

# Home Inspection Report



1234 School House Road  
Yourtown, US 12345

Prepared for: Example

Prepared by: ACCUSPEC, INC.  
9600 Colerain Ave., Suite 110  
Cincinnati, OH 45251

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## Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

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D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

## General Information

### Property Information

Property Address 1234 School House Road  
City Yourtown State US Zip 12345  
Contact Name Ima Goodagent  
Phone (111)-111-1111 Fax (111)-111-1111

### Client Information

Client Name Bob Smith  
Client Address 3212 Homestead Dr.  
City Lake County State IL Zip 12345  
Phone (111)-111-1234 Fax (111)-111-2345  
E-Mail buyer@usedhouse.com

### Inspection Company

Inspector Name Joe Wadsworth  
Company Name ACCUSPEC, INC.  
Address 9600 Colerain Ave., Suite 110  
City Cincinnati State OH Zip 45251  
Phone 513-522-7362 Fax 513-729-4683  
E-Mail info@palm-tech.com  
File Number 22222  
Amount Received \$350.00

### Conditions

Others Present Inspector Only Property Occupied Vacant  
Estimated Age 70 Entrance Faces Northwest  
Inspection Date 10/20/2009  
Start Time 9:00am End Time 1:00pm  
Electric On ☒ Yes ☐ No ☐ Not Applicable  
Gas/Oil On ☒ Yes ☐ No ☐ Not Applicable  
Water On ☒ Yes ☐ No ☐ Not Applicable  
Temperature 73 degrees  
Weather Partly cloudy Soil Conditions Dry- No precipitation for past 2 weeks  
Space Below Grade Basement  
Building Type Single family Garage Detached  
Sewage Disposal City How Verified Visual Inspection

## General Information (Continued)

Water Source City How Verified Visual Inspection  
 Additions/Modifications Upgraded electrical service  
 Permits Obtained Electrical How Verified Multiple Listing Service

## Lots and Grounds

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1. ☐ ☐ ☐ ☒ ☐ Driveway: Asphalt Typical cracks in surface with weed growth
2. ☒ ☐ ☐ ☐ ☐ Walks: Concrete
3. ☒ ☐ ☐ ☐ ☐ Steps/Stoops: Concrete
4. ☒ ☐ ☐ ☐ ☐ Porch: Concrete
5. ☐ ☐ ☐ ☒ ☐ Patio: Concrete Paver Uneven pavers causing trip hazard along with weed growth
6. ☐ ☒ ☐ ☐ ☐ Deck:
7. ☒ ☐ ☐ ☐ ☐ Grading: Flat to negative pitch Improper soil slope towards foundation, recommend the addition of fill dirt to improve grade

8. ☐ ☐ ☐ ☐ ☒ Swale: Pooling due to overgrowth Extensive overgrowth has clogged culvert drainage



9. ☐ ☐ ☐ ☐ ☒ Vegetation: Trees, Shrubs/Weeds Vegetation has been neglected, Tree limbs over hang the roof and should be cut back, Trees planted too close to structure, removal may be required, Heavy ivy growth along foundation and exterior brick



10. ☐ ☐ ☐ ☒ ☐ Window Wells: Drain not visible Debris blocking well, weed overgrowth, Uncover well drain



11. ☒ ☐ ☐ ☐ ☐ Fences: Picket

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### Perimeter Walls Exterior Surface

1. ☐ ☐ ☐ ☒ ☐ Type: Brick with Block Backup Stress cracks (stair step type) originating at foundation and running to window corner - repairs recommended.



