>Laundry Tub</b></p> <p><input type="checkbox"/> None noted</p> <p><b>Tub</b></p> <p><input type="checkbox"/> Porcelain <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Tub damaged / cracked, replace</p> <p><b>Faucets:</b></p> <p><input checked="" type="checkbox"/> Faucets hot and cold working properly</p> <p><input type="checkbox"/> Faucets do not shut off fully</p> <p><input type="checkbox"/> Hot and cold reversed, have a plumber repair</p> <p><input checked="" type="checkbox"/> Drain secure <input type="checkbox"/> not secure</p> <p><input checked="" type="checkbox"/> No leaks noted</p> <p><input type="checkbox"/> Leaks noted at faucets <input type="checkbox"/> below tub</p> <p><input type="checkbox"/> Leaks at water lines</p> <hr/> <p style="text-align: center;"><b>Wet Areas</b></p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location: _____</p> <p><input type="checkbox"/> Wet bar <input type="checkbox"/> Additional sink only</p> <p><input type="checkbox"/> Other _____</p> <p><b>Sink</b></p> <p><input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete</p> <p><b>Drainage pipes</b></p> <p><input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron <input type="checkbox"/> Lead</p> <p><input type="checkbox"/> Galvanized Steel</p> <p><b>Leaks noted</b></p> <p><input type="checkbox"/> None noted</p> <p><input type="checkbox"/> Above the sink <input type="checkbox"/> below the sink <input type="checkbox"/> At taps</p> <p><b>Counter top</b></p> <p><input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Wood</p> <p><input type="checkbox"/> are <input type="checkbox"/> are not secure</p> <p><input type="checkbox"/> loose (unsafe) <input type="checkbox"/> missing <input type="checkbox"/> large areas heat scorched or damaged</p> <p>Stored items affecting visibility of counter tops at time of inspection <input type="checkbox"/> minimal <input type="checkbox"/> about normal <input type="checkbox"/> extensive</p>
<p style="text-align: center;"><b>Electrical: Laundry</b></p> <p><input checked="" type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> None Noted</p> <p><input type="checkbox"/> Recommend add GFI's for safety</p>	<p style="text-align: center;"><b>Electrical: Wet Areas</b></p> <p><input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> None Noted</p> <p><input type="checkbox"/> Recommend add GFI's for safety</p>
<p><b>Additional Comments or Issues:</b></p>  	

