

LIGHTHOUSE INSPECTIONS

Visual Pre-Inspection Agreement

Name: DAVID ANDREW NICHOLSON
Current Address c/o 235 SYMINGTON AVE City/ Province/ Postal T.O. ON, M6P 3W5
Phone # 4-569-6424 E-Mail: AndriempDavidAndrewNicholson.com
Regarding: (Property to be Inspected) DATE Apr. 4 / 16 Time: 9:10 am
Address: 235 Symington Ave. Unit # _____ City: Toronto

Between the above named Customer and the undersigned, an Independently owned and operated Franchisee of Lighthouse Inspections ("Inspector"):

For a Fee of \$ 452.00, the Customer agrees to have Inspector conduct a home inspection for the purpose of outlining any visual major deficiencies observed by the inspector. The Inspector will provide the Customer with a 38 page report prepared on-site for the exclusive use and possession of the Customer. The written report will include comments based on observations of the visible and accessible parts of components only. This inspection is intended to assist in evaluation of the overall condition of the home / building and not the advisability of the purchase. This will be a limited visual home inspection of the exposed elements of major components of the home and substantial deficiencies may exist and not be detected because of the limited nature of such an inspection. **The inspection is based on observation of the visible and apparent condition of the building and its components, in readily accessible areas only, on the date of the inspection, at the time of the inspection.**

The inspector does not perform invasive procedures nor will equipment, items and systems be dismantled. The inspector only uses normal operating devices. Inspection will be made to see if a component is doing its major function, not minor functions. Maintenance, cosmetics and other things may be discussed, but they are not a part of the inspection and report. See Exclusions and Limitations listed below

Concerns: The Inspector extends to its Customers the invitation to contact the inspector at any time should any concern or question arise in connection with the inspected property. The Inspector is committed to resolving customer concerns in a timely manner. The Client acknowledges that the above noted Inspector is an independently owned and operated Franchisee of Lighthouse Inspections Canada Limited. Inspector and its employees are limited in liability to the fee paid for the inspection services and Report in the event that the Client or third party claims that Inspector is in any way liable for negligently performing the inspection. Client hereby agrees to indemnify, defend and hold harmless Inspector and Lighthouse Inspections Canada Limited if any third party brings a claim relating to this Inspection Report.

Notice: The Client acknowledges and agrees that any claim(s) or complaint(s) arising out of or related to this Visual Inspection shall be reported to Inspector, in writing within ten (10) days of its detection in order to allow the Inspector the opportunity to re-inspect that portion of the home in dispute prior to any renovations or repairs relating to the concern in the Report. Any claims must be presented within one (1) year from the date of the inspection; Inspector will have no liability for claims presented after this time.

Exclusions and Limitations

The Inspector is limited to a visual inspection of the building only, any areas that are blocked by finishing materials, storage, furniture, or environmental factors are therefore eliminated from the scope of this inspection. The role of the home inspector is as an educator, to provide you with an understanding of the home and its components. Annual maintenance costs run approximately 3 to 5% of the purchase price.

The Inspector does not assess:

- Aesthetic or cosmetic concerns (i.e., finishes, odours, cleanliness); Design or adequacy of rooms or the home in general or compliance to UL or CSA standards
- Quality of workmanship or material that does not affect the structural integrity or safety of the home.
- Building codes as these are revised on an ongoing basis and are not standard across municipalities. Local building officials assess code compliance
- Life spans and age of elements and/or components. Indications are estimates only, the inspector cannot guarantee that such items will last for their expected life span, including but not limited to life expectancy and failure of components
- Attics will rarely be entered, in most cases, the inspector will perform a general inspection from the access hatch, where accessible
- Ancillary elements including, but not limited to, barbecues, site lighting, solar heating panels, satellite dishes, irrigation systems, security systems, sprinkler systems, central vacuum systems
- Inspect roofs that are not visible from the ground with binoculars or not accessible from a 13-foot ladder. Inspectors do not walk roofs; to do so may cause leaks or other damage at the time or within months of the inspection and could affect the roof warranty.

Please see Page 2 of this Pre-Inspection Agreement. _____ CUSTOMER INITIALS

Visual Pre-Inspection Agreement – Page 2

The Inspector cannot:

- Move personal belongings, storage or furniture, finishing, carpeting snow, ice, earth, etc., to gain access to hidden areas or to improve visibility of an area
- Determine the presence or absence of environmental or health concerns including, but not limited to: contaminated soil, potable water, radon, lead, UFFI, air quality, mould, mildew, carcinogens or other such hazard
- Operate components or assess utilities that are shut off, winterized, covered, do not respond to normal operating devices or otherwise restricted
- Light pilot lights that are not in functioning order / Ignite or extinguish solid fuel fires
- Perform invasive procedures to investigate a potential defect in construction, for this reason the inspector will often recommend a specialist be brought in to further evaluate components.
- Enter any area which the inspector feels is unsafe for entry, with headroom of less than 3 feet or areas with standing water
- Inspect or evaluate the operation of any underground drainage pipes, footings, etc.
- Operate air conditioning systems if the temperature has fallen below 16 degrees Celsius in the past 24 hours.
- Inspect or evaluate items not permanently installed
- Project operating costs of any components
- Uniformity or adequacy of heat or cool supply to any rooms
- Report on sizing or efficiency of heating or air conditioning units
- Operate automatic safety controls
- Report on anything not visible to the inspector, including but not limited to: concealed insulation or vapour barriers, inside walls, floors or ceiling cavities
- Operate heat pump in heat mode when temperature has been above 22 degrees Celsius in the past 24 hours
- Perform formal energy audit or evaluation
- Report on property lines or encroachments
- Evaluate or operate digital or computerized thermostats or controls
- Report on conformance or legality of secondary or basement apartments or finishings
- Determine if a building permit has been issued for any additions or renovations, etc.
- Observe the interior of chimney flues, fire chambers, heat exchangers, humidifiers or filters
- Report on the presence or absence of wood destroying insects
- Make assurances of a dry basement or crawl space
- If building is covered by condominium management, determine which items are the responsibility of the condo or owner, we rely on the homeowner for this information

The Inspector is not required to:

- Evaluate fountains, spas, swimming pools, septic, cisterns, water treatment systems etc.,
- Report on the cause of observed damage or recommend repair techniques or contractors
- Evaluate shower pans for leakage
- Report on anything other than output from wells, the inspector shall run the water from inside to determine functional flow
- Determine whether waste lines are municipal or private, and is often required to rely on the homeowner for this information
- Test or operate any over current devices except Ground Fault Circuit Interrupters
- Evaluate geological conditions, soil conditions, recreational facilities, or outbuildings other than primary garages and carports
- Operate trash compactors, individual room and window cooling units or evaluate the effectiveness of anti-siphon devices
- Test carbon monoxide detectors or smoke detectors by any means other than the test button
- Evaluate clearances around heat sources

Acknowledgement: Each office is independently owned and operated. Acceptance and understanding of this Visual Pre-Inspection Agreement is acknowledged. Receipt of a copy of the Pre-Inspection Agreement is also acknowledged. Inspector providing the home inspection service and Report is an independently owned and operated business that has been granted license to use the Lighthouse inspections names, trademarks and methods. In retaining this Inspector, the Client acknowledges that the Franchisor is not involved in the day-to-day activities and is in no way responsible for the Inspector's services or actions. Any questions relating to this service should be directed to Inspector and his/her company.