### Rear Addition Exterior Surface

2. ☒ ☐ ☐ ☐ ☐ Type: T1-11 Plywood Siding
3. ☒ ☐ ☐ ☐ ☐ Trim: Wood
4. ☒ ☐ ☐ ☐ ☐ Fascia: Wood
5. ☒ ☐ ☐ ☐ ☐ Soffits: Wood See attic ventilation notes
6. ☒ ☐ ☐ ☐ ☐ Door Bell: Hard wired
7. ☒ ☐ ☐ ☐ ☐ Entry Doors: Wood
8. ☐ ☐ ☐ ☒ ☐ Patio Door: Wood and Glass Slider Screen door missing
9. ☒ ☐ ☐ ☐ ☐ Windows: Wood casement, Single Pane Minor paint peeling noted
10. ☐ ☒ ☐ ☐ ☐ Storm Windows:
11. ☐ ☐ ☐ ☒ ☐ Window Screens: Vinyl mesh Screen is torn and will need repair
12. ☒ ☐ ☐ ☐ ☐ Basement Windows: Steel casement
13. ☐ ☐ ☐ ☐ ☒ Exterior Lighting: Surface mount, Temporary Temporary extension cord wiring present feeding exterior temporary lighting (safety concern). Properly install with Romex within conduit, Faulty GFCI outlet - replace outlet
14. ☒ ☐ ☐ ☐ ☐ Exterior Electric Outlets: 110 VAC GFCI
15. ☒ ☐ ☐ ☐ ☐ Hose Bibs: Gate
16. ☒ ☐ ☐ ☐ ☐ Gas Meter: Garage
17. ☒ ☐ ☐ ☐ ☐ Main Gas Valve: Located at gas meter



## Roof

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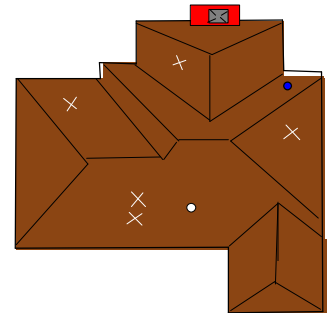
A NP NI M D

### Main Roof Surface

1. Method of Inspection: On roof



2. Roof Diagram



3. ☐ ☐ ☒ ☐ ☐ Unable to Inspect: 0%

4. ☐ ☐ ☐ ☐ ☒ Material: Fiberglass shingle Nail popping through shingle surface in various locations causing potential water intrusion (see diagram above marked "x")



5. Type: Hip

6. Approximate Age: 15

7. ☐ ☐ ☐ ☐ ☒ Flashing: Galvanized Metal Inadequate flashing, prone to possible leaks



8. ☒ ☐ ☐ ☐ ☐ Valleys: Metal

9. ☐ ☒ ☐ ☐ ☐ Skylights:

10. ☒ ☐ ☐ ☐ ☐ Plumbing Vents: Copper

11. ☐ ☐ ☐ ☒ ☐ Electrical Mast: Mast without tie back at roof Recommend adding support "tie back" cable



## Roof (Continued)

12. ☒ ☐ ☐ ☐ ☐ Gutters: Aluminum  
 13. ☒ ☐ ☐ ☐ ☐ Downspouts: Aluminum  
 14. ☐ ☐ ☐ ☐ ☒ Leader/Extension: Leaking Damaged drain tile piping



### Rear Elevation Chimney

15. ☐ ☐ ☐ ☐ ☒ Chimney: Brick Chimney requires tuck point repairs



16. ☐ ☐ ☐ ☐ ☒ Flue/Flue Cap: Concrete Noted crack(s) in crown



17. ☒ ☐ ☐ ☐ ☐ Chimney Flashing: Metal

## Garage/Carport

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### Front Garage

1. Type of Structure: Attached Car Spaces: 2  
 2. ☒ ☐ ☐ ☐ ☐ Garage Doors: Steel  
 3. ☒ ☐ ☐ ☐ ☐ Door Operation: Mechanized  
 4. ☒ ☐ ☐ ☐ ☐ Door Opener: Overhead Door  
 5. ☒ ☐ ☐ ☐ ☐ Service Doors: Wood, Fire rated  
 6. ☒ ☐ ☐ ☐ ☐ Ceiling: Plaster  
 7. ☒ ☐ ☐ ☐ ☐ Walls: Plaster  
 8. ☐ ☐ ☐ ☒ ☐ Floor/Foundation: Poured slab Minor floor cracks noted-seal cracks  
 9. ☐ ☒ ☐ ☐ ☐ Hose Bibs:  
 10. ☒ ☐ ☐ ☐ ☐ Electrical: 110 VAC Non-GFCI circuit - recommend GFCI circuit be installed  
 11. ☐ ☒ ☐ ☐ ☐ Smoke Detector:

## Garage/Carport (Continued)

12. ☐ ☒ ☐ ☐ ☐ Heating:  
13. ☐ ☒ ☐ ☐ ☐ Windows:



## Electrical

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1. Service Size Amps: 125 Volts: 110-240 VAC

2. ☒ ☐ ☐ ☐ ☐ Service: Aluminum

3. ☐ ☐ ☐ ☒ ☐ 120 VAC Branch Circuits: Copper Branch circuit neutral disconnected at main panel - Further review as to the purpose of circuit.



