

Building Inspection Report



Inspection Date:
3/23/2009

Prepared For:

Prepared By:
Brinkman Home Services
341 N. Turkey Pine Loop
Lecanto, FL 34461

352-746-6886

Report Number:

Inspector:
Jerry Brinkman CRI

Report Overview

THE HOUSE IN PERSPECTIVE

This is a two-bedroom two-bathroom home of typical construction. The only major recommendation is to have a licensed HVAC contractor evaluate the heat pump system. There are minor recommended improvements as follows:

1. Repair and/or replace tile and the driveway/sidewalk area where tile are loose and missing.
2. Correct the porch light which has exposed wiring and poor ceiling fit.
3. The garage door opener did not respond to testing.
4. Replace the non-functioning ground fault device in the garage and retest exterior and bathroom outlet for ground fault protection.
5. Contract with a licensed electrician to correct handyman wiring in the attic and garage.
6. Repair loose outlets and replace missing outlet cover as required.
7. The electrical panel has a double tapped 220 volt breaker. This is not recommended. The panel is full and a new panel should be installed or a subpanel could be added by a licensed electrician.
8. There is a leak under the whirlpool and the stopper does not close.
9. The fan in the SW bedroom did not respond to testing.
10. The temperature differential for the A/C was at the bottom of the satisfactory range. Recommend that a licensed HVAC contractor evaluate the system.

The above listing is not intended to contain all of the comments and observations found within the report. For a complete listing of all of the findings, please read the report in its entirety. Note: This report did not include an inspection of the screen enclosure and of the pool and pool equipment and a fee for such an inspection was not charged.

CONVENTIONS USED IN THIS REPORT

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

MARGINAL - Indicates the component will probably require repair or replacement anytime within five years.

POOR - Indicates the component will need repair or replacement now or in the very near future.

MAJOR CONCERNS - A system or component that is considered significantly deficient or is unsafe.

SAFETY HAZARD - Denotes a condition that is unsafe and in need of prompt attention.

THE SCOPE OF THE INSPECTION

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

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

Please refer to the Inspection Agreement for a full explanation of the scope of the inspection.

BUILDING DATA

Approximate Age:	22
Style:	One story
General Appearance:	Satisfactory
Main Entrance Faces:	East
Weather Condition:	Overcast
Temperature:	Over 65°F
Ground cover:	Dry
State of Occupancy	Unoccupied

SUMMARY*

ITEMS NOT OPERATING

**Garage door opener.
SW bedroom fan.**

MAJOR CONCERNS

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

Heat pump on upgrade list.

POTENTIAL SAFETY HAZARDS

**Handyman wiring - extension cord wiring.
Double-tapped 240 volt breakers or fuses.**

DEFERRED COST ITEMS

Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.

**Heat pump that is 10+ years.
Water heater that is 5+ years.**

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

INSPECTION AGREEMENT

The use of and payment for the Home Inspection Report constitutes acceptance of the Inspection Agreement even if the Inspection Agreement is not signed.