**Course of Action: Have an appliance, plumber or other appropriate contractor evaluate and repair as needed.**

## Kitchen & Appliances

<p style="text-align: center;"><b>Location</b></p> <p>Basement <input type="checkbox"/> <u>✓</u> Main floor <input checked="" type="checkbox"/> Upper floor <input type="checkbox"/></p>	<p style="text-align: center;"><b>Range / Cooktop</b> <span style="float: right;">LM209487Q</span></p> <p>Brand: <u>GE</u></p> <p>Style: <input checked="" type="checkbox"/> Free Standing <input type="checkbox"/> Built in</p> <p>Fuel type: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other _____</p> <p>Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input type="checkbox"/> Not operated _____</p> <p><input type="checkbox"/> In use during inspection, indicating portion being used is performing its major function</p> <p><input checked="" type="checkbox"/> Operated and found that # _____ burners gave heat and # _____ did not give heat</p>
<p style="text-align: center;"><b>Cabinets</b></p> <p><input checked="" type="checkbox"/> Wooden <input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Other _____</p> <p>Cabinets <input checked="" type="checkbox"/> are _____ are not secure _____ end of life</p> <p>Doors and drawers: <input checked="" type="checkbox"/> function as expected <input type="checkbox"/> loose cabinets</p> <p><input type="checkbox"/> missing hardware <input type="checkbox"/> missing door or drawer fronts</p> <p><input type="checkbox"/> broken drawers <input type="checkbox"/> warped doors <input type="checkbox"/> adjust doors</p> <p>Stored items affecting visibility as to condition at time of inspection were: <input type="checkbox"/> Minimal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Extensive</p>	<p style="text-align: center;"><b>Oven</b></p> <p>Brand: _____</p> <p><input checked="" type="checkbox"/> Part of the stove <input type="checkbox"/> Built in</p> <p>Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Self cleaning (Not checked)</p> <p>Age: <input type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife <input checked="" type="checkbox"/> See Stove</p> <p><input type="checkbox"/> Not operated, _____</p> <p><input type="checkbox"/> In use during inspection, indicating the portion being used is performing its major function</p> <p>Bake and broil <input checked="" type="checkbox"/> did _____ did not give heat when turned on.</p>
<p style="text-align: center;"><b>Counter Tops</b></p> <p><input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> Granite/Marble/Corian</p> <p><input checked="" type="checkbox"/> are _____ are not secure _____ loose (unsafe) _____ missing</p> <p><input type="checkbox"/> large areas heat scorched or damaged</p> <p>Stored items affecting visibility of counter tops at time of inspection <input checked="" type="checkbox"/> minimal _____ about normal _____ extensive</p>	<p style="text-align: center;"><b>Refrigerator</b> <span style="float: right;">SV418752</span></p> <p>Brand: <u>GE</u></p> <p>Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input checked="" type="checkbox"/> In use during inspection <input type="checkbox"/> Operated</p> <p><input type="checkbox"/> Not operated _____</p> <p><input type="checkbox"/> Items in cooling section felt cool, in freezer section felt frozen -indicates doing major functions</p> <p>Features: <input checked="" type="checkbox"/> Ice maker <input checked="" type="checkbox"/> Water &amp; Ice through door <input checked="" type="checkbox"/> Frost Free</p> <p>Magnetic Seal: _____ Damaged / Broken</p>