Signature: Client or Client's Representative

04/04/16

Date

Representative Signature

Representative: *Michael Tita*
 Company Name: **Elite Team Home Inspections Limited**
 Operating as: **Lighthouse Inspections Mississauga East**
 Address: **2325 Hurontario St. Suite 322, Mississauga**
 Phone Number: **905-271-6381**

Payment Information / Receipt

Fee, including inspection and report agreed to above and other services, (including HST) \$ 452.00

Payment received by (circle) Cash Cheque # _____ Visa / MC / Disc. Auth. # _____

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 EACH OFFICE IS INDEPENDENTLY OWNED AND OPERATED (E-Transfer)

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: 235 Symington Ave. Toronto
 Date of Inspection: Apr. 4/16 Approximate start time: 9:15 A.M. P.M. (circle) stop time 12:05 A.M. P.M. (circle)
 Recent WEATHER conditions: snowing Rain past 3 days: ___ Yes ___ Light ___ No
 Weather at start of inspection: cloudy, flurries Ground Condition ___ Wet ___ Dry X Snow
 Approximate outside temperature during the inspection -5 C. & prior to inspection -10 C.
 Front of Building facing: ___ North ___ South ___ East X 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:

Great solid home, good shape. Some typical issues/repairs noted.

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

General Structure & Roofing

<p style="text-align: center;">Building Style</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 Estimated Age: <input type="checkbox"/> Under 10 years <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-60 <input type="checkbox"/> 60+ <input type="checkbox"/> over 70 years Occupancy: <input checked="" type="checkbox"/> Occupied <input type="checkbox"/> Vacant General Construction: <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> _____ <input type="checkbox"/> _____ </p>	<p style="text-align: center;">Roofing</p> <p> Roof Style(s) <input checked="" type="checkbox"/> Gable <input type="checkbox"/> Shed <input type="checkbox"/> Hip <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Gambrel <input type="checkbox"/> Ridge <input type="checkbox"/> Pitched Roof Covering(s) <input checked="" type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Rolled <input type="checkbox"/> Slate / Clay Tiles Estimated life span: <input checked="" type="checkbox"/> Younger <input type="checkbox"/> Mid-life <input type="checkbox"/> Older or End of useful life Number of layers <u>1</u> Inspection Method: <input checked="" type="checkbox"/> From ground with binoculars <input type="checkbox"/> from a window <input checked="" type="checkbox"/> from roof edge Identified the following conditions: <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 Younger roof covering indicators: <input type="checkbox"/> clean <input type="checkbox"/> fresh colour <input type="checkbox"/> laying smooth Inspection Limitations: The _____ portion of roof was not visible to the inspector and should be inspected by a roofing contractor to determine condition <input checked="" type="checkbox"/> Roofing is mostly snow covered <input type="checkbox"/> Flat roof is covered by decking and could not be inspected Leaks see Moisture and water penetration in ATTIC section of report. Course of Action <input type="checkbox"/> Recommend roofing contractor reroof <input type="checkbox"/> Recommend roofer _____ </p>
<p style="text-align: center;">Flashing</p> <p> Material <input type="checkbox"/> None noted <input checked="" type="checkbox"/> unknown metal <input type="checkbox"/> Rubberized membrane <input type="checkbox"/> Galvanized <input type="checkbox"/> Material not determined Defects: <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 Course of Action: _____ _____ </p>	<p style="text-align: center;">Soffit & Fascia</p> <p> Soffit: <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 Fascia: <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 style="text-align: center;">Skylights & Roof Windows</p> <p> <input checked="" type="checkbox"/> None noted on exterior of house # of units noted _____ Type: <input type="checkbox"/> Domed <input type="checkbox"/> Flush <input type="checkbox"/> Roof Curb identified Material: <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 Caulking around unit: <input type="checkbox"/> appears adequate <input type="checkbox"/> missing or damaged, recommend repair Defects noted: <input type="checkbox"/> Cracked Glazing: <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>Additional Comments or Issues:</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) ___
___ 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 *reseal*
___ Cap overhanging to protect brick ___ None noted
add as needed
___ 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

Additional Comments or Issues:

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

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

Vehicle Parking

<p style="text-align: center;">front Driveway (Pad)</p> <p> <input type="checkbox"/> None noted <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Stone or gravel <input checked="" type="checkbox"/> Interlock _____ </p> <p>Defects noted: <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>Course of Action: _____ _____</p>	<p style="text-align: center;">Garage</p> <p> <input checked="" type="checkbox"/> None Noted </p> <p>Estimated Size: _____ Car(s) Bays are: _____ side by side _____ tandem <input type="checkbox"/> Attached _____ living space above <input type="checkbox"/> Semi-detached _____ Detached Interior accessed: <input type="checkbox"/> Yes <input type="checkbox"/> No because _____ Visibility limited by: _____ Parked car _____ Storage</p> <p>Floor: _____ Concrete _____ Asphalt _____ Dirt <input type="checkbox"/> normal condition Defects: _____ Cracks _____ Depressions _____ Oil stained <input type="checkbox"/> Deteriorated surfaces</p> <p>Walls: _____ Masonry _____ Wood framed Framing <input type="checkbox"/> exposed to view _____ blocked by storage / walls finished <input type="checkbox"/> Exterior finishes deteriorated, replace</p> <p>Automobile doors: _____ Overhead _____ Swinging Number: _____ such doors <input type="checkbox"/> Operated _____ Not-operated, because _____ <i>Electric opener</i> _____ noted <input type="checkbox"/> operated _____ not operated, because _____ Applied resistance and door _____ did _____ did not stop or reverse, as expected. _____ Adjust sensor <input type="checkbox"/> Missing safety cables inside of overhead garage doors springs, have contractor install.</p> <p>Man doors: _____ into house _____ to exterior # _____ doors _____ operated <input type="checkbox"/> Replace weather seal _____ Requires proper step(s) Self Closing door? _____ Yes _____ No _____ Add <input type="checkbox"/> Not operated, because _____ <i>Results:</i> _____</p> <p>Windows: _____ None _____ fixed _____ operational <input type="checkbox"/> Not tested, because _____ Results: _____</p>
<p style="text-align: center;">Other Parking Area</p> <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>	<p style="text-align: center;">Carport</p> <p> <input checked="" type="checkbox"/> None Noted </p> <p>Size: _____ 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>Floor: _____ Concrete _____ Asphalt _____ Dirt _____ <input type="checkbox"/> Normal condition Defects: _____ Cracks _____ Depressions _____ Oil Stained <input type="checkbox"/> Deteriorate surfaces</p> <p>Walls: _____ Vertical supports only _____ Open to weather <input type="checkbox"/> Enclosed on # _____ sides</p> <p>Roof underside: _____ Framing and sheathing exposed to view from inside _____ Stored items restrict viewing</p> <p>Water Penetration: _____ Water stains <input type="checkbox"/> Water leaking through _____ Damaged members</p> <p>Attic: _____ Enclosed attic: _____ Access _____ No access Entered _____ Yes _____ No</p> <p>Course of Action: _____ _____</p>
<p>Additional Comments or Issues:</p> 	

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

Exterior

Wall Finishes

Location: All Main Floor Upper floor
 Front Rear Side
 Brick / Masonry Wood Aluminum/Vinyl Stucco
 Cement board EIFS (Exterior Insulation and Finish System)
Evidence of Condensation present Yes No
General Condition Typical deteriorated
Repairs Required _____

Location: All Main Floor Upper floor
 Front Rear Side
 Brick / Masonry Wood Aluminum/Vinyl Stucco
 Cement board EIFS
Evidence of Condensation present Yes No
General Condition Typical deteriorated
Repairs Required _____

Finish too close to grade, repair

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.

Windows

Normal condition for age of house Upgraded
 Storms Screens Some may be missing
 Loose or missing glazing should be replaced
 Loose or missing caulk, have recaulked
Trim, Observed: Mould Decay / rot
 Re-seal sills

Window Wells

None noted
 Metal Wood Concrete
 Uncovered Covered
Defects: Broken Cracked Crumbling
 Flooded Damaged cover
 Water Stains inside windows indicating poor drainage
Course of Action: Recommend adding well for drainage
 Cover should be installed/repared to keep water out.
 Close down openings for safety Re-secure to wall
 Grade in well too high, lower

Additional Comments or Issues:

reseal former exhaust point properly (rear wall)

Foundation Walls

Poured Concrete Block & Mortar Stone & Mortar
 Brick & Mortar Wood Stucco over unknown

Defects:

Cracks observed were smaller, monitor over time
 Larger cracks were observed, recommend repair

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.

Structural

No major structural defect evidence was noted, appears in normal condition for its age
 Major structural defect evidence was noted, as described:

Course of Action: _____

Doors

Solid Hollow core French doors Sliding glass
 Metal Wood fiberglass / composite
 Open & close as expected
 Need adjustments to operate as expected
 Broken door or parts need repairing/replacing
 Missing/broken hardware to be installed/replaced/repared.
 Reseal frames
Storm doors Operated: open & close as expected
 Doors require adjustment to operate as expected
Trim, Observed: Mould Decay / rot

Wood to Soil Contact

was was not observed

Location: _____

Course of Action: _____

Remove all decayed wood and raise any wood structure onto concrete pavers as possible

Storage

Excessive storage at side of building, have removed
 Wood piles against building, have removed, may provide home to animals and insects.

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

Additions

<p style="text-align: center;">Main Entry</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 stone with steps <input type="checkbox"/> walls enclose area <input type="checkbox"/> Deteriorated/damaged steps / supports pose safety hazard # <u>6</u> steps down from porch <input type="checkbox"/> Step rise(s) too high / uneven, adjust</p> <p>Handrails/guardrails: <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;">Deck and Balcony</p> <p><input type="checkbox"/> None noted</p> <p>Location: <u>rear yard</u></p> <p><input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete</p> <p># <u>4</u> 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 <input type="checkbox"/> Stored items <input type="checkbox"/> Plant growth <input type="checkbox"/> 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 <input type="checkbox"/> 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 checked="" type="checkbox"/> None noted <input checked="" 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;">Walkways</p> <p><input type="checkbox"/> None noted</p> <p>To Main entry: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Gravel <input checked="" type="checkbox"/> Interlock / brick <input type="checkbox"/> <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"/> <input type="checkbox"/> Uneven/broken surfaces pose trip hazard</p>	<p style="text-align: center;">Secondary Entry</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 <input type="checkbox"/> wood <input type="checkbox"/> concrete 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 <input type="checkbox"/> requires proper step(s) <input type="checkbox"/> Requires proper drain</p> <p>Handrails/guardrails: <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;">Fences</p> <p><input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> <input checked="" type="checkbox"/> secure <input type="checkbox"/> loose <input type="checkbox"/> weak <input type="checkbox"/> Broken sections Gate: <input checked="" type="checkbox"/> operated <input type="checkbox"/> self-closer <input type="checkbox"/> install self-closer <input checked="" type="checkbox"/> Inspector does not know ownership</p>	<p style="text-align: center;">Patio</p> <p><input type="checkbox"/> None noted</p> <p>Location: <u>rear yard</u></p> <p><input type="checkbox"/> Concrete <input checked="" 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;">Retaining Walls</p> <p><input checked="" type="checkbox"/> None noted / decorative only <input type="checkbox"/> Wooden: <input type="checkbox"/> Pressure treated <input type="checkbox"/> Unknown if pressure treated <input type="checkbox"/> 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 <input type="checkbox"/> are not evident.</p> <p>Defects: <input type="checkbox"/> Buckling <input type="checkbox"/> Bowing <input type="checkbox"/> Cracking <input type="checkbox"/> Leaning <input type="checkbox"/> Differential displacement <input type="checkbox"/> Other displacement</p>	<p>Additional Comments or Issues:</p>

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

Grounds & Air Conditioning

Grading

Within 6 feet of foundation:

- Front of house, slopes
 _____ toward away from house _____ is relatively level,
- _____ Right of house, slopes
 _____ toward _____ away from house _____ is relatively level
- Left of house, slopes
 _____ toward away from house _____ is relatively level
- Rear of house, slopes
 _____ toward _____ away from house is relatively level.