GROUNDS

Service Walks	<input type="checkbox"/> None	<input type="checkbox"/> Public sidewalk needs repair
Condition:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Other
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Trip Hazard
	<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Settling cracks <input checked="" type="checkbox"/> Typical Cracks <input type="checkbox"/> Not visible
Driveway	<input type="checkbox"/> None	
Condition:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Gravel <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Asphalt <input type="checkbox"/> Poor <input type="checkbox"/> Settling cracks
	<input type="checkbox"/> Fill cracks and seal	<input type="checkbox"/> Pitched towards home <input type="checkbox"/> Trip hazard <input checked="" type="checkbox"/> Typical cracks
Patio/Lanai	<input type="checkbox"/> None	
Condition:	<input type="checkbox"/> Concrete <input type="checkbox"/> Flagstone <input type="checkbox"/> Brick <input type="checkbox"/> Kool-Deck® <input checked="" type="checkbox"/> Other	
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Trip Hazard
	<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Settling cracks <input type="checkbox"/> Not visible
Deck (flat, floored, roofless area)	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Wood <input type="checkbox"/> Composite <input type="checkbox"/> Other
Condition:	<input type="checkbox"/> Treated	<input type="checkbox"/> Painted/Stained <input type="checkbox"/> Railing/balusters recommended
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible
Deck/Patio/Porch Covers	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Earth to wood contact <input type="checkbox"/> Moisture/insect damage
Lacks:	<input type="checkbox"/> Metal straps/bolts/nails	<input type="checkbox"/> Improper attachment to house <input type="checkbox"/> Satisfactory
Porch (covered entrance)	<input type="checkbox"/> None	<input type="checkbox"/> Railing/balusters recommended
Support Pier:	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> Not visible
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs repair
Balcony (2nd floor platform)	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Wood <input type="checkbox"/> Composite <input type="checkbox"/> Other
Railing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Railing/balusters recommended
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Safety Hazard
Stoops/Steps	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Uneven risers <input type="checkbox"/> Safety Hazard
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood <input type="checkbox"/> Other
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Railing recommended
	<input type="checkbox"/> Cracked	<input type="checkbox"/> Settled <input type="checkbox"/> Damaged <input type="checkbox"/> Recommended balusters
Fencing	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Type: Chain Link <input checked="" type="checkbox"/> Not evaluated
Landscaping Affecting Foundation		
Negative grade at:	<input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North <input type="checkbox"/> South	<input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> Recommend additional backfill	<input type="checkbox"/> Recommend window wells/covers
	<input checked="" type="checkbox"/> Trim back trees/shrubberies	<input type="checkbox"/> Wood in contact/too close to soil
	<input type="checkbox"/> Yard drains observed - not tested	<input type="checkbox"/> N/A
Retaining Wall:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Safety Hazard
Visual Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Hose Bibs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Winterized
Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not tested <input checked="" type="checkbox"/> No anti-siphon valve
General Comments		

Additional comments concerning the lanai are found under rooms. The porch light has exposed wiring and does not fit properly to the ceiling. The porch light did not respond to testing – bulb? The tile for the sidewalk is loose and/or missing at the driveway.

ROOF COVERING

General Information	
Roof Visibility	<input checked="" type="checkbox"/> All <input type="checkbox"/> Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By:
Inspected From	<input checked="" type="checkbox"/> Roof <input type="checkbox"/> Ladder at eaves <input type="checkbox"/> Ground w/binoculars
Style of Roof	Type: Combination: <input type="checkbox"/> Gable <input checked="" type="checkbox"/> Hip <input type="checkbox"/> Mansard <input type="checkbox"/> Shed <input type="checkbox"/> Flat <input type="checkbox"/> Other Pitch: Combination: <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Steep <input type="checkbox"/> Flat
Roof Covering	<input type="checkbox"/> None
Roof #1:	Type: Asphalt Estimated Layers: 1+ Layers Approximate age of cover: 5 years
Roof #2:	Type: Rolled Asphalt Estimated Layers: 1 Layer Approximate age of cover: 5 years
Roof #3:	Type: Metal Estimated Layers: 1 Layer Approximate age of cover: 22 years
Ventilation System	<input type="checkbox"/> None
Combination:	<input checked="" type="checkbox"/> Soffit <input checked="" type="checkbox"/> Ridge <input type="checkbox"/> Gable <input type="checkbox"/> Roof <input type="checkbox"/> Turbine <input type="checkbox"/> Powered <input type="checkbox"/> Eaves <input type="checkbox"/> Other
Flashing Material	<input type="checkbox"/> None
Combination:	<input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Not visible <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Other
Valley Material	<input type="checkbox"/> None
Combination:	<input type="checkbox"/> Galv./Aluminum <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Copper <input type="checkbox"/> N/A <input type="checkbox"/> Not visible <input type="checkbox"/> Other
Apparent Condition of the Following at Time of Inspection (conditions reported reflect visible portion only)	
Roof Covering	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor Condition: <input type="checkbox"/> Curling <input type="checkbox"/> Cupping <input type="checkbox"/> Missing tabs/shingles/tiles <input type="checkbox"/> Moss Buildup <input type="checkbox"/> Nail Popping <input type="checkbox"/> Ponding <input type="checkbox"/> Burn Spots <input type="checkbox"/> Exposed Felt <input type="checkbox"/> Other
Ventilation	
Flashings	<input type="checkbox"/> Not visible <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted <input type="checkbox"/> Recommend Sealing <input type="checkbox"/> Pulled away from chimney/roof
Valleys	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible <input type="checkbox"/> N/A <input type="checkbox"/> Rusted <input type="checkbox"/> Holes <input type="checkbox"/> Recommend Sealing
Skylights	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Plumbing Vents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
General Comments	

The permit to reroof the home was issued in 2004 and is permit number 200408346. Caulk fasteners on metal roof as required.