<p style="text-align: center;"><b>Sink</b></p> <p><input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> Porcelain <input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Undetermined material _____</p> <p>Ran the water and found leaks <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Above the sink</p> <p><input type="checkbox"/> below the sink. <input type="checkbox"/> Have leaks repaired by plumber</p> <p>Sink <input type="checkbox"/> chipped/cracked. Stopper/strainer <input checked="" type="checkbox"/> was _____ was not noted</p>	<p style="text-align: center;"><b>Disposal</b></p> <p><input checked="" type="checkbox"/> None noted</p> <p>Brand _____ horsepower _____</p> <p>Leaks noted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Have leaks repaired by plumber</p> <p><input type="checkbox"/> Tested unit, results: _____</p>
<p style="text-align: center;"><b>Disposal</b></p> <p><input checked="" type="checkbox"/> None noted</p> <p>Brand _____ horsepower _____</p> <p>Leaks noted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Have leaks repaired by plumber</p> <p><input type="checkbox"/> Tested unit, results: _____</p>	<p style="text-align: center;"><b>Dishwasher</b> <span style="float: right;">LM827006B</span></p> <p>Brand: <u>GE</u></p> <p>Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input checked="" type="checkbox"/> Operated <input type="checkbox"/> In use during inspection</p> <p><input type="checkbox"/> Not operated _____ items/storage in machine</p> <p><input checked="" type="checkbox"/> Heard <input type="checkbox"/> Did not hear water come in, splash and pump out, indicating that the appliance is doing its major functions</p> <p><input type="checkbox"/> Recommend relocate drain to sink side of P trap</p> <p><input type="checkbox"/> Recommend secure unit</p>
<p style="text-align: center;"><b>Ventilation</b></p> <p><input type="checkbox"/> None Noted, other than doors and windows</p> <p><input type="checkbox"/> Fan integral with a built-in Microwave or cooktop</p> <p><input checked="" type="checkbox"/> Exhaust fan appears to vent to exterior</p> <p><input type="checkbox"/> Recirculates air within the room <input checked="" type="checkbox"/> Light</p> <p><input checked="" type="checkbox"/> When the components were turned on, they seemed to perform their major function.</p> <p><input type="checkbox"/> Fan sounds excessively noisy</p> <p>Filters: <input checked="" type="checkbox"/> Observed <input type="checkbox"/> None Noted</p>	<p style="text-align: center;"><b>Built in Microwave</b></p> <p><input checked="" type="checkbox"/> None noted</p> <p>Brand: _____</p> <p>Age: <input type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input type="checkbox"/> Heated container of water, indicating does major function</p> <p><input type="checkbox"/> Not operated, _____</p>
<p style="text-align: center;"><b>Electrical</b></p> <p><input type="checkbox"/> Ground Fault Interrupter <input checked="" type="checkbox"/> None Noted</p> <p><input type="checkbox"/> Recommend add GFI's for safety _____ at sink</p> <p><input type="checkbox"/> Inadequate number of electrical outlets</p>	<p style="text-align: center;"><b>Other Appliance</b></p> <p><input checked="" type="checkbox"/> None noted</p> <p>Brand: _____</p> <p><input type="checkbox"/> Operated <input type="checkbox"/> Not Operated _____</p>
<p style="text-align: center;"><b>Kitchen Floor</b></p> <p><input checked="" type="checkbox"/> Laminate <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Ceramic Tile</p> <p><input checked="" type="checkbox"/> Wood <input type="checkbox"/> Carpet _____</p> <p><input checked="" type="checkbox"/> Normal amount of bounce _____ excessive bounce noted</p> <p><input type="checkbox"/> Have a flooring contractor correct any defects or deficiencies noted in floor.</p>	