Beyond 6 feet:

- _____ Entire lot is relatively level
- Slopes away from house, acceptable
- _____ Slopes towards the house, should be graded away
- Recommend grading slope to direct water a minimum of 6 feet from foundation to minimize water penetration

_____ 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.

Trees, Shrubs, & Plantings

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.
- _____ Planting(s) noted overhanging / touching /near to / climbing on house

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

Environmental

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.)

Course of Action:

_____ Recommend further evaluation by an appropriate contractor before any renovations of the property.

Additional Comments or Issues:

Air Conditioning

_____ None Noted

Location: Front

Brand name on central unit: N/A (Goodman)

- Type:** Central Air _____ Heat Pump _____ Gas Chiller
 _____ Evaporative Cooler Electric Compressor
 _____ Roof or attic mounted (or other) system
 _____ Ductless Air Conditioning system
 _____ Water cooling system, recommend replace

_____ In use during inspection _____ Operated

Not operated
 (see opposite page for testing limitations)

Visible portion of equipment appears to be
 _____ Newer _____ Midlife Older
 or Approximately _____ Years old

Central unit appears level _____ not level

Outdoor fan is: _____ obstructed
 Outdoor grills are: _____ damaged _____ dirty
 Have all debris removed before use
 Compressor is _____ noisy

Ductwork

in common with heating _____ independent from heating.

With unit running, house seemed to cool
 _____ slowly _____ quickly _____ adequately _____ not at all

Course of Action: _____

Individual room units _____ observed
 _____ operated _____ not operated
 Results: _____ received cooling _____ did not receive cooling

Course of Action: _____

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) 26 15A 2 20A _____ 30A
220-240 volt circuits: (number)
1 20A 1 30A 2 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>near furnace</u> <input checked="" type="checkbox"/> Public Meter Location <input checked="" type="checkbox"/> Basement _____ <input type="checkbox"/> Private _____ Location of wellhead _____ Main Shutoff valve: <u>at entry</u> Supply Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____ _____ Brass _____ Lead _____ Could not determine Conditions requiring attention: _____</p> <hr/> <p>Distribution Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____ _____ Brass _____ Lead _____ Unknown metal Conditions requiring attention: _____</p> <hr/> <p>Leaks in water supply system <input checked="" type="checkbox"/> 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>under sinks</u> Main waste line clean-outs _____ were <input checked="" type="checkbox"/> were not observed _____ Cheater vent(s) noted Venting _____ was _____ was not observed extending through roof and _____ was _____ was not seen in attic _____ 'S' traps noted in drainage system, should be rectified _____ No 'P' traps visible Conditions requiring attention: _____</p> <hr/> <p>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> <hr/> <p>Waste Ejectors <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;">Hose Bibs</p> <p>Number <u>2</u> 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. <input checked="" type="checkbox"/> When turned on water did not come out _____ Not tested, because _____ Interior: _____ Hose bib shut off valve(s) located _____ Did not locate at _____, locate and leave accessible <input checked="" type="checkbox"/> Frost protected, interior shutoff may not be required</p>	<p style="text-align: center;">Domestic Water Heater</p> <p>Location <input checked="" type="checkbox"/> basement _____ <input checked="" type="checkbox"/> Rental _____ Owned _____ unknown Estimated age / year <u>(2010)</u> Make: <u>GFW</u> <input checked="" type="checkbox"/> Gas _____ Electric _____ Oil _____ Propane _____ Water on Demand system _____ Integral with heating system Rated Capacity <u>151</u> gallons / Liters, which is generally ample for about <u>4</u> people, depending on usage. Safety pressure release valve <input checked="" type="checkbox"/> was _____ was not observed and <input checked="" type="checkbox"/> 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.</p> <hr/> <p>Vent Pipe: <u>NA</u> does <input checked="" type="checkbox"/> does not slope or rise to exhaust _____ pipe loose _____ connection(s) loose _____ rusted or deteriorated _____ joint to exhaust in need of repair <u>(repair)</u></p>
<p style="text-align: center;">Functional Flow</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;">Hot Water Output:</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>40</u> minutes of running hot water at <u>2nd fl.</u> sink faucet, water coming from faucet was <input checked="" type="checkbox"/> hot _____ warm _____ cold.</p>	
<p>Additional Comments or Issues:</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:

Serial # _____

Brand Name: Nordtyme

_____ 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 _____

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: _____

Additional Comments or Issues:

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:

rear entry + kitchen was was not found in each room - add as needed

Distribution missing from: rear bedroom

_____ 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.

_____ 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: on duct (above)

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

Basement & Crawl Space

<p>Basement</p> <p><u>100%</u> Percent of lowest level</p> <p>Exterior access / egress <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Direct walk out <input type="checkbox"/> Up exterior stairway bulkhead</p> <p>Foundation walls: <input checked="" type="checkbox"/> Covered <input type="checkbox"/> Visible (cold room only) Approximate percentage visible <u>2%</u></p> <p>Limitations to a thorough inspection: <input checked="" type="checkbox"/> Storage</p> <p>Storage <input type="checkbox"/> Insulation <input checked="" type="checkbox"/> Walls finished / drywall / painted</p> <p>Visible areas: <input checked="" type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Brick & Mortar <input type="checkbox"/> Stone & Mortar <input type="checkbox"/> Stucco over unknown</p> <p>Condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Evidence of previous wall repair <input checked="" type="checkbox"/> Evidence of <input checked="" type="checkbox"/> Previous <input type="checkbox"/> Active leak</p> <p>Defects noted: <input checked="" type="checkbox"/> Settlement cracks <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/> Monitor over time <input type="checkbox"/> Significant, have a mason repair <input type="checkbox"/> Have cracks / leaky areas repaired to prevent ongoing leakage</p>	<p>Crawl Space</p> <p><input checked="" type="checkbox"/> None noted _____ Percent of lowest level <input type="checkbox"/> Accessible <input type="checkbox"/> Not Accessible <input type="checkbox"/> Entered <input type="checkbox"/> 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>Basement Ceilings</p> <p>Exposed to view <input checked="" type="checkbox"/> Hidden from view <input type="checkbox"/> Partial view Ceilings finished? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence of _____ Previous <input type="checkbox"/> Active leak</p>	<p>Slab on Grade</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>Basement Floors</p> <p><input checked="" type="checkbox"/> concrete _____ dirt _____ Covered with <input checked="" type="checkbox"/> tile _____ sheet goods _____ carpeting _____ painted _____ Hardwood / softwood / laminated wood</p> <p>Limitations to a thorough inspection: <input checked="" type="checkbox"/> Storage</p> <p><input checked="" type="checkbox"/> Floors finished / covered _____ Excessive Furniture Approximate percentage visible <u>0%</u> <input type="checkbox"/> Satisfactory</p> <p>Defects: <input type="checkbox"/> Settlement Cracks in floor were noted which appear to be: _____ newer _____ older <input type="checkbox"/> small, probably not major defects at this time, which should be monitored over time to see if they worsen <input type="checkbox"/> larger major defects <input type="checkbox"/> showing differential settlement _____ heaving <input type="checkbox"/> Evidence suggests hollow under floor <input type="checkbox"/> Evidence of _____ Previous <input type="checkbox"/> 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>Support Columns</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>Basement Floors</p> <p><input checked="" type="checkbox"/> concrete _____ dirt _____ Covered with <input checked="" type="checkbox"/> tile _____ sheet goods _____ carpeting _____ painted _____ Hardwood / softwood / laminated wood</p> <p>Limitations to a thorough inspection: <input checked="" type="checkbox"/> Storage</p> <p><input checked="" type="checkbox"/> Floors finished / covered _____ Excessive Furniture Approximate percentage visible <u>0%</u> <input type="checkbox"/> Satisfactory</p> <p>Defects: <input type="checkbox"/> Settlement Cracks in floor were noted which appear to be: _____ newer _____ older <input type="checkbox"/> small, probably not major defects at this time, which should be monitored over time to see if they worsen <input type="checkbox"/> larger major defects <input type="checkbox"/> showing differential settlement _____ heaving <input type="checkbox"/> Evidence suggests hollow under floor <input type="checkbox"/> Evidence of _____ Previous <input type="checkbox"/> 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>Floor Drainage</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 <input type="checkbox"/> Evidence of trap cracked / broken <input type="checkbox"/> Recommend install backflow preventer</p>
<p>Basement Floors</p> <p><input checked="" type="checkbox"/> concrete _____ dirt _____ Covered with <input checked="" type="checkbox"/> tile _____ sheet goods _____ carpeting _____ painted _____ Hardwood / softwood / laminated wood</p> <p>Limitations to a thorough inspection: <input checked="" type="checkbox"/> Storage</p> <p><input checked="" type="checkbox"/> Floors finished / covered _____ Excessive Furniture Approximate percentage visible <u>0%</u> <input type="checkbox"/> Satisfactory</p> <p>Defects: <input type="checkbox"/> Settlement Cracks in floor were noted which appear to be: _____ newer _____ older <input type="checkbox"/> small, probably not major defects at this time, which should be monitored over time to see if they worsen <input type="checkbox"/> larger major defects <input type="checkbox"/> showing differential settlement _____ heaving <input type="checkbox"/> Evidence suggests hollow under floor <input type="checkbox"/> Evidence of _____ Previous <input type="checkbox"/> 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>Cold Room</p> <p><input checked="" type="checkbox"/> Not Applicable (proper door needed a/so) <input checked="" type="checkbox"/> Install/replace weatherstripping at door <input checked="" type="checkbox"/> Venting installed <input checked="" type="checkbox"/> venting blocked, open and leave active <input type="checkbox"/> No venting, proper venting to be added <input type="checkbox"/> It is not recommended to finish or partially finish a cold room. Revert area to original state.</p>
<p>Additional Comments or Issues:</p>	

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

Laundry & Wet Areas

<p style="text-align: center;">Laundry Area</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 <input type="checkbox"/> In/near bedrooms <input type="checkbox"/> In bathroom <input type="checkbox"/> In/near kitchen</p> <hr/> <p style="text-align: center;">Appliances: Laundry</p> <p>Clothes Washer 4C13706948 <input type="checkbox"/> None noted Brand: <u>Kenmore</u> Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input checked="" type="checkbox"/> Midlife</p> <p><input type="checkbox"/> Connections for water & drain were noted <input checked="" type="checkbox"/> Connections not visible 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 <input type="checkbox"/> Replace outlet <input type="checkbox"/> In use during inspection, performing normal cycles <input type="checkbox"/> Operated one cycle, heard water come in, splash, spin and pump out <input type="checkbox"/> Not operated</p> <p>Course of Action: Have an appliance repair contractor repair noted defects.</p> <p>Clothes Dryer 4D13705079 <input type="checkbox"/> None noted Brand: <u>Kenmore</u></p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Connections were noted <input type="checkbox"/> Not Secure <input checked="" type="checkbox"/> Connections not visible Vented to: <input type="checkbox"/> Exterior <input type="checkbox"/> Not vented properly, redirect Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input checked="" type="checkbox"/> Midlife</p> <p><input checked="" type="checkbox"/> Unit checked for spin and drying heat <input type="checkbox"/> In use during inspection, performing major functions <input type="checkbox"/> Not operated</p> <p>Course of Action: <input type="checkbox"/> Change dryer vent to metal <input type="checkbox"/> Vent appears clogged / dirty, requires cleaning <i>(All dryer vents require regular maintenance, see preventative maintenance booklet for more information)</i> Have an appliance repair contractor repair noted defects.</p>	<p style="text-align: center;">Laundry Tub</p> <p><input type="checkbox"/> None noted</p> <p>Tub <input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Tub damaged / cracked, replace</p> <p>Faucets: <input checked="" type="checkbox"/> Faucets hot and cold working properly <input type="checkbox"/> Faucets do not shut off fully <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 <input type="checkbox"/> Leaks noted at faucets <input type="checkbox"/> below tub <input type="checkbox"/> Leaks at water lines</p> <hr/> <p style="text-align: center;">Wet Areas</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location: _____ <input type="checkbox"/> Wet bar <input type="checkbox"/> Additional sink only <input type="checkbox"/> Other _____</p> <p>Sink <input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete</p> <p>Drainage pipes <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized Steel</p> <p>Leaks noted <input type="checkbox"/> None noted <input type="checkbox"/> Above the sink <input type="checkbox"/> below the sink <input type="checkbox"/> At taps</p> <p>Counter top <input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Wood <input type="checkbox"/> are <input type="checkbox"/> are not secure <input type="checkbox"/> loose (unsafe) <input type="checkbox"/> missing <input type="checkbox"/> large areas heat scorched or damaged 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;">Electrical: Laundry</p> <p><input type="checkbox"/> Ground Fault Interrupter <input checked="" type="checkbox"/> None Noted <input checked="" type="checkbox"/> Recommend add GFI's for safety</p>	<p style="text-align: center;">Electrical: Wet Areas</p> <p><input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> None Noted <input type="checkbox"/> Recommend add GFI's for safety</p>
<p>Additional Comments or Issues:</p> 	