CHIMNEY / GUTTERS / SIDING / TRIM

Chimney(s)	<input checked="" type="checkbox"/> None	Location(s):	INFO
Viewed from:	<input type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input type="checkbox"/> Ground w/binoculars
Chase:	<input type="checkbox"/> Brick	<input type="checkbox"/> Stone	<input type="checkbox"/> Metal
Evidence of:	<input type="checkbox"/> Cracked chimney cap	<input type="checkbox"/> Loose mortar joints	<input type="checkbox"/> Loose brick
Flue:	<input type="checkbox"/> Tile	<input type="checkbox"/> Metal	<input type="checkbox"/> Unlined
Evidence of:	<input type="checkbox"/> Scaling	<input type="checkbox"/> Cracks	<input type="checkbox"/> Creosote
	<input type="checkbox"/> Have flue(s) cleaned and re-evaluated	<input type="checkbox"/> Not evaluated	
<input type="checkbox"/> Recommend cricket/saddle flashing	<input type="checkbox"/> Spark arrestor/chimney cap recommended		
Gutters & Downspouts	<input type="checkbox"/> None		
<input checked="" type="checkbox"/> Insides need to be cleaned	<input type="checkbox"/> Ponding		
Condition:	<input checked="" type="checkbox"/> Galvanized/Alum.	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Extension needed:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East
		Leaking:	<input type="checkbox"/> Corners
			<input type="checkbox"/> West
Siding	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal
Condition:	<input checked="" type="checkbox"/> Stone	<input type="checkbox"/> Slate	<input type="checkbox"/> Fiberboard
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
			<input checked="" type="checkbox"/> Stucco
			<input type="checkbox"/> EIFS
			<input type="checkbox"/> Recommend repair/painting
			<input type="checkbox"/> Fiber-cement
			<input type="checkbox"/> Other
Window Frames	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Aluminum covered	<input type="checkbox"/> Vinyl
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Metal
	<input type="checkbox"/> Recommend painting		<input type="checkbox"/> Poor
			<input checked="" type="checkbox"/> Other
			<input type="checkbox"/> Damaged wood
Windows, Storms & Screens	<input type="checkbox"/> N/A		
Putty:	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Clad comb.	<input type="checkbox"/> Wood/metal comb.
Screens:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Needed	<input checked="" type="checkbox"/> Insulated glass
Storms:	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Torn	<input type="checkbox"/> N/A
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Broken/cracked	<input checked="" type="checkbox"/> Missing
			<input type="checkbox"/> Damaged wood
			<input checked="" type="checkbox"/> Not installed
1 - Trim, 2 - Soffit, 3 - Fascia	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Vinyl
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	<input type="checkbox"/> Recommend painting		<input type="checkbox"/> Damaged wood
Caulking	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	<input type="checkbox"/> Recommend around windows/doors/masonry ledges/corners/utility penetrations		
General Comments			
	INFO		