**Course of Action: Have an appliance repair or other appropriate contractor repair any deficiencies noted above.**

## Bathrooms

<p><b>BATHROOM 1:</b> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial  <b>Location:</b> <u>basement</u>  <b>Tub:</b> <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input checked="" type="checkbox"/> None noted  <b>Shower:</b> <input type="checkbox"/> with Tub <input checked="" type="checkbox"/> Stall  <b>Enclosure:</b> <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Ceramic            Seems adequately fastened to wall <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles  <b>Sink(s): #</b> <u>1</u> <input checked="" type="checkbox"/> Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal            Feels adequately fastened <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Toilet:</b> <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Bidet:</b> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on            Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Damage:</b> <input checked="" type="checkbox"/> None Noted <input type="checkbox"/> Cracked / Chipped            Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> Taps  <b>Floor:</b> <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic Tile  <input type="checkbox"/> Soft or weak spots noted in floor  <b>Vents:</b> <input type="checkbox"/> Window <input checked="" type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted  <b>Caulking:</b> Around tub/shower at walls and floor is  <input type="checkbox"/> Loose <input type="checkbox"/> Mildewed <input type="checkbox"/> Missing <input type="checkbox"/> Re-caulk as required  <b>Leaks:</b> <input checked="" type="checkbox"/> None noted            Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet  <input type="checkbox"/> From fixture <input type="checkbox"/> From faucets  <b>Electrical:</b> <input checked="" type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Install GFI  <input type="checkbox"/> No receptacles    <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable</p>	<p><b>BATHROOM 2:</b> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial  <b>Location:</b> <u>2nd floor</u>  <b>Tub:</b> <input checked="" type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted  <b>Shower:</b> <input checked="" type="checkbox"/> with Tub <input type="checkbox"/> Stall  <b>Enclosure:</b> <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Ceramic            Seems adequately fastened to wall <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles  <b>Sink(s): #</b> <u>1</u> <input checked="" type="checkbox"/> Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal            Feels adequately fastened <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Toilet:</b> <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Bidet:</b> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on            Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Damage:</b> <input checked="" type="checkbox"/> None Noted <input type="checkbox"/> Cracked / Chipped            Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> Taps  <b>Floor:</b> <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic Tile  <input type="checkbox"/> Soft or weak spots noted in floor  <b>Vents:</b> <input type="checkbox"/> Window <input checked="" type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted  <b>Caulking:</b> Around tub/shower at walls and floor is  <input type="checkbox"/> Loose <input type="checkbox"/> Mildewed <input type="checkbox"/> Missing <input type="checkbox"/> Re-caulk as required  <b>Leaks:</b> <input checked="" type="checkbox"/> None noted            Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet  <input type="checkbox"/> From fixture <input type="checkbox"/> From faucets  <b>Electrical:</b> <input checked="" type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Install GFI  <input type="checkbox"/> No receptacles    <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable</p>
<p><b>BATHROOM 3:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial  <b>Location:</b> _____  <b>Tub:</b> <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted  <b>Shower:</b> <input type="checkbox"/> with Tub <input type="checkbox"/> Stall  <b>Enclosure:</b> <input type="checkbox"/> Plastic <input type="checkbox"/> Ceramic            Seems adequately fastened to wall <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles  <b>Sink(s): #</b> _____ Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal            Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Toilet:</b> <input type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Bidet:</b> <input type="checkbox"/> None noted <input type="checkbox"/> Turned on            Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Damage:</b> <input type="checkbox"/> None Noted <input type="checkbox"/> Cracked / Chipped            Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> Taps  <b>Floor:</b> <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile  <input type="checkbox"/> Soft or weak spots noted in floor  <b>Vents:</b> <input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted  <b>Caulking:</b> Around tub/shower at walls and floor is  <input type="checkbox"/> Loose <input type="checkbox"/> Mildewed <input type="checkbox"/> Missing <input type="checkbox"/> Re-caulk as required  <b>Leaks:</b> <input type="checkbox"/> None noted            Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet  <input type="checkbox"/> From fixture <input type="checkbox"/> From faucets  <b>Electrical:</b> <input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Install GFI  <input type="checkbox"/> No receptacles    <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable</p>	<p><b>BATHROOM 4:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial  <b>Location:</b> _____  <b>Tub:</b> <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted  <b>Shower:</b> <input type="checkbox"/> with Tub <input type="checkbox"/> Stall  <b>Enclosure:</b> <input type="checkbox"/> Plastic <input type="checkbox"/> Ceramic            Seems adequately fastened to wall <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles  <b>Sink(s): #</b> _____ Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal            Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Toilet:</b> <input type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Bidet:</b> <input type="checkbox"/> None noted <input type="checkbox"/> Turned on            Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Damage:</b> <input type="checkbox"/> None Noted <input type="checkbox"/> Cracked / Chipped            Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> Taps  <b>Floor:</b> <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile  <input type="checkbox"/> Soft or weak spots noted in floor  <b>Vents:</b> <input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted  <b>Caulking:</b> Around tub/shower at walls and floor is  <input type="checkbox"/> Loose <input type="checkbox"/> Mildewed <input type="checkbox"/> Missing <input type="checkbox"/> Re-caulk as required  <b>Leaks:</b> <input type="checkbox"/> None noted            Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet  <input type="checkbox"/> From fixture <input type="checkbox"/> From faucets  <b>Electrical:</b> <input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Install GFI  <input type="checkbox"/> No receptacles    <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable</p>

