

# Home Inspection Report



1243 Your Street  
Toledo, Oh 43605

Prepared for: Your Name

Prepared by: HomeSpec LLC  
5151 Fredelia Drive  
Toledo, OH 43623

## Definitions

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

S	Satisfactory	Functional with no obvious signs of defect.
NV	Not Visible	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.
NO	Not Operating	Device/System not operating due to reasons not readily corrected

## General Information

### Property Information

Property Address 1243 Your Street  
City Toledo State Oh Zip 43605  
Inspection Date Jan 1, 2001

### Client Information

Client Name Your Name  
Client Phone Your Phone # Client Cell Phone same  
Client E-Mail Your@email.com  
Listing Realtor/Agency Listing Agent/Agency  
Client Realtor Your Realtor Agency Your realtor's company

### Inspection Company

Inspector Name Tim Hoffman  
Company Name HomeSpec LLC  
Company Address 5151 Fredelia Drive  
City Toledo State OH Zip 43623  
E-Mail Homespec@buckeye-express.com  
Inspection # Seq Nr  
Amount Received Amount agreed upon

### Conditions

Persons Present Your name, Seller Property Occupied Occupied  
Estimated Age 13 yrs Property Faces South  
Start Time Start time End Time end time  
Electric On  Yes  No  Not Applicable  
Gas/Oil On  Yes  No  Not Applicable  
Water On  Yes  No  Not Applicable  
Temperature 65  
Weather Partly sunny Ground Cover Damp  
Space Below Grade Basement, Crawl Space  
Building Type Single family Garage Attached  
Sewage Disposal City How Verified Sellers Agent  
Water Source Municipal How Verified Sellers Agent

## Grounds

Sg J

S = Satisfactory, NV = Not Visible, NI = Not Inspected, M = Marginal, D = Defective, NO = Not Operating

- |    | S                                   | NV                       | NI                       | M                                   | D                        | NO                       |   |
|----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Driveway: Asphalt                                   |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Service Walks: Concrete                             |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: Concrete                              |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Porch Floor Concrete                                |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Porch Support Wood Post                             |
| 6. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grade at Foundation Slopes toward house, North side |



- |     |                                     |                                     |                          |                                     |                          |                          |   |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| 7.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drainage Pooling due to improper drainage |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Vegetation: Shrubs                        |
| 9.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Surface Drain: not visible       |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Fences: Chain link                        |

## Roof

S = Satisfactory, NV = Not Visible, NI = Not Inspected, M = Marginal, D = Defective, NO = Not Operating

S NV NI M D NO

Main House Roof Surface \_\_\_\_\_

- |     |   |                          |                          |                          |                          |                          |  |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1.  | Method of Inspection: Ladder at eaves                     |                          |                          |                          |                          |                          |  |
| 2.  | Weather Conditions Dry Clear and sunny                    |                          |                          |                          |                          |                          |  |
| 3.  | Style of Roof Gable                                       |                          |                          |                          |                          |                          |  |
| 4.  | Approx. Age 10 yrs # Layers 2 Appear to be 20 yr shingles |                          |                          |                          |                          |                          |  |
| 5.  | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Surface Material: Asphalt shingle |
| 6.  | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Conditions OK                     |
| 7.  | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation System Gable               |
| 8.  | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Valleys: Closed Weaved                 |
| 9.  | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing Vents: Cast Iron              |
| 10. | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gutters: Aluminum                      |

## Roof (Continued)

11.       Downspouts: Extension needed



12.       Extensions/Leaders Extension needed  
 13.       Flashing Material: Covered  
 14.       Electrical Mast Mast with tie back at roof

**Main Chimney**

15. Viewed From: Ladder at eaves  
 16. Limitations Roof peak blocked view  
 17.       Chimney: Brick  
 18.       Flue Tile  
 19.       Chimney Cap: Mortar  
 20.       Chimney Flashing: Metal

## Exterior Components

S = Satisfactory, NV = Not Visible, NI = Not Inspected, M = Marginal, D = Defective, NO = Not Operating

- |    | S                                   | NV                       | NI                       | M                        | D                        | NO                       |  |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Service Entrance Connected to house below roof peak |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service Drip Loop Proper Loop                                  |

**Main House Exterior Components**

- |     |                                     |                          |                          |                          |                          |                          |   |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Siding Wood   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia: Wood  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trim: Wood  |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits: Wood   |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storm Doors Composite                                   |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Doors: Wood                                    |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Frames Wood                                      |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung                              |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Screens: Metal                                   |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storm Windows: Part of window assembly                  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Windows: Steel casement                        |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Caulking Caulking appears adequate                      |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Lighting: Surface mounted lamps front and rear |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Electric Outlets: Covered Grounded Outlets     |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose Bibs: Gate   |