EXTERIOR / ELECTRICAL / AC / GARAGE

Exterior Wall Construction		<input type="checkbox"/> Not visible <input checked="" type="checkbox"/> Wood frame <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other			
Exterior Doors		<input checked="" type="checkbox"/> Entrance (1); Storm (2); Patio (3)			
Weatherstripping:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Condition:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Damaged
Exterior Electrical Service		<input checked="" type="checkbox"/> Overhead <input type="checkbox"/> Underground Service drop: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Needs service			
Exterior outlets:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operate:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Waterproof cover recommended
GFCI protected:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Reverse polarity:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Open ground:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Overhead wires:		<input type="checkbox"/> Low	<input type="checkbox"/> Less than 3" from balcony/deck/window	<input type="checkbox"/> Extension cord/exposed Romex	
Potential safety hazard:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
A/C Condenser/Heat Pump		<input type="checkbox"/> None	Approximate age: Older	Max breaker/fuse: Unknown	
#1 Brand: Ruud Model #: Unknown		SR# Unknown	Shutoff:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
#2 Brand: INFO Model #: INFO		SR#	Shutoff:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Rusted/dirty	Level:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Garage		<input type="checkbox"/> None			
		<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> 1-car <input checked="" type="checkbox"/> 2-car <input type="checkbox"/> 3-car		
Automatic opener:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Operable <input checked="" type="checkbox"/> Inoperable		
Safety reverse: Present:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Safety hazard
Electric sensor: Present:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Safety hazard
Roofing:		<input checked="" type="checkbox"/> Same as house Type:	Approx. Age:	Approx. layers:	
Condition:		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> None		
Gutters:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> None		
Siding:		<input checked="" type="checkbox"/> Same as house <input type="checkbox"/> Wood	<input type="checkbox"/> Metal <input type="checkbox"/> Vinyl		
		<input type="checkbox"/> Stucco <input type="checkbox"/> Masonry	<input type="checkbox"/> Slate <input type="checkbox"/> Fiberboard		
Trim:		<input checked="" type="checkbox"/> Same as house <input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl		
Floor:		<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Gravel	<input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt		
Condition:		<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Typical cracks <input type="checkbox"/> Large settling cracks		
Overhead door:		Burners less than 18" above garage floor:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard	
		<input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Other		
Condition:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Recommend painting inside & edges		
Service door:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> None		
Sill plates:		<input type="checkbox"/> Elevated <input type="checkbox"/> Floor level	<input type="checkbox"/> Both <input type="checkbox"/> Not visible <input type="checkbox"/> Rotted		
Electricity present:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI Protected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reverse polarity:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Open ground:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Firewall:		(Between garage & living area)	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Damaged		
Fire door:		<input checked="" type="checkbox"/> Not verifiable <input type="checkbox"/> Not a fire door	<input type="checkbox"/> Needs repair <input type="checkbox"/> Satisfactory		
Auto closure:		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Inoperative <input checked="" type="checkbox"/> Missing <input type="checkbox"/> Needs repair <input type="checkbox"/> N/A		
Sprinklers:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer: Rain Bird Active zones:
General Comments					

The exterior outlets do not respond to ground fault testing. The ground fault device on the W wall of garage does not respond to ground fault testing. Recommend that the device be replaced and the exterior outlets tested. The garage door opener does not respond to testing. To prolong the life of the garage door, spray rollers, track, and springs with LBS #3 or oil. DO NOT USE WD40. The lockset and dead bolt are missing on the door to the kitchen. The light fixture on the S side of the garage door opening is damaged. The sprinkler system was disconnected and was not tested.

KITCHEN

Countertops	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Cabinets	Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Recommend repairs
Plumbing Comments	Faucet leak: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipes leak/corroded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Drainage: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor	Water pressure: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor	
	Sink <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Rusted	<input type="checkbox"/> Chipped	<input type="checkbox"/> Cracked
Walls & Ceiling	Condition <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks <input type="checkbox"/> Moisture stains
Heat Source Present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Floor	Condition <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Sloping <input type="checkbox"/> Squeaks
Appliances	Disposal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dishwasher: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Range: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Oven: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Trash compactor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Exhaust fan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Refrigerator: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Microwave: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical	Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	GFCI protected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Remarks)	
	Open ground/reverse polarity within 6' of water: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard
General Comments:			

The countertops are chipped. Our inspection of the appliances consists of turning each unit "On" and "Off" and looking for a response. If these operations produce successful results, the appliance will be reported as "operational". Checking cycles, options, phases, temperatures, pressures, timers, ranges of function, efficiency, "proper operation", and all other exhaustive considerations is beyond the scope of this inspection and is not included in the fee for the inspection. The ceiling fan is operational. The kitchen cabinet kickpanel has a series of holes in the kickpanel.

LAUNDRY / UTILITY GARAGE

Room Components

Laundry sink: N/A Faucet leaks: Yes No Pipe leaks: Yes No
 Cross connections: Yes None apparent Heat source present: Yes No
 Room appears vented: Yes No Not visible
 Dryer vented: N/A Wall Ceiling Not vented
 Electrical: Open ground/reverse polarity within 6' of water: Yes No Safety hazard
 Appliances present: Washer Dryer Water heater Furnace Other
 Washer hook-up lines/valves: Leaking Corroded Frozen/seized
 Gas pipe: N/A Valve shutoff: Yes No Cap Needed N/A

General Comments

There is low water pressure in the sink.