***Have all above items corrected by a plumber or other appropriate contractor before items deteriorate further.***

## Fireplaces & Common Safety Devices

<p style="text-align: center;"><b>Fireplace # 1</b></p> <p><input type="checkbox"/> None noted Location <u>main floor</u></p> <p><input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Metal prefabricated <input type="checkbox"/> Wood Stove Insert <input type="checkbox"/> Gas Insert <input type="checkbox"/> Working</p> <p><b>Firebox:</b> <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Masonry Firebrick <input type="checkbox"/> loose mortar <input type="checkbox"/> Abnormal openings (Cracks, missing grout, etc.)</p> <p><b>Flue:</b> <input type="checkbox"/> Dirty <input type="checkbox"/> shared <input type="checkbox"/> missing liner <input type="checkbox"/> Clearance <b>Damper:</b> <input checked="" type="checkbox"/> Opened and closed <input type="checkbox"/> Could not open &amp; close safely <input type="checkbox"/> Broken or missing parts <input type="checkbox"/> did <input type="checkbox"/> did not observe flue liner</p> <p>Combustion air supply: <input checked="" type="checkbox"/> Interior <input type="checkbox"/> Exterior air <b>Limitations:</b> <input type="checkbox"/> Fire burning <input type="checkbox"/> area blocked, unable to inspect</p> <p><input type="checkbox"/> Pilot light was off during inspection</p> <p><b>Course of Action:</b> <input checked="" type="checkbox"/> Have WETT Certified contractor clean, test, evaluate and certify before use <i>Have fireplaces cleaned annually by a chimney sweep</i></p>	<p style="text-align: center;"><b>Ground Fault Interrupter (GFI) Protection</b></p> <p><input type="checkbox"/> No GFIs noted in house wiring <input type="checkbox"/> GFI(s) noted in panel box <input checked="" type="checkbox"/> GFIs noted in branch outlets <input checked="" type="checkbox"/> GFI(s) noted on exterior</p> <p><b>Testing &amp; Results:</b> <input checked="" type="checkbox"/> using an electric tester plugged into outlet <input type="checkbox"/> using test button on GFI. All devices tested <input checked="" type="checkbox"/> DID <input type="checkbox"/> DID NOT trip, as expected.</p> <p><b>Course of Action:</b> <input type="checkbox"/> GFIs should be retested &amp; repaired/replaced by electrician and more added, as needed. <input type="checkbox"/> GFIs should be installed _____</p>
<p style="text-align: center;"><b>Fireplace # 2</b></p> <p><input checked="" type="checkbox"/> None noted Location _____</p> <p><input type="checkbox"/> Masonry <input type="checkbox"/> Metal prefabricated <input type="checkbox"/> Wood Stove Insert <input type="checkbox"/> Gas Insert <input type="checkbox"/> Working</p> <p><b>Firebox:</b> <input type="checkbox"/> Metal <input type="checkbox"/> Masonry Firebrick <input type="checkbox"/> loose mortar <input type="checkbox"/> Abnormal openings (Cracks, missing grout, etc.)</p> <p><b>Flue:</b> <input type="checkbox"/> Dirty <input type="checkbox"/> shared <input type="checkbox"/> missing liner <input type="checkbox"/> Clearance <b>Damper:</b> <input type="checkbox"/> Opened and closed <input type="checkbox"/> Could not open &amp; close safely <input type="checkbox"/> Broken or missing parts <input type="checkbox"/> did <input type="checkbox"/> did not observe flue liner</p> <p>Combustion air supply: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior air <b>Limitations:</b> <input type="checkbox"/> Fire burning <input type="checkbox"/> area blocked, unable to inspect <input type="checkbox"/> Pilot light was off during inspection</p> <p><b>Course of Action:</b> <input type="checkbox"/> Have WETT Certified contractor clean, test, evaluate and certify before use <i>Have fireplaces cleaned annually by a chimney sweep</i></p>	<p style="text-align: center;"><b>Smoke Detectors</b> <span style="float: right;">   </span></p> <p><input type="checkbox"/> None Noted, have an electrician install immediately # <u>3</u> Smoke Detectors</p> <p><input checked="" type="checkbox"/> <b>Not Tested</b> as may be connected to wired / wireless alarm system in house, they should be tested by alarm company before sleeping in house.</p> <p><b>Course of Action:</b> <input type="checkbox"/> Install additional smoke detectors <input type="checkbox"/> upper floor <input type="checkbox"/> main floor <input type="checkbox"/> Basement <input type="checkbox"/> Within 5 feet of bedroom doors <input type="checkbox"/> Replace smoke detectors <input type="checkbox"/> Relocate smoke detectors</p> <p><input checked="" type="checkbox"/> <b>Test smoke detectors monthly</b> <input checked="" type="checkbox"/> <b>Test smoke detectors before sleeping in the house</b></p>
<p style="text-align: center;"><b>Wood Stove</b></p> <p><input checked="" type="checkbox"/> None noted Location _____</p> <p><input type="checkbox"/> Fire burning at time of inspection, unable to inspect <input type="checkbox"/> Have WETT Certified contractor clean, test and evaluate <input type="checkbox"/> Have clearances of wood stove and flue pipes evaluated by a WETT Certified Contractor <input type="checkbox"/> Have WETT Certified contractor evaluate condition and clearances of wood stove and flue pipes</p>	<p style="text-align: center;"><b>Carbon Monoxide (CO) Detectors</b> <span style="float: right;">   </span></p> <p><input type="checkbox"/> No permanently installed CO detectors noted # <u>3</u> CO Detectors</p> <p><input checked="" type="checkbox"/> <b>Not Tested</b> as may be connected to wired / wireless alarm system in house, they should be tested by alarm company before sleeping in house.</p> <p><input checked="" type="checkbox"/> Install CO detector in hall on all sleeping levels at knee level <input checked="" type="checkbox"/> <b>Test CO detectors before sleeping in the house</b></p>
<p style="text-align: center;"><b>Interior Fire Sprinkler System</b></p> <p><input checked="" type="checkbox"/> None Noted <input type="checkbox"/> Noted, have evaluated for proper operation Sprinklers are not tested, because to do so would cause flooding and damage to furnishings in the home. Have system evaluated by an appropriate contractor.</p>	
<p><b>Additional Comments or Issues:</b></p>	