4. ☒ ☐ ☐ ☐ ☐ 240 VAC Branch Circuits: Copper

5. ☐ ☒ ☐ ☐ ☐ Aluminum Wiring:

6. ☒ ☐ ☐ ☐ ☐ Conductor Type: Non-metallic sheathed cable

7. ☐ ☐ ☐ ☐ ☒ Ground: Plumbing and rod in ground insufficient grounding - missing ground cable at ground rod connection strap, Correction by a licensed electrician is recommended



8. ☒ ☐ ☐ ☐ ☐ Smoke Detectors: Battery operated

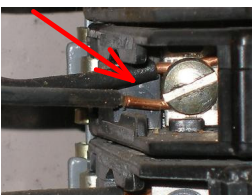
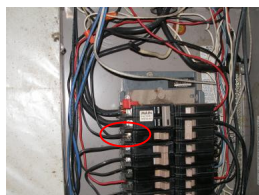
### Basement Electric Panel

9. ☒ ☐ ☐ ☐ ☐ Manufacturer: Cutler-Hammer

10. Maximum Capacity: 100 Amps

11. ☒ ☐ ☐ ☐ ☐ Main Breaker Size: 100 Amps

12. ☐ ☐ ☐ ☐ ☒ Breakers: Copper Double taps are present at breakers. These circuits need to be moved to their own circuit breaker and cannot share a breaker. It is recommended that a qualified electrician inspect the new circuits and properly connect the new circuits to an individual breaker for each circuit



13. ☐ ☒ ☐ ☐ ☐ AFCI:

14. ☐ ☒ ☐ ☐ ☐ GFCI:

15. Is the panel bonded? ☒ Yes ☐ No

## Structure

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1. ☒ ☐ ☐ ☐ ☐ Structure Type: Masonry
2. ☒ ☐ ☐ ☐ ☐ Foundation: Poured
3. ☐ ☐ ☐ ☒ ☐ Differential Movement: Stair step crack with displacement Cracks will require monitoring
4. ☒ ☐ ☐ ☐ ☐ Beams: Steel I-Beam
5. ☒ ☐ ☐ ☐ ☐ Joists/Trusses: 2x10
6. ☐ ☐ ☐ ☐ ☒ Piers/Posts: Steel posts Post bolts are loose



7. ☒ ☐ ☐ ☐ ☐ Floor/Slab: Poured slab
8. ☒ ☐ ☐ ☐ ☐ Stairs/Handrails: Wood stairs with wood handrails
9. ☒ ☐ ☐ ☐ ☐ Subfloor: Dimensional wood

## Attic

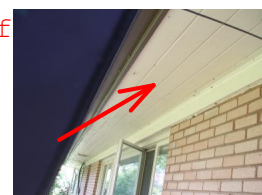
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### Main Attic

1. Method of Inspection: In the attic
2. ☐ ☐ ☒ ☐ ☐ Unable to Inspect: 10% Safety and footing
3. ☒ ☐ ☐ ☐ ☐ Roof Framing: 2x6 Rafter
4. ☒ ☐ ☐ ☐ ☐ Sheathing: Dimensional wood
5. ☐ ☐ ☐ ☐ ☒ Ventilation: Roof only Insufficient ventilation for size of structure, missing soffit ventilation



## Attic (Continued)

6. ☒ ☐ ☐ ☐ ☐ Insulation: Rockwool, Fiberglass
7. ☐ ☐ ☐ ☒ ☐ Insulation Depth: 3"-5" Recommend additional insulation be installed, redistribute evenly where disturbed
8. ☐ ☐ ☐ ☐ ☒ Attic Fan: Direct drive Critter damage noted at exhaust fan shroud screening
9. ☐ ☐ ☐ ☐ ☒ Wiring/Lighting: 110 VAC lighting circuit Exposed wiring at fixture



10. ☒ ☐ ☐ ☐ ☐ Moisture Penetration: No Previous water penetration noted
11. ☐ ☐ ☐ ☐ ☒ Bathroom Fan Venting: Electric fan Bathroom improperly vents into attic and may cause moisture damage to the insulation along with wood decay