BATHROOMS

Bath: Hallway							
Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not visible
Tubs	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not visible
Showers	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not visible
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl <input checked="" type="checkbox"/> Toilet leaks
Whirlpool:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not tested <input type="checkbox"/> No access
Shower/Tub area:		<input checked="" type="checkbox"/> Ceramic/Plastic		<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite		<input type="checkbox"/> Other
	Condition:	<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input checked="" type="checkbox"/> Poor		<input type="checkbox"/> Rotted floors
	Caulk/Grouting needed:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	Where: <i>tub/wall wall</i>		
Drainage:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Water flow:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Walls/Ceiling:	Moisture stains present:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
Outlets present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI protected:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
	Open ground/reverse polarity within 6'	of water:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
	Potential safety hazards present:			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Heat source present:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
Window present:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
Exhaust fan:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Noisy

General Comments

The toilet leaks and should be repaired. There is a tile missing in the shower. The outlet should be retested for ground fault protected following the replacement of the garage GFCI device.

Bath: Master bath							
Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not visible
Tubs	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not visible
Showers	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not visible
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl <input type="checkbox"/> Toilet leaks
Whirlpool:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not tested <input type="checkbox"/> No access
Shower/Tub area:		<input checked="" type="checkbox"/> Ceramic/Plastic		<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite		<input type="checkbox"/> Other
	Condition:	<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		<input type="checkbox"/> Rotted floors
	Caulk/Grouting needed:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	Where:		
Drainage:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Water flow:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Walls/Ceiling:	Moisture stains present:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
Outlets present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI protected:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
	Open ground/reverse polarity within 6'	of water:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
	Potential safety hazards present:			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Heat source present:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
Window present:		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
Exhaust fan:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Noisy

General Comments

There is a leak under the whirlpool. The stopper in the tub does not close. The outlet should be tested for ground fault protection following the replacement of the GFCI device in the garage.

MASTER BEDROOM

Location: SE			
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		Where: _____	
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Ceiling fan:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets: <input checked="" type="checkbox"/> Yes
	Open ground/rev polarity:	<input type="checkbox"/> Yes	<input type="checkbox"/> Safety Hazard
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Covers missing
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
		<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass

General Comments:

The outlet on the E wall S end is loose.

BEDROOM

Location: SW			
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		Where: _____	
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Ceiling fan:	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets: <input checked="" type="checkbox"/> Yes
	Open ground/rev polarity:	<input type="checkbox"/> Yes	<input type="checkbox"/> Safety Hazard
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Covers missing
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
		<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass

General Comments:

The outlet on the W wall is loose and missing the cover. The fan did not respond to testing.

LIVING/DINING ROOM

Location: East			
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		Where: _____	
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets: <input checked="" type="checkbox"/> Yes
	Open ground/rev polarity:	<input type="checkbox"/> Yes	<input type="checkbox"/> Safety Hazard
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Covers missing
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
		<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Evidence of leaking insulated glass

General Comments:

The light switches for the exterior operated the lights in front of the garage. The porch light did not operate – bulb? The porch light has exposed wiring and does not fit properly to the ceiling. The S garage exterior light is damaged. The N screen on the E wall of the living room is damaged. There is wall damage going into the bedroom hallway.

FAMILY ROOM

Location: West

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Damage
 Moisture stains: Yes No Where: _____
 Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/rev polarity: Yes Safety Hazard No Covers missing
 Heat source present: Yes No Holes: Doors Walls Ceilings
 Doors & Windows: Satisfactory Marginal Poor Cracked glass Evidence of leaking insulated glass

General Comments:

The exterior light outside of exterior door did not respond to testing - bulb? There is damage to the upper doorway between the dining and family room.

DINETTE

Location: North

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Damage
 Moisture stains: Yes No Where: _____
 Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/rev polarity: Yes Safety Hazard No Covers missing
 Heat source present: Yes No Holes: Doors Walls Ceilings
 Doors & Windows: Satisfactory Marginal Poor Cracked glass Evidence of leaking insulated glass

General Comments:

The screen on the E side of the N wall is off. There is damage to the N patio door frame to the lanai.

LANAI

Location: NW

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks Damage
 Moisture stains: Yes No Where: _____
 Flooring: Satisfactory Marginal Poor Squeaks Slopes
 Ceiling fan: N/A Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No Operates: Yes No
 Open ground/rev polarity: Yes Safety Hazard No Covers missing
 Heat source present: Yes No Holes: Doors Walls Ceilings
 Doors & Windows: Satisfactory Marginal Poor Cracked glass Evidence of leaking insulated glass

General Comments:

The screen door could not be opened.