**Course of Action: Have an electrician install safety devices before sleeping in the home**



## General Interior

<p style="text-align: center;"><b>Ceilings</b></p> <p><input checked="" type="checkbox"/> Drywall ___ Wood ___ Metal ___ Acoustic ceiling tiles</p> <p><input checked="" type="checkbox"/> Plaster over ___ Wood lath ___ Metal mesh ___ wall board</p> <p><input checked="" type="checkbox"/> Unknown backer material</p> <p>___ Appears recently painted / papered ___ Nail pops were noted</p> <p><input checked="" type="checkbox"/> No major defects were noted</p> <p>___ Water stains in _____ area</p> <p>___ Appears dry, monitor over time</p> <p>The following major defects were noted:</p>	<p style="text-align: center;"><b>Doors</b></p> <p>Mainly door types of: <input checked="" type="checkbox"/> Hollow core ___ Wood ___ Plastic</p> <p>___ Hinged one side ___ Bi-fold ___ Louvered ___ Mirrored</p> <p>___ Sliders</p> <p><b>Defects noted:</b></p> <p>___ Some adjustments could be made to the door fit</p> <p>___ Doors do not open and close easily</p> <p>___ Doors or hinges feel/look loose</p> <p>___ Doors with holes &amp; broken parts</p> <p>___ Doors missing from opening which normally would be expected to have doors.</p> <p>___ Doors with missing, broken or damaged hardware / locks</p>
<p style="text-align: center;"><b>Walls</b></p> <p><input checked="" type="checkbox"/> Drywall ___ Wood ___ Panel covered</p> <p><input checked="" type="checkbox"/> Plaster over: ___ Wood lath ___ Metal mesh ___ wall board</p> <p><input checked="" type="checkbox"/> Unknown backer material ___ Unknown materials</p> <p><input checked="" type="checkbox"/> No major defects were noted</p> <p>___ Appears recently painted / papered ___ Nail pops were noted</p> <p>The following major defects were noted:</p>	<p style="text-align: center;"><b>Windows</b></p> <p>Primarily the following types of windows were observed:</p> <p>___ Single hung <input checked="" type="checkbox"/> Double hung <input checked="" type="checkbox"/> Casement</p> <p>___ Sliding ___ Awning ___ Hopper <input checked="" type="checkbox"/> Fixed panes</p> <p>___ Some <input checked="" type="checkbox"/> Most seem to have insulated glazing (glass)</p> <p>They appear to be made of: ___ Wood ___ Metal <input checked="" type="checkbox"/> Plastic</p> <p>___ A combination of materials ___ Unknown</p> <p>Random tested windows and found</p> <p>Window Sash <input checked="" type="checkbox"/> Do ___ Do not open under normal pressure</p> <p><b>Basement window(s):</b></p> <p>___ None noted ___ Wood ___ Metal <input checked="" type="checkbox"/> Plastic</p> <p>Sash are located ___ high near ceiling</p> <p>and open ___ in ___ out <input checked="" type="checkbox"/> slide sideways</p> <p><b>Defects:</b></p> <p>___ Broken glass</p> <p>___ Broken, rotted or loose sash pieces</p> <p>___ Broken or defective counter balance devices</p> <p>___ Missing handles, locks, and hardware</p> <p><input checked="" type="checkbox"/> Missing screens ___ Damaged screens, replace</p> <p>___ Stains, indicating leaks or condensation</p> <p>___ Fogged up / Condensation noted ___ broken thermal seals</p> <p>___ Recommend replace windows for energy conservation</p>
<p style="text-align: center;"><b>Floors</b></p> <p>___ Wall to wall carpet ___ Room sized rugs <input checked="" type="checkbox"/> Hardwood</p> <p>___ Laminated Wood ___ Plywood <input checked="" type="checkbox"/> Sheet goods</p> <p>___ Vinyl tiles ___ <input checked="" type="checkbox"/> Ceramic tile</p> <p>When bounced on, ___ a normal amount of bounce was noted ___ excessive bounce was noted</p> <p>___ Slanted floors noted on ___ main ___ upper floor, monitor for ongoing movement</p>	<p style="text-align: center;"><b>Trim</b></p> <p>___ None noted (base of walls, around doors &amp; windows)</p> <p>Mainly, material type of: <input checked="" type="checkbox"/> Wood ___ Plastic</p> <p>Trim is <input checked="" type="checkbox"/> Painted ___ Stained ___ Unfinished</p> <p>___ Paint or finish was observed to be peeling.</p> <p>Trim was observed to be ___ loose ___ missing in some ___ a few ___ most places</p>
<p style="text-align: center;"><b>Stairs, Balconies, &amp; Railings</b></p> <p>___ To Basement ___ To Attic <input checked="" type="checkbox"/> Between living levels</p> <p><input checked="" type="checkbox"/> Felt solid under foot, rise and run felt about even</p> <p><b>Trip hazards observed:</b></p> <p>___ Uneven rise and run from step to step</p> <p>___ Weak or springy treads or stringers</p> <p>___ Loose treads ___ Low head room ___ Shallow treads noted</p> <p>___ Loose handrails noted on _____ stairs</p> <p>___ Loose carpet or tread coverings</p> <p>___ Large openings in rail system should be closed down</p> <p>___ Steep steps (rise too high)</p> <p>___ No handrails noted on ___ Basement _____ stairs</p> <p><b>Course of Action:</b></p> <p>___ Add handrail for safety</p>	<p style="text-align: center;"><b>Skylights and Roof Windows</b></p> <p><input checked="" type="checkbox"/> None noted from interior</p> <p>___ Appear fixed ___ Operated ___ did not operate</p> <p><b>Results:</b></p> <p>___ Some ___ Most seem to have insulated glazing (glass)</p> <p>Leaks (around unit): ___ None noted ___ Small stains noted</p> <p>___ Excessive staining/damage noted</p> <p>Condensation/Leaks (abutting glass) ___ None noted</p> <p>___ Small stains noted ___ Excessive stains noted</p> <p>___ Active water penetration observed</p>
<p><b>Additional Comments or Issues:</b></p>	