12. ☐ ☐ ☐ ☐ ☒ Attic Stairs/Railings: Wood stairs with no handrails or guardrails Missing railings and guardrails leaving unprotected stairwell opening (safety issue)



## Basement

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### Main Basement

1. ☐ ☐ ☒ ☐ ☐ Unable to Inspect: 50% Basement partially finished restricting view
2. ☒ ☐ ☐ ☐ ☐ Ceiling: Drywall
3. ☐ ☐ ☐ ☒ ☐ Walls: Drywall, Wood Paneling, Plywood Damaged areas noted
4. ☒ ☐ ☐ ☐ ☐ Floor: Carpet
5. ☒ ☐ ☐ ☐ ☐ Floor Drain: Surface drain



## Basement (Continued)

6. ☒ ☐ ☐ ☐ ☐ Doors: Hollow wood  
 7. ☒ ☐ ☐ ☐ ☐ Windows: Steel casement  
 8. ☐ ☐ ☐ ☐ ☒ Electrical: 110 VAC Reversed polarity exists at several basement outlets



9. ☐ ☒ ☐ ☐ ☐ Sump Pump:  
 10. ☐ ☐ ☐ ☐ ☒ Moisture Location: Various spots along perimeter walls



11. ☐ ☐ ☐ ☐ ☒ Basement Stairs/Railings: Wood stairs with no handrails



## Air Conditioning

### Main AC System

1. ☒ ☐ ☐ ☐ ☐ A/C System Operation: Appears serviceable  
 2. ☒ ☐ ☐ ☐ ☐ Condensate Removal: Plastic tubing  
 3. ☒ ☐ ☐ ☐ ☐ Exterior Unit: Pad mounted  
 4. Manufacturer: Goodman  
 5. Model Number: CK-036 Serial Number: 321-543-76  
 6. Area Served: Partial house Approximate Age: 15  
 7. Fuel Type: 220 VAC Temperature Differential: N/A  
 8. Type: Central A/C Capacity: 3 Ton  
 9. ☒ ☐ ☐ ☐ ☐ Electrical Disconnect: Fused

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### Main AC System

10. ☐ ☐ ☐ ☐ ☒ A/C System Operation: Inoperative A qualified air conditioning contractor is recommended to evaluate and estimate repairs or replacement to

## Air Conditioning (Continued)

A/C System Operation: (continued)

11. ☐ ☐ ☒ ☐ ☐ abandoned compressor unit  
 Condensate Removal:  
 12. ☐ ☐ ☒ ☐ ☐ Exterior Unit: Pad mounted System out of service at time of inspection



13. Manufacturer: Goodman  
 14. Model Number: CK-030 Serial Number: 123-234-23  
 15. Area Served: Partial house Approximate Age: 15  
 16. Fuel Type: 220 VAC Temperature Differential: N/A  
 17. Type: Central A/C Capacity: 2.5 Ton  
 18. ☒ ☐ ☐ ☐ ☐ Electrical Disconnect: Fused  
 19. ☒ ☐ ☐ ☐ ☐ Exposed Ductwork: Metal  
 20. ☒ ☐ ☐ ☐ ☐ Blower Fan/Filters: Direct drive with disposable filter  
 21. ☒ ☐ ☐ ☐ ☐ Thermostats: Individual

## Heating System

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### Basement Heating System

1. ☐ ☐ ☐ ☒ ☐ Heating System Operation: Recommend replacement Boiler system is antiquated and lacks safety features found on newer units including non-sealing combustion chamber which can cause health issues



2. Manufacturer: NRC  
 3. Model Number: Not Listed Serial Number: Not Listed  
 4. Type: Boiler system Capacity: Not Listed  
 5. Area Served: Whole building Approximate Age: 70  
 6. Fuel Type: Natural gas  
 7. Unable to Inspect: 0%  
 8. ☒ ☐ ☐ ☐ ☐ Distribution: Hot water, One pipe

## Heating System (Continued)

- 9. ☒ ☐ ☐ ☐ ☐ Circulator: Pump
- 10. ☒ ☐ ☐ ☐ ☐ Draft Control: Manual
- 11. ☒ ☐ ☐ ☐ ☐ Flue Pipe: Single Wall Metal
- 12. ☒ ☐ ☐ ☐ ☐ Controls: Relief valve
- 13. ☒ ☐ ☐ ☐ ☐ Thermostats: Single Zone
- 14. Suspected Asbestos: No