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

Kitchen & Appliances

<p style="text-align: center;">Location</p> <p>Basement <input checked="" type="checkbox"/> Main floor <input checked="" type="checkbox"/> Upper floor <input type="checkbox"/></p>	<p style="text-align: center;">Range / Cooktop</p> <p>Brand: <u>N/A</u> Style: <input type="checkbox"/> Free Standing <input checked="" type="checkbox"/> Built in Fuel type: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ Age: <input type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife <input checked="" type="checkbox"/> Not operated (<u>Induction</u>) <input type="checkbox"/> In use during inspection, indicating portion being used is performing its major function <input type="checkbox"/> Operated and found that # _____ burners gave heat and # _____ did not give heat</p>
<p style="text-align: center;">Cabinets</p> <p><input checked="" type="checkbox"/> Wooden <input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Other _____ Cabinets <input checked="" type="checkbox"/> are _____ are not secure _____ end of life Doors and drawers: <input checked="" type="checkbox"/> function as expected <input type="checkbox"/> loose cabinets <input type="checkbox"/> missing hardware <input type="checkbox"/> missing door or drawer fronts <input type="checkbox"/> broken drawers <input type="checkbox"/> warped doors <input type="checkbox"/> adjust doors 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;">Oven</p> <p>Brand: <u>Ikea</u> <u>D00431935</u> _____ Part of the stove <input checked="" type="checkbox"/> Built in Fuel Type: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Self cleaning (Not checked) Age: <input type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife <input type="checkbox"/> See Stove <input checked="" type="checkbox"/> Not operated, _____ In use during inspection, indicating the portion being used is performing its major function Bake and broil _____ did _____ did not give heat when turned on.</p>
<p style="text-align: center;">Counter Tops</p> <p><input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> Granite/Marble/Corian <input checked="" type="checkbox"/> are _____ are not secure _____ loose (unsafe) _____ missing <input type="checkbox"/> large areas heat scorched or damaged 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;">Refrigerator</p> <p>Brand: <u>Maytag</u> <u>1144009566</u> Age: <input type="checkbox"/> Newer <input type="checkbox"/> Older <input checked="" type="checkbox"/> Midlife <input type="checkbox"/> In use during inspection <input type="checkbox"/> Operated <input type="checkbox"/> Not operated _____ Items in cooling section felt cool, in freezer section felt frozen -indicates doing major functions Features: <input type="checkbox"/> Ice maker <input type="checkbox"/> Water & Ice through door <input type="checkbox"/> Frost Free Magnetic Seal: _____ Damaged / Broken</p>
<p style="text-align: center;">Sink</p> <p><input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> Porcelain <input type="checkbox"/> Plastic <input type="checkbox"/> Undetermined material _____ Ran the water and found leaks <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Above the sink <input type="checkbox"/> below the sink. <input type="checkbox"/> Have leaks repaired by plumber Sink <input type="checkbox"/> chipped/cracked. Stopper/strainer <input checked="" type="checkbox"/> was _____ was not noted</p>	<p style="text-align: center;">Dishwasher</p> <p>Brand: <u>Kehmore</u> <u>FS4702065</u> Age: <input type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife <input checked="" type="checkbox"/> Operated <input type="checkbox"/> In use during inspection <input type="checkbox"/> Not operated _____ items/storage in machine <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 <input type="checkbox"/> Recommend relocate drain to sink side of P trap <input type="checkbox"/> Recommend secure unit</p>
<p style="text-align: center;">Disposal</p> <p><input checked="" type="checkbox"/> None noted Brand _____ horsepower _____ Leaks noted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Have leaks repaired by plumber _____ Tested unit, results: _____</p>	<p style="text-align: center;">Built in Microwave</p> <p><input checked="" type="checkbox"/> None noted Brand: _____ Age: <input type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife <input type="checkbox"/> Heated container of water, indicating does major function <input type="checkbox"/> Not operated, _____</p>
<p style="text-align: center;">Ventilation</p> <p><input type="checkbox"/> None Noted, other than doors and windows <input type="checkbox"/> Fan integral with a built-in Microwave or cooktop <input checked="" type="checkbox"/> Exhaust fan appears to vent to exterior <input type="checkbox"/> Recirculates air within the room <input checked="" type="checkbox"/> Light <input checked="" type="checkbox"/> When the components were turned on, they seemed to perform their major function. <input type="checkbox"/> Fan sounds excessively noisy Filters: <input checked="" type="checkbox"/> Observed <input type="checkbox"/> None Noted</p>	<p style="text-align: center;">Other Appliance</p> <p><input checked="" type="checkbox"/> None noted Brand: _____ <input type="checkbox"/> Operated <input type="checkbox"/> Not Operated _____</p>
<p style="text-align: center;">Electrical</p> <p><input checked="" type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> None Noted <input type="checkbox"/> Recommend add GFI's for safety _____ at sink <input type="checkbox"/> Inadequate number of electrical outlets</p>	
<p style="text-align: center;">Kitchen Floor</p> <p><input type="checkbox"/> Laminate <input type="checkbox"/> Vinyl Tile <input checked="" type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Carpet _____ <input checked="" type="checkbox"/> Normal amount of bounce _____ excessive bounce noted <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>BATHROOM 1: <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial Location: <u>basement</u> Tub: <input type="checkbox"/> Built in <input checked="" type="checkbox"/> Leg Tub <input type="checkbox"/> None noted Shower: <input type="checkbox"/> with Tub <input checked="" type="checkbox"/> Stall Enclosure: <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Ceramic (reseat) Seems adequately fastened to wall <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles Sink(s): # <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 Toilet: <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bidet: <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on (resecure toilet) Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Damage: <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 Floor: <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input type="checkbox"/> Soft or weak spots noted in floor Vents: <input checked="" type="checkbox"/> Window <input checked="" type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted Caulking: 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 Leaks: <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 Electrical: <input checked="" type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Install GFI <input type="checkbox"/> No receptacles (switch too close to shower) <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable</p>	<p>BATHROOM 