**Course of Action: Have a carpenter or home improvement contractor correct defects noted above**

## Attic & Ventilation

<p style="text-align: center;"><b>Attic Access</b></p> <p> <input type="checkbox"/> No Attic    <input type="checkbox"/> Flat roof    <input type="checkbox"/> Cathedral ceiling  <input type="checkbox"/> No Access    <input type="checkbox"/> Blocked by storage items         </p> <p> <input type="checkbox"/> Stairs, see Stairs on INTERIOR page  <input type="checkbox"/> Pull down in _____  <input checked="" type="checkbox"/> Access Hatch in <u>hallway</u> </p> <p><b>Results:</b></p> <p> <input checked="" type="checkbox"/> Limited viewing, looked in through opening ONLY              Due to: <input checked="" type="checkbox"/> low headroom    <input checked="" type="checkbox"/> no walkway/floor    <input type="checkbox"/> Storage  <input type="checkbox"/> Entered, walked from end to end  <input type="checkbox"/> Entry blocked by excessive storage which also prevented sufficient viewing of attic area.         </p> <p> <input checked="" type="checkbox"/> Insulate    <input checked="" type="checkbox"/> Weatherstrip access hatch         </p>	<p style="text-align: center;"><b>Attic Ventilation</b></p> <p><input type="checkbox"/> No ventilation noted, it may or may not exist</p> <p><b>Type:</b></p> <p> <input checked="" type="checkbox"/> Ridge vent  <input type="checkbox"/> Roof vent  <input type="checkbox"/> Gable end vent  <input type="checkbox"/> Soffit / Fascia vent  <input type="checkbox"/> Turbines  <input type="checkbox"/> Whole house fan  <input type="checkbox"/> Other _____         </p> <p>Vents obstructed by: <input type="checkbox"/> Insulation    <input type="checkbox"/> nest / hives</p> <p><input type="checkbox"/> Exhaust venting fans noted in ceilings below attic floor with nothing noted in attic to indicate they vent directly to exterior.</p> <p><b>Defects:</b></p> <p> <input type="checkbox"/> Inadequate ventilation, increase venting  <input type="checkbox"/> Exhaust fans from interior end in attic and must be directed to exterior.  <input checked="" type="checkbox"/> Remove insulation that is currently blocking vents, install soffit baffles  <input type="checkbox"/> Soffit vents missing baffles, should be installed         </p> <p><b>Course of Action:</b> _____</p>
<p style="text-align: center;"><b>Framing</b></p> <p> <input checked="" type="checkbox"/> Rafters    <input type="checkbox"/> Trusses  <b>Sheathing</b>  <input type="checkbox"/> Structural panels    <input checked="" type="checkbox"/> Spaced boards         </p> <p><b>Defects:</b></p> <p> <input type="checkbox"/> Sagging    <input type="checkbox"/> Buckling  <input type="checkbox"/> Cracking    <input type="checkbox"/> Rot  <input type="checkbox"/> Delaminating         </p> <p><b>Course of Action:</b></p> <p> <input type="checkbox"/> Localized defects, monitor over time  <input type="checkbox"/> Add or secure structural supports  <input type="checkbox"/> Seal party / fire walls         </p>	<p style="text-align: center;"><b>Crawl Space Ventilation</b></p> <p> <input checked="" type="checkbox"/> Not Applicable  <input type="checkbox"/> Wall vents observed  <input type="checkbox"/> Vents into basement area         </p> <p><input type="checkbox"/> Recommend adding ventilation to this area to prevent condensation / moisture problems</p> <p><i>Additional information on the crawl space ventilation is noted in the Crawl Space section of the report.</i></p>
<p style="text-align: center;"><b>Moisture &amp; Water Penetration</b></p> <p><input type="checkbox"/> None noted</p> <p><b>Evidence observed in attic:</b></p> <p> <input checked="" type="checkbox"/> Dark stains on framing  <input type="checkbox"/> Microbial growth / mildew  <input type="checkbox"/> Rust / corrosion on roofing nails  <input type="checkbox"/> Delaminated or decomposing roof decking material  <input type="checkbox"/> Water damage  <input type="checkbox"/> Water stains _____  <input type="checkbox"/> Condensation evident on exhaust pipes         </p> <p><b>Course of Action:</b></p> <p> <input type="checkbox"/> Insulate exhaust vents in attic  <input type="checkbox"/> Increase Insulation on pipes  <input type="checkbox"/> Have a contractor inspect and repair/rebuild as needed  <input type="checkbox"/> Further evaluation and testing for possible mould recommended (and remediation work performed as required)         </p>	<p style="text-align: center;"><b>Attic Storage</b></p> <p> <input checked="" type="checkbox"/> Not recommended  <input type="checkbox"/> Limited storage  <input type="checkbox"/> Attic fully floored         </p>
<p><b>Additional Comments or Issues:</b></p>	