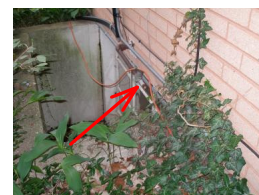
## Plumbing

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- |   |   |
|---|---|
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|---|---|

A NP NI M D

- 1. ☒ ☐ ☐ ☐ ☐ Service Line: 3/4" Copper
- 2. ☐ ☐ ☐ ☐ ☒ Main Water Shutoff: Basement Wrench being used as shut off handle - corrections required
- 3. ☐ ☐ ☐ ☒ ☐ Water Lines: Galvanized and copper Copper to galvanized supply piping connections lacks dielectric unions
- 4. ☐ ☐ ☐ ☒ ☐ Drain Pipes: Galvanized, Cast iron Galvanized drainpipe present, Galvanized piping is subject to corrosion and will eventually require updating
- 5. ☒ ☐ ☐ ☐ ☐ Service Caps: Accessible
- 6. ☒ ☐ ☐ ☐ ☐ Vent Pipes: Cast iron
- 7. ☐ ☐ ☐ ☐ ☒ Gas Service Lines: Black Iron Missing termination cap at exterior abandoned gas line

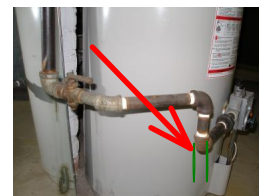


Basement Water Heater \_\_\_\_\_



## Plumbing (Continued)

8. ☐☐☐☒☐ Water Heater Operation: Corrections required Condensation  
sill not installed prior to water heater gas valve



9. Manufacturer: A.O. Smith  
 10. Model Number: 3409FD0G0 Serial Number: 0304-494567  
 11. Type: Natural gas Capacity: 40 Gal.  
 12. Approximate Age: 4 Area Served: Whole building  
 13. ☐☐☐☐☒ Flue Pipe: Single wall Install screws at exhaust vent piping fittings,  
loose piping at chimney



14. ☒☐☐☐☐ TPRV and Drain Tube: Copper

## Bathroom

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### Hall Bathroom

1. ☒☐☐☐☐ Closet: Single small  
 2. ☒☐☐☐☐ Ceiling: Plaster  
 3. ☒☐☐☐☐ Walls: Plaster, Ceramic Tile  
 4. ☒☐☐☐☐ Floor: Ceramic tile  
 5. ☒☐☐☐☐ Doors: Hollow wood  
 6. ☒☐☐☐☐ Windows: Wood casement  
 7. ☐☐☐☐☒ Electrical: 110 VAC Non-GFCI circuit, Reversed polarity present



8. ☒☐☐☐☐ Counter/Cabinet: Laminate and wood  
 9. ☒☐☐☐☐ Sink/Basin: China Bowl



## Bathroom (Continued)

- |     |                                     |                          |                          |                          |                          |   |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Galvanized Piping                    |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: Porcelain tub and fiberglass surround |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: 3 Gallon Tank China                        |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Boiler Heat, Air exchange ventilation  |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Window                                 |

## Kitchen

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| M  | Marginal      | Item is not fully functional and requires repair or servicing.   |
| D  | Defective     | Item needs immediate repair or replacement. It is unable to perform its intended function.                                       |

A NP NI M D

### Main Level Kitchen

- |     |                                     |                                     |                          |                                     |                          |  |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Cooking Appliances:  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Ventilator: Broan  |
| 3.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Disposal:  |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Dishwasher: Sears  |
| 5.  | Air Gap Present?                    |                                     |                          |                                     |                          | <input type="radio"/> Yes <input checked="" type="radio"/> No                |
| 6.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Trash Compactor:   |
| 7.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Refrigerator:  |
| 8.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Microwave:   |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Sink: Porcelain Coated   |
| 10. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC/220 VAC Non-GFCI circuit                                 |
| 11. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing/Fixtures: Various materials used Amateur installation of drain/trap |



- |     |                                     |                          |                          |                          |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter Tops: Laminate                               |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabinets: Wood                                       |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pantry: Small  |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Plaster                                     |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Plaster                                       |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Vinyl floor covering Worn areas noted (minor) |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood                                   |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Wood casement                               |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Boiler Heat, Air exchange ventilation   |