2: <input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial Location: <u>2nd floor</u> Tub: <input type="checkbox"/> Built in <input checked="" type="checkbox"/> Leg Tub <input type="checkbox"/> None noted Shower: <input checked="" type="checkbox"/> with Tub <input type="checkbox"/> Stall Enclosure: <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Ceramic (curtain) Seems adequately fastened to wall <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles Sink(s): # <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 Toilet: <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bidet: <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Damage: <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 Floor: <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input type="checkbox"/> Soft or weak spots noted in floor Vents: <input checked="" type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted Caulking: 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 Leaks: <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 Electrical: <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>BATHROOM 3: <input type="checkbox"/> Full <input type="checkbox"/> Partial Location: _____ Tub: <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted Shower: <input type="checkbox"/> with Tub <input type="checkbox"/> Stall Enclosure: <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 Sink(s): # _____ Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Toilet: <input type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No Bidet: <input type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Damage: <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 Floor: <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Soft or weak spots noted in floor Vents: <input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted Caulking: 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 Leaks: <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 Electrical: <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>BATHROOM 4: <input type="checkbox"/> Full <input type="checkbox"/> Partial Location: _____ Tub: <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted Shower: <input type="checkbox"/> with Tub <input type="checkbox"/> Stall Enclosure: <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 Sink(s): # _____ Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Toilet: <input type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No Bidet: <input type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Damage: <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 Floor: <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Soft or weak spots noted in floor Vents: <input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted Caulking: 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 Leaks: <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 Electrical: <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>Fireplace # 1</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location _____</p> <p>____ Masonry ____ Metal prefabricated ____ Wood Stove Insert</p> <p>____ Gas Insert ____ Working</p> <p>Firebox: ____ Metal ____ Masonry</p> <p>Firebrick ____ loose mortar</p> <p>____ Abnormal openings (Cracks, missing grout, etc.)</p> <p>Flue: ____ Dirty ____ shared ____ missing liner ____ Clearance</p> <p>Damper: ____ Opened and closed ____ Could not open & close safely</p> <p>____ Broken or missing parts</p> <p>____ did ____ did not observe flue liner</p> <p>Combustion air supply: ____ Interior ____ Exterior air</p> <p>Limitations: ____ Fire burning ____ area blocked, unable to inspect</p> <p>____ Pilot light was off during inspection</p> <p>Course of Action:</p> <p>____ Have WETT Certified contractor clean, test, evaluate and certify before use</p> <p style="text-align: center;"><i>Have fireplaces cleaned annually by a chimney sweep</i></p>	<p>Ground Fault Interrupter (GFI) Protection</p> <p>____ No GFIs noted in house wiring ____ GFI(s) noted in panel box</p> <p><input checked="" type="checkbox"/> GFIs noted in branch outlets ____ GFI(s) noted on exterior</p> <p>Testing & Results:</p> <p><input checked="" type="checkbox"/> using an electric tester plugged into outlet</p> <p>____ using test button on GFI.</p> <p>All devices tested <input checked="" type="checkbox"/> DID ____ DID NOT trip, as expected.</p> <p>Course of Action:</p> <p>____ GFIs should be retested & repaired/replaced by electrician and more added, as needed.</p> <p><input checked="" type="checkbox"/> GFIs should be installed <u>exterior + laundry</u></p>
<p>Fireplace # 2</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location _____</p> <p>____ Masonry ____ Metal prefabricated ____ Wood Stove Insert</p> <p>____ Gas Insert ____ Working</p> <p>Firebox: ____ Metal ____ Masonry</p> <p>Firebrick ____ loose mortar</p> <p>____ Abnormal openings (Cracks, missing grout, etc.)</p> <p>Flue: ____ Dirty ____ shared ____ missing liner ____ Clearance</p> <p>Damper: ____ Opened and closed ____ Could not open & close safely</p> <p>____ Broken or missing parts</p> <p>____ did ____ did not observe flue liner</p> <p>Combustion air supply: ____ Interior ____ Exterior air</p> <p>Limitations:</p> <p>____ Fire burning ____ area blocked, unable to inspect</p> <p>____ Pilot light was off during inspection</p> <p>Course of Action:</p> <p>____ Have WETT Certified contractor clean, test, evaluate and certify before use</p> <p style="text-align: center;"><i>Have fireplaces cleaned annually by a chimney sweep</i></p>	<p style="text-align: right;">Smoke Detectors III</p> <p>____ None Noted, have an electrician install immediately</p> <p># <u>3</u> Smoke Detectors</p> <p><input checked="" type="checkbox"/> Not Tested as may be connected to wired / wireless alarm system in house, they should be tested by alarm company before sleeping in house.</p> <p>Course of Action:</p> <p><input checked="" type="checkbox"/> Install additional smoke detectors</p> <p>____ upper floor ____ main floor ____ Basement</p> <p>____ Within 5 feet of bedroom doors</p> <p><input checked="" type="checkbox"/> Replace smoke detectors <u>batteries</u></p> <p>____ Relocate smoke detectors</p> <p><input checked="" type="checkbox"/> Test smoke detectors monthly</p> <p><input checked="" type="checkbox"/> Test smoke detectors before sleeping in the house</p>
<p>Wood Stove</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location _____</p> <p>____ Fire burning at time of inspection, unable to inspect</p> <p>____ Have WETT Certified contractor clean, test and evaluate</p> <p>____ Have clearances of wood stove and flue pipes evaluated by a WETT Certified Contractor</p> <p>____ Have WETT Certified contractor evaluate condition and clearances of wood stove and flue pipes</p>	<p>Carbon Monoxide (CO) Detectors</p> <p><input checked="" type="checkbox"/> No permanently installed CO detectors noted</p> <p># ____ CO Detectors</p> <p><input checked="" type="checkbox"/> Not Tested 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</p> <p><input checked="" type="checkbox"/> Test CO detectors before sleeping in the house</p>
<p>Interior Fire Sprinkler System</p> <p><input checked="" type="checkbox"/> None Noted</p> <p>____ Noted, have evaluated for proper operation</p> <p>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>Additional Comments or Issues:</p>	