WINDOWS / FIREPLACES / ATTIC

Interior Windows/Glass	
General condition	: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Painted shut
<input type="checkbox"/> Hardware missing	<input type="checkbox"/> Glazing compound needed <input type="checkbox"/> Cracked glass <input type="checkbox"/> Broken counter-balance mech.
<input type="checkbox"/> Surface deterioration:	<input checked="" type="checkbox"/> Representative number of windows operated
Evidence of leaking insulated glass: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determinable <input type="checkbox"/> N/A	
Safety glazing:	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not determinable <input type="checkbox"/> Safety issue Where:
Security bars present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> Test release mechanism before moving in
Fireplace	
	<input checked="" type="checkbox"/> None Location(s): INFO
<input type="checkbox"/> Gas	<input type="checkbox"/> Wood <input type="checkbox"/> Woodburner stove
<input type="checkbox"/> Masonry	<input type="checkbox"/> Metal insert <input type="checkbox"/> Metal <input type="checkbox"/> Electric
<input type="checkbox"/> Blower built-in	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Damper operates <input type="checkbox"/> Damper missing
<input type="checkbox"/> Open joints or cracks in firebrick should be sealed	
Hearth:	Adequate: <input type="checkbox"/> Yes <input type="checkbox"/> No Mantle: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Loose
<input type="checkbox"/> Recommend having flue cleaned and re-examined	
Stairs	
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> None
Handrail:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Safety issue
Risers/Treads:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Risers/treads uneven
Smoke Detectors	
Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested Co detector: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Attic	
Access:	<input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input checked="" type="checkbox"/> Scuttlehole <input type="checkbox"/> Knee wall <input type="checkbox"/> No access
Inspected from:	<input type="checkbox"/> Access panel <input checked="" type="checkbox"/> In the attic <input type="checkbox"/> Other
Location:	<input type="checkbox"/> Bedroom hall <input type="checkbox"/> Bedroom closet <input checked="" type="checkbox"/> Garage <input type="checkbox"/> Other
Flooring:	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input checked="" type="checkbox"/> None
Insulation: Type:	Fiberglass <input checked="" type="checkbox"/> Batts <input type="checkbox"/> Loose Average inches: 6-9 Approx. R-rating: Unknown
Installed in:	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Rafters <input type="checkbox"/> Walls <input type="checkbox"/> Not Visible
Vent fans:	<input type="checkbox"/> Present <input type="checkbox"/> Not tested <input type="checkbox"/> Thermostat controlled <input type="checkbox"/> Safety issue
Ventilation:	<input checked="" type="checkbox"/> Appears adequate <input type="checkbox"/> Recommend additional venting
Roof structure:	<input type="checkbox"/> Wood Rafters/joists <input type="checkbox"/> Metal Rafters/joists <input type="checkbox"/> Collar ties
	<input checked="" type="checkbox"/> Trusses <input type="checkbox"/> Other <input type="checkbox"/> Not visible
Roof sheathing:	<input checked="" type="checkbox"/> Plywood <input type="checkbox"/> OSB <input type="checkbox"/> 1x Wood <input type="checkbox"/> Other
	<input type="checkbox"/> Rotted <input type="checkbox"/> Stained <input type="checkbox"/> Delaminated <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Fans exhausted to:	Attic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Outside: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not visible <input type="checkbox"/> N/A
Chimney chase:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs repair <input type="checkbox"/> Not visible
Structural problems observed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> See comments below
Vapor barriers:	<input checked="" type="checkbox"/> Not visible <input type="checkbox"/> Improperly installed
	<input type="checkbox"/> Kraft faced <input type="checkbox"/> Plastic
Electrical:	<input type="checkbox"/> Open junction box(ex) <input checked="" type="checkbox"/> Handyman wiring <input type="checkbox"/> Visible knob-and-tube
General Comments	
<i>Insulation has been removed from the area N and W of the scuttlehole. The insulation should be replaced. Some wiring was installed that may not conform to local requirements. Handy man wiring present - recommend a licensed electrician evaluate, repair and replace as necessary. Not all areas of the attic were viewed but nothing was seen in the attic, on the roof, or at ceilings and walls to indicate any structural deficiencies associated with the attic.</i>	