## Bedroom

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

A	Acceptable	Functional with no obvious signs of defect.
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A NP NI M D

### Main Floor Bedroom

- |    |                                     |                          |                          |                          |                          |  |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Large                                      |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Plaster                                   |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Plaster                                     |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood                                    |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Solid wood                                  |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Wood casement                             |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC                                |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Boiler Heat, Air exchange ventilation |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Battery operated with light        |

## Living Space

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

A	Acceptable	Functional with no obvious signs of defect.
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M	Marginal	Item is not fully functional and requires repair or servicing.
D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

A NP NI M D

### Main Floor Living Space

- |    |                                     |                          |                          |                          |                          |   |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Large   |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Plaster  |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Plaster  |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet, Hardwood Newly installed carpet, recently refinished hardwoods |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Solid wood   |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Wood casement  |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC   |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Boiler Heat, Air exchange ventilation                            |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Battery operated  |

## Laundry Room/Area

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

- |    |               |  |
|----|---------------|--|
| A  | Acceptable    | Functional with no obvious signs of defect.  |
| NP | Not Present   | Item not present or not found.   |
| NI | Not Inspected | Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection. |
| M  | Marginal      | Item is not fully functional and requires repair or servicing.   |
| D  | Defective     | Item needs immediate repair or replacement. It is unable to perform its intended function.                                       |

A NP NI M D

### Basement Laundry Room/Area

- |    |   |   |
|----|---|---|
| 1. | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Electrical: 110 VAC/220 VAC   |
| 2. | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Laundry Tub: Concrete   |
| 3. | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Laundry Tub Drain: Galvanized   |
| 4. | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Washer Hose Bib: Gate valves  |
| 5. | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Washer and Dryer Electrical: 110-240 VAC  |
| 6. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Dryer Vent: Flex Foil Flex foil venting is subject to lint build-up and is therefore a potential fire hazard- recommend rigid metal piping be installed |
| 7. | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Washer Drain: Drains to laundry tub   |
| 8. | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Floor Drain: Surface drain  |



## Marginal Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

### Lots and Grounds

1. Driveway: Asphalt Typical cracks in surface with weed growth
2. Patio: Concrete Paver Uneven pavers causing trip hazard along with weed growth
3. Window Wells: Drain not visible Debris blocking well, weed overgrowth, Uncover well drain



### Exterior Surface and Components

4. Perimeter Walls Exterior Surface Type: Brick with Block Backup Stress cracks (stair step type) originating at foundation and running to window corner - repairs recommended.
5. Patio Door: Wood and Glass Slider Screen door missing
6. Window Screens: Vinyl mesh Screen is torn and will need repair



### Roof

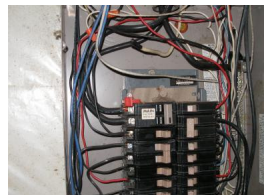
7. Electrical Mast: Mast without tie back at roof Recommend adding support "tie back" cable

### Garage/Carport

8. Front Garage Floor/Foundation: Poured slab Minor floor cracks noted-seal cracks

### Electrical

9. 120 VAC Branch Circuits: Copper Branch circuit neutral disconnected at main panel - Further review as to the purpose of circuit.



### Structure

10. Differential Movement: Stair step crack with displacement Cracks will require monitoring

### Attic

11. Main Attic Insulation Depth: 3"-5" Recommend additional insulation be installed, redistribute evenly where disturbed

### Basement

12. Main Basement Walls: Drywall, Wood Paneling, Plywood Damaged areas noted



## Marginal Summary (Continued)

### Heating System

13. **Basement Heating System Heating System Operation:** Recommend replacement Boiler system is antiquated and lacks safety features found on newer units including non-sealing combustion chamber which can cause health issues



### Plumbing

14. **Water Lines:** Galvanized and copper Copper to galvanized supply piping connections lacks dielectric unions



15. **Drain Pipes:** Galvanized, Cast iron Galvanized drainpipe present, Galvanized piping is subject to corrosion and will eventually require updating

16. **Basement Water Heater Water Heater Operation:** Corrections required Condensation sill not installed prior to water heater gas valve