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

General Interior

<p style="text-align: center;">Ceilings</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;">Doors</p> <p>Mainly door types of: ___ Hollow core <input checked="" type="checkbox"/> Wood ___ Plastic</p> <p><input checked="" type="checkbox"/> Hinged one side ___ Bi-fold ___ Louvered ___ Mirrored</p> <p>___ Sliders</p> <p>Defects noted:</p> <p><input checked="" type="checkbox"/> 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 & broken parts</p> <p>___ Doors missing from opening which normally would be expected to have doors.</p> <p><input checked="" type="checkbox"/> Doors with <u>missing</u>, broken or damaged <u>hardware</u> / locks</p>
<p style="text-align: center;">Walls</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;">Windows</p> <p>Primarily the following types of windows were observed:</p> <p>___ Single hung ___ Double hung <input checked="" type="checkbox"/> Casement</p> <p><input checked="" type="checkbox"/> 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>Basement window(s):</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>Defects: <u>sealed shut</u> (cold room)</p> <p><input checked="" type="checkbox"/> 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>___ 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;">Floors</p> <p><input checked="" type="checkbox"/> Wall to wall carpet ___ Room sized rugs <input checked="" type="checkbox"/> Hardwood</p> <p>___ Laminated Wood ___ Plywood ___ 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;">Trim</p> <p>___ None noted (base of walls, around doors & 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;">Stairs, Balconies, & Railings</p> <p>___ To Basement ___ To Attic ___ Between living levels</p> <p>___ Felt solid under foot, rise and run felt about even</p> <p>Trip hazards observed:</p> <p><input checked="" type="checkbox"/> Uneven rise and run from step to step</p> <p>___ Weak or springy treads or stringers</p> <p>___ Loose treads <input checked="" type="checkbox"/> Low head room ___ Shallow treads noted</p> <p><input checked="" type="checkbox"/> Loose handrails noted on <u>basement</u> stairs</p> <p>___ Loose carpet or tread coverings</p> <p>___ Large openings in rail system should be closed down</p> <p><input checked="" type="checkbox"/> Steep steps (rise too high)</p> <p>___ No handrails noted on ___ Basement ___ stairs</p> <p>Course of Action:</p> <p>___ Add handrail for safety</p>	<p style="text-align: center;">Skylights and Roof Windows</p> <p><input checked="" type="checkbox"/> None noted from interior</p> <p>___ Appear fixed ___ Operated ___ did not operate</p> <p>Results:</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>Additional Comments or Issues:</p>	

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

Attic & Ventilation

<p style="text-align: center;">Attic Access</p> <p><input checked="" type="checkbox"/> No Attic <input checked="" type="checkbox"/> Flat roof <input type="checkbox"/> Cathedral ceiling <input checked="" 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 type="checkbox"/> Access Hatch in _____</p> <p>Results: <input type="checkbox"/> Limited viewing, looked in through opening ONLY Due to: <input type="checkbox"/> low headroom <input 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 type="checkbox"/> Insulate <input type="checkbox"/> Weatherstrip access hatch</p>	<p style="text-align: center;">Attic Ventilation</p> <p><input type="checkbox"/> No ventilation noted, it may or may not exist N/A</p> <p>Type: <input 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>Defects: <input type="checkbox"/> Inadequate ventilation, increase venting <input type="checkbox"/> Exhaust fans from interior end in attic and must be directed to exterior. <input type="checkbox"/> Remove insulation that is currently blocking vents, install soffit baffles <input type="checkbox"/> Soffit vents missing baffles, should be installed</p> <p>Course of Action: _____</p>
<p style="text-align: center;">Framing</p> <p><input type="checkbox"/> Rafters <input type="checkbox"/> Trusses</p> <p>Sheathing <input type="checkbox"/> Structural panels <input type="checkbox"/> Spaced boards</p> <p>Defects: <input type="checkbox"/> Sagging <input type="checkbox"/> Buckling <input type="checkbox"/> Cracking <input type="checkbox"/> Rot <input type="checkbox"/> Delaminating</p> <p>Course of Action: <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;">Crawl Space Ventilation</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><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;">Moisture & Water Penetration</p> <p><input type="checkbox"/> None noted N/A</p> <p>Evidence observed in attic: <input 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>Course of Action: <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;">Attic Storage</p> <p><input checked="" type="checkbox"/> Not recommended <input type="checkbox"/> Limited storage <input type="checkbox"/> Attic fully floored</p>
<p>Additional Comments or Issues:</p>	

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

Insulation

<p style="text-align: center;">Attic N/A</p> <p><input type="checkbox"/> None noted <input checked="" type="checkbox"/> Attic could not be accessed <input type="checkbox"/> Fully floored <input type="checkbox"/> Some observed, mostly obscured</p> <p>Form: <input type="checkbox"/> Batt / Blanket <input type="checkbox"/> Loose Fill <input type="checkbox"/> Rigid Board <input type="checkbox"/> Foamed in Place</p> <p>Type: <input type="checkbox"/> Glass Fiber <input type="checkbox"/> Wood Shavings <input type="checkbox"/> Mineral Fiber <input 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>Location: <input type="checkbox"/> Floor <input type="checkbox"/> Roof <input type="checkbox"/> Both <input type="checkbox"/> other _____</p> <p>Estimated thickness _____ inches <input type="checkbox"/> Unknown</p> <p>Estimated R-value _____ R</p> <p>Defects: <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 & reduce allergies. <input type="checkbox"/> Low / bare spots in insulation, recommend additional insulation</p> <p>Vapour barrier: <input type="checkbox"/> None Noted <input type="checkbox"/> Not visible <input type="checkbox"/> Plastic <input type="checkbox"/> Kraft Paper <input type="checkbox"/> Polyethylene <input type="checkbox"/> Other _____ 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>Exhaust pipes from interior: <input type="checkbox"/> Adequate insulation <input type="checkbox"/> wet <input type="checkbox"/> condensation</p> <p>Clearances <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>Course of Action: <input type="checkbox"/> Adding additional insulation should be considered to increase energy efficiency of home.</p>	<p style="text-align: center;">Ductwork</p> <p><input checked="" type="checkbox"/> None noted <input type="checkbox"/> Some _____ most ductwork in unconditioned spaces was observed to be insulated. Insulation appears to be _____ adequate _____ insufficient Observed: _____ Condensation _____ 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;">Pipes</p> <p><input checked="" type="checkbox"/> None noted _____ Heating cables <input type="checkbox"/> Some _____ many pipes believed to be carrying heated or chilled water or coolants in unconditioned spaces were observed to be insulated. Insulation appears to be _____ adequate _____ 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;">Walls</p> <p><input checked="" type="checkbox"/> Not determined <input type="checkbox"/> Through hole in wall (located _____), saw _____ type of insulation.</p> <p>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;">Building Underside</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.</p> <p>Estimated thickness _____ inches thick Estimated R-value of _____ R.</p>
<p>Additional Comments or Issues:</p>	

Course of Action: Have an appropriate contractor replace or add insulation where needed.

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.