PLUMBING

Water Service	Shut off location: Outside at curbside and N side of home		
Water entry piping:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB <input type="checkbox"/> Unknown
Water lines:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic <input type="checkbox"/> Polybutylene <input type="checkbox"/> Unknown
	Lead (<i>other than solder joints</i>):		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Service entry <input checked="" type="checkbox"/> Unknown
	Water flow:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor <input type="checkbox"/> Cross connection: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Water pressure:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor <input type="checkbox"/> Above 80 psi (Needs evaluation)
	Pipes:	<input type="checkbox"/> Corroded <input type="checkbox"/> Leaking	<input type="checkbox"/> Valves broken/missing <input type="checkbox"/> Dissimilar metal
Drain/waste/vent pipe:	<input type="checkbox"/> Copper	<input type="checkbox"/> Cast iron	<input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible
	Waste discharge:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Slow drain
Gas Lines	<input type="checkbox"/> Not visible	<input type="checkbox"/> Shutoff missing	<input type="checkbox"/> Where:
	<input type="checkbox"/> Copper	<input type="checkbox"/> Brass	<input type="checkbox"/> Black iron <input type="checkbox"/> Stainless steel <input type="checkbox"/> CSST
Well Pump	<input checked="" type="checkbox"/> N/A		
	<input type="checkbox"/> Submersible	<input type="checkbox"/> In basement	<input type="checkbox"/> Well house <input type="checkbox"/> Well pit <input type="checkbox"/> Shared well
Pressure gauge operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown <input type="checkbox"/> Not visible
Sanitary Pump	<input checked="" type="checkbox"/> N/A		
Sealed crock:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heater #1			
	Brand name: A.O. Smith	Serial #: MA00-0014077-917	Model #: ELJF 40T 917
	<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil <input type="checkbox"/> Other	Approx. age: 9 yr.(s)
	Capacity: 40 gallons		
Relief valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing
Vent pipe:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory <input type="checkbox"/> ImproperPitch	<input type="checkbox"/> Rusted <input type="checkbox"/> Safety Hazard
Seismic restraints needed:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Needed <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Improper
Water Heater #2	<input checked="" type="checkbox"/> N/A		
	Brand name: INFO	Serial #:	Model #:
	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Oil <input type="checkbox"/> Other	Approx. age: yr.(s)
	Capacity: INFO gallons		
Relief valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing
Vent pipe:	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory <input type="checkbox"/> ImproperPitch	<input type="checkbox"/> Rusted <input type="checkbox"/> Safety Hazard
Seismic restraints needed:	<input type="checkbox"/> N/A	<input type="checkbox"/> Needed <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Improper
Water Softener	(Unit not evaluated)		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Plumbing hooked up:	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Comments			
	INFO		

HEATING SYSTEM

Fuel Shutoff	Main fuel shutoff location: INFO		
Seismic shutoff:	<input type="checkbox"/> N/A	<input type="checkbox"/> Missing	<input type="checkbox"/> Recommended
Forced Air System	<input type="checkbox"/> Central Unit	<input type="checkbox"/> Wall Furnace	<input type="checkbox"/> Floor Furnace
	Brand name: Ruud	Approximate age: 23 year(s)	
	Model #: URQA-1305BAS	Serial #: H M4386 3672	
	Brand name: INFO	Approximate age: year(s)	
	Model #:	Serial #:	
	<input checked="" type="checkbox"/> System not operated due to: Outside temperature too high.		
Energy source:	<input type="checkbox"/> Gas	<input type="checkbox"/> LP	<input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric
Hot air systems:	<input type="checkbox"/> Belt drive	<input checked="" type="checkbox"/> Direct drive	<input type="checkbox"/> Gravity
Heat exchanger:	<input type="checkbox"/> Visual with mirror	<input type="checkbox"/> N/A (sealed)	<input type="checkbox"/> Not accessible
	Condition: <input type="checkbox"/> Rusted	<input type="checkbox"/> Flame distortion	<input type="checkbox"/> Other
	View is extremely limited - See Remarks page about options		
CO test:	Tester: INFO	<input type="checkbox"/> Plenum/register	<input type="checkbox"/> Not tested <input checked="" type="checkbox"/> N/A
Distribution:	<input type="checkbox"/> Metal duct	<input checked="" type="checkbox"/> Insul. flex duct	<input checked="" type="checkbox"/> Cold air returns
Flue piping:	<input type="checkbox"/> Metal	<input type="checkbox"/> PVC	<input type="checkbox"/> Proper pitch <input type="checkbox"/> Rusted <input checked="" type="checkbox"/> N/A
Filter:	<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Electrostatic	<input type="checkbox"/> Paper <input type="checkbox"/> N/A
	Condition: <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Replace/clean	<input type="checkbox"/> Missing
Operated:	When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire		
Operation:	Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Recommend HVAC technician examine <input type="checkbox"/> Before closing	
Controls:	<input type="checkbox"/> Disconnect <input type="checkbox"/> Normal operating and safety controls observed		
Heat pump:	<input checked="" type="checkbox"/> Aux. Elec.	<input type="checkbox"/> Aux. Gas	<input type="checkbox"/> Aux. geothermal <input type="checkbox"/> N/A
	Emergency heat tested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Others	<input checked="" type="checkbox"/> N/A		
	<input type="checkbox"/> Electric baseboard	<input type="checkbox"/> Radiant ceiling cable	<input type="checkbox"/> Gas space heater
	<input type="checkbox"/> Woodburning stove	(See Remarks page)	
General Comments			