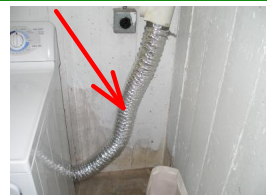
### Kitchen

17. **Main Level Kitchen Electrical:** 110 VAC/220 VAC Non-GFCI circuit
18. **Main Level Kitchen Plumbing/Fixtures:** Various materials used Amateur installation of drain/trap



### Laundry Room/Area

19. **Basement Laundry Room/Area Dryer Vent:** Flex Foil Flex foil venting is subject to lint build-up and is therefore a potential fire hazard-recommend rigid metal piping be installed



## Defective Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

### Lots and Grounds

1. **Swale:** Pooling due to overgrowth Extensive overgrowth has clogged culvert drainage
2. **Vegetation:** Trees, Shrubs/Weeds Vegetation has been neglected, Tree limbs over hang the roof and should be cut back, Trees planted too close to structure, removal may be required, Heavy ivy growth along foundation and exterior brick



### Exterior Surface and Components

3. **Exterior Lighting:** Surface mount, Temporary Temporary extension cord wiring present feeding exterior temporary lighting (safety concern). Properly install with Romex within conduit, Faulty GFCI outlet - replace outlet



### Roof

4. **Main Roof Surface Material:** Fiberglass shingle Nail popping through shingle surface in various locations causing potential water intrusion (see diagram above marked "x")
5. **Flashing:** Galvanized Metal Inadequate flashing, prone to possible leaks
6. **Leader/Extension:** Leaking Damaged drain tile piping





## Defective Summary (Continued)

7. Rear Elevation Chimney Chimney: Brick Chimney requires tuck point repairs



8. Rear Elevation Chimney Flue/Flue Cap: Concrete Noted crack(s) in crown

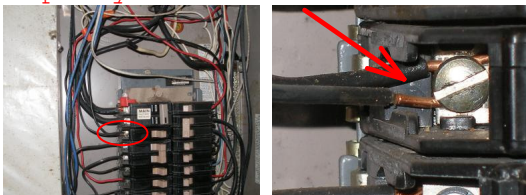


## Electrical

9. Ground: Plumbing and rod in ground insufficient grounding - missing ground cable at ground rod connection strap, Correction by a licensed electrician is recommended



10. Basement Electric Panel Breakers: Copper Double taps are present at breakers. These circuits need to be moved to their own circuit breaker and cannot share a breaker. It is recommended that a qualified electrician inspect the new circuits and properly connect the new circuits to an individual breaker for each circuit



## Structure

11. Piers/Posts: Steel posts Post bolts are loose



## Attic

12. Main Attic Ventilation: Roof only Insufficient ventilation for size of structure, missing soffit ventilation

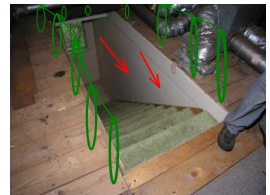
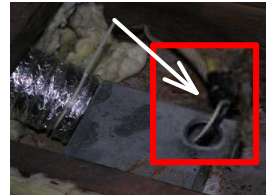


13. Main Attic Attic Fan: Direct drive Critter damage noted at exhaust fan shroud screening



## Defective Summary (Continued)

14. Main Attic Wiring/Lighting: 110 VAC lighting circuit Exposed wiring at fixture
15. Main Attic Bathroom Fan Venting: Electric fan Bathroom improperly vents into attic and may cause moisture damage to the insulation along with wood decay
16. Attic Stairs/Railings: Wood stairs with no handrails or guardrails Missing railings and guardrails leaving unprotected stairwell opening (safety issue)



## Basement

17. Main Basement Electrical: 110 VAC Reversed polarity exists at several basement outlets



18. Main Basement Moisture Location: Various spots along perimeter walls



19. Main Basement Basement Stairs/Railings: Wood stairs with no handrails



## Air Conditioning

20. Main AC System A/C System Operation: Inoperative A qualified air conditioning contractor is recommended to evaluate and estimate repairs or replacement to abandoned compressor unit

## Defective Summary (Continued)

### Plumbing

21. Main Water Shutoff: Basement Wrench being used as shut off handle - corrections required



22. Gas Service Lines: Black Iron Missing termination cap at exterior abandoned gas line



23. Basement Water Heater Flue Pipe: Single wall Install screws at exhaust vent piping fittings, loose piping at chimney



### Bathroom

24. Hall Bathroom Electrical: 110 VAC Non-GFCI circuit, Reversed polarity present