## Exterior Components (Continued)

18.       Gas Meter: Exterior surface mount at side of home  
 19.       Main Gas Shutoff Valve: Located at gas meter

## Kitchen

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S NV NI M D NO

### 1st Floor Kitchen

- |     |                                     |                          |                          |                                     |                          |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Range Frigidaire                               |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Exhaust Fan Nu Tone                            |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Disposal: In-Sinkerator                        |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator: Sears                            |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Sink: Stainless Steel                          |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing/Fixtures: PVC                         |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Water Flow Sufficient                          |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Drainage Proper P-Trap                         |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Counter Tops: Laminate and composite materials |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Cabinets: Wood                                 |
| 11. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Outlets Switched outlet             |



- |     |                                     |                          |                          |                          |                          |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting Standard                      |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pantry/Closet Small & Walk-in          |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint                         |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint                           |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Vinyl floor covering            |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: External                        |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung             |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Central Forced Air System |



## Bathroom

n5

S = Satisfactory, NV = Not Visible, NI = Not Inspected, M = Marginal, D = Defective, NO = Not Operating

S NV NI M D NO

1st Floor Main Bathroom

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- |    |                                     |                          |                          |                                     |                          |                          |   |
|----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint  |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint  |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Vinyl floor covering   |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood  |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung  |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Laminate and wood  |
| 7. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Outlets Switched ungrounded outlet<br>Recommend replacement with GFCI Outlet |



- |     |                                     |                          |                          |                          |                          |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting Overhead light                                  |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Molded single bowl                           |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink Faucets/Fixtures Chrome Faucet                      |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Flow Sufficient flow                               |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drainage Sufficient flow                                 |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: Porcelain tub and ceramic tile surround    |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: Porcelain pan and ceramic tile surround |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower Faucets/Fixtures Chrome Faucet                    |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Appear fully functional                         |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Central Forced Air System                   |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan and window         |

## Living Space

S = Satisfactory, NV = Not Visible, NI = Not Inspected, M = Marginal, D = Defective, NO = Not Operating

S NV NI M D NO

Living Room Living Space

- |    |                                     |                          |                          |                          |                          |                          |   |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint  |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung                                  |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling Fan Appears to be properly installed and functional |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet   |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint  |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood  |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical outlets grounded 3-prong                         |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting Overhead fixture                                   |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Central Forced Air System                      |

Family Room Living Space

- |     |                                     |                          |                          |                          |                          |                          |   |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint  |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint  |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood                                    |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung                            |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet   |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical outlets grounded 3-prong                   |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting Switched wall outlets (for attached Lamp(s)) |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Central Forced Air System                |

Dining Room Living Space

- |     |                                     |                          |                          |                          |                          |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint                         |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint                           |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood                     |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet                          |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung             |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical outlets grounded 3-prong    |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting Overhead fixture              |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Central Forced Air System |

## Laundry Room/Area

S = Satisfactory, NV = Not Visible, NI = Not Inspected, M = Marginal, D = Defective, NO = Not Operating

S NV NI M D NO

Basement Laundry Room/Area

- |     |                                     |                          |                          |                          |                          |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet/Cabinets: None  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint   |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Vinyl floor covering                                  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood   |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Central Forced Air System                       |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical outlets 220 Dryer Outlet, Grounded 3-prong outlet |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting Overhead light with pull-chain                      |
| 9.  | ----Appliances-----                 |                          |                          |                          |                          |                          |  |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing Machine Whirlpool                                    |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dryer Whirlpool  |
| 12. | -                                   |                          |                          |                          |                          |                          |  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer Hose Bib: Rotary                                      |





## Bedrooms (Continued)

- 21.       Lighting Overhead Light with wall switch
  - 22.       HVAC Source: Central Forced Air System
  - 23.       Windows: Vinyl double hung
  - 24.       Smoke Detector: In Hall      Recommend changing batteries before occupancy
  - 25. Emergency Egress  Yes  No **2 Means of emergency exit required for all sleeping rooms**
- 2nd Floor, Rear -Back Bedroom**
- 
- 26.       Ceiling: Paint
  - 27.       Walls: Paint
  - 28.       Closet: Small & Walk-in
  - 29.       Floor: Carpet
  - 30.       Doors: Hollow wood
  - 31.       Windows: Vinyl double hung
  - 32.       Electrical Outlets 2 Prong ungrounded
  - 33.       Lighting Overhead Light with wall switch
  - 34.       HVAC Source: Central Forced Air System
  - 35.       Smoke Detector: In Hall      Recommend changing batteries before occupancy
  - 36. Emergency Egress  Yes  No **2 means for emergency exit required**