The AC mode was checked but the heat mode was not checked. Operating some systems in the heat mode in warm ambient air temperatures could damage the equipment. The system should be serviced by a qualified Heating and Cooling contractor if it has not been serviced within the past six months. Our inspection of the equipment did not include a measurement of voltage, measurement of refrigeration pressure, determination of air flow or balance, or tonnage calculations and a fee for these services was not charged. These determinations and an explanation of their consequences are beyond the scope of the limited visual inspection. For this type of exhaustive analysis, a licensed HVAC contractor should be contacted. The inspection of the equipment was a limited visual inspection of accessible components, a check to determine if the unit would respond to normal controls, and when appropriate, a determination of the temperature differential at the time of the inspection. Add one cup of bleach to the condensate access every six months to keep the condensate line open.

COOLING SYSTEM

Cooling System			
Energy source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other
Central air:	<input checked="" type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Evaporative cooler
Operated:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not operated due to outside temperature
Temperature differential:	Unit 1: 14 °F	Unit 2: °F	Unit 3: °F
Operation:	Satisfactory: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Recommend HVAC technician examine
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damaged	<input checked="" type="checkbox"/> Insulation missing
Through wall unit(s):	<input checked="" type="checkbox"/> N/A	Operated: <input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs service
General Comments			

The temperature differential was at the bottom of the satisfactory range. While the system is older, it is recommended that annual maintenance service call for the system be performed and that a licensed HVAC technician evaluate the system.

ELECTRICAL

Main Panel		Location: Garage	
Amps: 150	Volts: 240	<input checked="" type="checkbox"/> Breakers	<input type="checkbox"/> Fuses
Appears grounded:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Main Wire:	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum
Branch Wire:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum
	<input type="checkbox"/> Romex	<input type="checkbox"/> BX cable	<input type="checkbox"/> Conduit
	<input checked="" type="checkbox"/> Multiple tapping	<input type="checkbox"/> Branch wires undersized	<input type="checkbox"/> Federal Pacific panel
	<input type="checkbox"/> Multiple tapping of main disconnect	<input type="checkbox"/> Safety Hazard	
	<input type="checkbox"/> Arc fault present	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
	<input type="checkbox"/> Panel not accessible	<input type="checkbox"/> Not evaluated Reason:	

Sub Panel(s)		<input checked="" type="checkbox"/> None apparent
Location 1:	Location 2:	Location 3:
<input type="checkbox"/> Panel not accessible	<input type="checkbox"/> Not evaluated	Reason: INFO
Branch Wiring:	<input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum
	<input type="checkbox"/> Copper clad aluminum	
Neutral/ground separated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Have electrician separate
Neutral isolated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Have electrician isolate
<input type="checkbox"/> Multiple tapping	<input type="checkbox"/> Branch wires undersized	<input type="checkbox"/> Safety Hazard

Electrical Fixtures	
A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be:	
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
<input type="checkbox"/> Open grounds	<input type="checkbox"/> Reverse polarity
<input type="checkbox"/> Solid conductor aluminum branch wiring circuits	<input checked="" type="checkbox"/> GFCIs not operating
<input type="checkbox"/> Recommend a licensed electrician evaluate the service	<input type="checkbox"/> Undergrounded 3-prong outlets

General Comments:	
<i>Panel was full and one 220 amp breaker for the A/C is double tapped which is not a recommended practice. It is recommended that the panel be upgraded to allow for additional breakers or that a subpanel be added.</i>	