**Course of Action: Have a roofing or other appropriate contractor evaluate and repair as needed.**

## Insulation

<p style="text-align: center;"><b>Attic</b></p> <p> <input type="checkbox"/> None noted    <input type="checkbox"/> Attic could not be accessed  <input type="checkbox"/> Fully floored    <input type="checkbox"/> Some observed, mostly obscured         </p> <p><b>Form:</b>  <input type="checkbox"/> Batt / Blanket    <input checked="" type="checkbox"/> Loose Fill    <input type="checkbox"/> Rigid Board  <input type="checkbox"/> Foamed in Place         </p> <p><b>Type:</b>  <input checked="" type="checkbox"/> Glass Fiber    <input type="checkbox"/> Wood Shavings    <input type="checkbox"/> Mineral Fiber  <input checked="" type="checkbox"/> Cellulose Fiber    <input type="checkbox"/> Urea Formaldehyde Foam (UFFI)  <input type="checkbox"/> Plastic/Foam Board    <input type="checkbox"/> Vermiculite, test for Asbestos content  <input type="checkbox"/> Other _____         </p> <p><b>Location:</b>  <input checked="" type="checkbox"/> Floor    <input type="checkbox"/> Roof    <input type="checkbox"/> Both    <input type="checkbox"/> other _____         </p> <p>Estimated thickness <u>6-12</u> inches    <input type="checkbox"/> Unknown</p> <p>Estimated R-value <u>18-36</u> R</p> <p><b>Defects:</b>  <input type="checkbox"/> Wet    <input type="checkbox"/> Compressed    <input type="checkbox"/> Mildew / fungus  <input type="checkbox"/> Evidence of past or current rodent infestation  <input type="checkbox"/> Insulation appears, smells or feels damp/wet, replacing should improve efficiency &amp; reduce allergies.  <input type="checkbox"/> Low / bare spots in insulation, recommend additional insulation         </p> <p><b>Vapour barrier:</b>    <input type="checkbox"/> None Noted    <input checked="" type="checkbox"/> Not visible  <input type="checkbox"/> Plastic    <input type="checkbox"/> Kraft Paper    <input type="checkbox"/> Polyethylene  <input type="checkbox"/> Other _____    <input type="checkbox"/> Not determined  <input type="checkbox"/> Barrier is located on warm side of the insulation  <input type="checkbox"/> Barrier is within insulation or on cold side, have repaired         </p> <p><b>Exhaust pipes from interior:</b>  <input checked="" type="checkbox"/> Adequate insulation    <input type="checkbox"/> wet    <input checked="" type="checkbox"/> condensation         </p> <p><b>Clearances</b>  <input type="checkbox"/> Adequate around pot lights, fans other mechanical items  <input type="checkbox"/> Electrical wiring observed within or on top of insulation, have secured.         </p> <p><b>Course of Action:</b>  <input type="checkbox"/> Adding additional insulation should be considered to increase energy efficiency of home.         </p>	<p style="text-align: center;"><b>Ductwork</b></p> <p> <input checked="" type="checkbox"/> None noted  <input type="checkbox"/> Some    <input type="checkbox"/> most ductwork in unconditioned spaces was observed to be insulated.              Insulation appears to be <input type="checkbox"/> adequate    <input type="checkbox"/> insufficient              Observed: <input type="checkbox"/> Condensation    <input type="checkbox"/> Rust  <i>Uninsulated ducts should be insulated for energy conservation and to prevent condensation and resultant damage.</i> </p> <hr/> <p style="text-align: center;"><b>Pipes</b></p> <p> <input checked="" type="checkbox"/> None noted    <input type="checkbox"/> Heating cables  <input type="checkbox"/> Some    <input type="checkbox"/> many pipes believed to be carrying heated or chilled water or coolants in unconditioned spaces were observed to be insulated.              Insulation appears to be <input type="checkbox"/> adequate    <input type="checkbox"/> insufficient  <i>Uninsulated pipes should be insulated for energy conservation and to prevent condensation and resultant damage.</i> </p> <hr/> <p style="text-align: center;"><b>Walls</b></p> <p> <input checked="" type="checkbox"/> Not determined  <input type="checkbox"/> Through hole in wall (located _____), saw _____ type of insulation.               Removed # _____ exterior wall outlet covers on interior of house and saw _____  <i>While the above does not determine that the walls are or are not insulated, it may give an indication of what is in the walls. Sometimes insulation is placed behind electrical boxes and nowhere else.</i> </p> <hr/> <p style="text-align: center;"><b>Building Underside</b></p> <p> <input checked="" type="checkbox"/> Not Applicable  <input type="checkbox"/> None noted  <input type="checkbox"/> From within a crawl space / basement, under floor of the lowest living area _____ insulation was observed.               Estimated thickness _____ inches thick              Estimated R-value of _____ R.         </p>
<p><b>Additional Comments or Issues:</b></p> <p style="text-align: center;"><i>Course of Action: Have an appropriate contractor replace or add insulation where needed.</i></p>	

### General Limitations

Normal furnishings and floor, ceiling, and wall coverings will obstruct the view of the inspector. In addition to the standard obstructions, the following items further limited the inspection:

**Exterior**

plantings too close to building  
 snow and ice buildup     vines on the building  
 debris, leaves, brush, wood or other items piled against exterior of building  
 Other \_\_\_\_\_  
 Exterior appears recently painted/sided

**Interior**

Furnishings throughout the house  
 normal     minimal,     excessive  
 Stored items:  
 throughout the house,     basement,     attic  
 normal     minimal,     excessive  
 Interior appears recently painted/papered  
 Renovation work recently done

These items may have prevented the inspector from seeing some items and therefore not reporting about the unobserved item or condition. Once these conditions change or are changed, defects or deficiencies may be found.