## Air Conditioning

**Air Conditioning cannot be tested due to low external temperature.**

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S NV NI M D NO

**Main AC System**

---

- 1.       A/C System Operation: Appears serviceable
- 2.       Condensate Removal: Rubber
- 3.       Exterior Unit: Pad mounted
- 4. Manufacturer: Carrier
- 5. Model Number: 4920213    Serial Number: 943032K40
- 6. Area Served: Whole building    Approximate Age: 13 yrs
- 7. Fuel Type: 120-240 VAC    Temperature Differential: not tested
- 8. Type: Central A/C    Capacity: 2 Ton
- 9.       Condenser Condition Appears to be in good condition
- 10.       Refrigerant Lines: Appear to be in Serviceable condition
- 11.       Blower Fan/Filters: Closed Unit/Not visible
- 12.       Exposed Ductwork: Metal, Insulated flex
- 13.       Thermostats: Central
- 14.       Electrical Disconnect: Appears Servicable



## Heating System

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S NV NI M D NO

### Basement Heating System

1.       Heating System Operation: Appears functional
2. Heating System Type: Central forced air furnace Capacity: 100,000 BTU
3. Fuel Type: Natural gas
4. Manufacturer: Carrier
5. Model Number: CA40404A Serial Number: 9433569L
6. Area Served: Whole building Approximate Age: 13 Yr
7.       General Condition Clean and fully functional
8.       Thermostats: Programmable
9.       Carbon Monoxide Test None detected
10.       Combustible Air Combustible air intake at furnace
11.       Blower Fan/Filter System Direct drive with disposable filter
12.       Visible Flame / Burners blue and steady
13.       Distribution System Metal duct
14.       Circulation: Forced Air
15.       Filter Standard Dirty filter - needs replaced
16.       Draft Control: Automatic
17.       Flue Pipe: Galvanized
18.       Controls: Proper controls / Installation
19.       Humidifier: April-Aire
20.       Fuel Tank: n/a
21. Suspected Asbestos: No No Asbestos located in areas associated with HVAC unit
22. Recommend HVAC Tech Evaluate  Yes  No Recommend HVAC Inspect and clean before next heating season (annually)

## Attic

S = Satisfactory, NV = Not Visible, NI = Not Inspected, M = Marginal, D = Defective, NO = Not Operating

S NV NI M D NO

### Main Attic

1. Access Access Panel in hall Access hole small and restricted
2. Method of Inspection: From the attic access





## Garage/Carport

Not accessible -locked

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S NV NI M D NO

Side Garage

- |     |                                     |                          |                          |                          |                          |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1.  | Type of Structure: Attached         | Car Spaces: 2            |                          |                          |                          |                          |  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garage Doors: Wood   |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Operation: Mechanized                                       |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Opener: Automatic   |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Reverse Functional  |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electronic Sensor Operable                                       |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Siding Same as house   |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof: Asphalt shingle, Same as main house                        |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Structure: 2x6 Rafter                                       |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service Door: Fire rated   |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Gypsum board  |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls/Firewalls Gypsum Board, Fire rated, Living Areas protected |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sill Plate Elevated  |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Foundation: Poured concrete                                |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets and lighting circuits                |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl, Wood double hung                                 |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gutters: Aluminum  |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downspouts: Aluminum   |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leader/Extensions: OK  |

## General Comments

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S NV NI M D NO

1. General Comments: This house appears to be in good overall condition with only a few minor issues as noted in the Summary section

## 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.

### Grounds

1. Grade at Foundation Slopes toward house, North side
2. Drainage Pooling due to improper drainage

### Roof

3. Main House Roof Surface Downspouts: Extension needed
4. Main House Roof Surface Extensions/Leaders Extension needed

### Kitchen

5. 1st Floor Kitchen Electrical Outlets Switched outlet

### Bathroom

6. 1st Floor Main Bathroom Electrical Outlets Switched ungrounded outlet **Recommend replacement with GFCI Outlet**

### Heating System

7. Basement Heating System Filter Standard **Dirty filter - needs replaced**

### Attic

8. Main Attic Unable to Inspect: 45% **Inaccessible area**