



Home Inspection Report

Some Where, Albuquerque, NM, Albuquerque, NM,

Inspection Date:

May 31, 2006

Prepared For:

Jane Doe

Prepared By:

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Report Overview

THE HOUSE IN PERSPECTIVE

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 ASHI® 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 home buyer 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 pre-inspection contract for a full explanation of the scope of the inspection.

BUILDING DATA

Approximate Age:	56 years
Style:	One story
General Appearance:	Satisfactory
Main Entrance Faces:	South
Weather Condition:	Clear
Temperature:	85
Ground cover:	Dry
State of Occupancy	Unoccupied

GROUNDS

Service Walks	<input type="checkbox"/> None	<input type="checkbox"/> Public sidewalk needs repair
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Brick <input 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
Driveway	<input type="checkbox"/> None	<input type="checkbox"/> Gravel <input type="checkbox"/> Other
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Settling cracks
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Trip hazard <input type="checkbox"/> Not visible
<input type="checkbox"/> Fill cracks and seal		
Patio/Lanai	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Kool-Deck® <input type="checkbox"/> Other
Condition: <input type="checkbox"/> Concrete <input type="checkbox"/> Flagstone <input type="checkbox"/> Brick	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Trip Hazard
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Settling cracks	<input type="checkbox"/> Not visible
<input type="checkbox"/> Pitched towards home (See Remarks page)		
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 type="checkbox"/> Wood	<input checked="" 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 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"/> Satisfactory	<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 type="checkbox"/> None	<input type="checkbox"/> Uneven risers <input type="checkbox"/> Safety Hazard
<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other <input type="checkbox"/>
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Settled	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Railing recommended
<input type="checkbox"/> Cracked		<input type="checkbox"/> Damaged <input type="checkbox"/> Recommended balusters
Fencing	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Type: block <input type="checkbox"/> Not evaluated
Landscaping Affecting Foundation	(See Remarks page)	
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 window wells/covers
<input type="checkbox"/> Recommend additional backfill		<input type="checkbox"/> Wood in contact/too close to soil
<input type="checkbox"/> Trim back trees/shrubberies		<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Yard drains observed - not tested		
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		

Walkway had some cracking, but is usable. Driveway had some cracking but is usable repair as needed.

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 type="checkbox"/> Hip <input type="checkbox"/> Mansard <input type="checkbox"/> Shed <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Other Pitch: Combination: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> Steep <input checked="" type="checkbox"/> Flat
Roof Covering	<input type="checkbox"/> None
Roof #1:	Type: Built-up Estimated Layers: Unknown Approximate age of cover: Unknown years
Ventilation System	<input type="checkbox"/> None
Combination:	<input checked="" type="checkbox"/> Soffit <input 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 type="checkbox"/> Other
Valley Material	<input checked="" type="checkbox"/> None
Combination:	<input type="checkbox"/> Galv./Aluminum <input 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	(See Remarks page)
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 type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Rusted <input type="checkbox"/> Holes <input type="checkbox"/> Recommend Sealing
Skylights	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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	

Roof appeared overall in satisfactory condition.

CHIMNEY / GUTTERS / SIDING / TRIM

Chimney(s)	<input checked="" type="checkbox"/> None	Location(s):
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 <input type="checkbox"/> Framed	<input type="checkbox"/> Blocks <input type="checkbox"/> Stucco
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"/> Holes in metal <input type="checkbox"/> Rust	<input type="checkbox"/> Flaking
Evidence of: <input type="checkbox"/> Metal	<input type="checkbox"/> Unlined <input type="checkbox"/> Not visible	<input type="checkbox"/> Creosote
	<input type="checkbox"/> Scaling <input type="checkbox"/> Cracks	<input type="checkbox"/> Have flue(s) cleaned and re-evaluated <input type="checkbox"/> Not evaluated (See Remarks page)
<input type="checkbox"/> Recommend cricket/saddle flashing	<input type="checkbox"/> Spark arrestor/chimney cap recommended	

Gutters & Downspouts	<input checked="" type="checkbox"/> None	(See Remarks page)	
<input type="checkbox"/> Insides need to be cleaned	<input type="checkbox"/> Ponding		
Condition: <input type="checkbox"/> Galvanized/Alum.	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusting
Extension needed: <input type="checkbox"/> Hole in main run	Leaking: <input type="checkbox"/> Corners	<input type="checkbox"/> Joints	<input type="checkbox"/> West
<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	

Siding	<input type="checkbox"/> Brick <input type="checkbox"/> Wood	<input type="checkbox"/> Metal <input type="checkbox"/> Vinyl	<input checked="" type="checkbox"/> Stucco	<input type="checkbox"/> Fiber-cement
Condition: <input type="checkbox"/> Stone <input type="checkbox"/> Slate	<input type="checkbox"/> Fiberboard <input type="checkbox"/> Slate	<input type="checkbox"/> EIFS (See Remarks)	<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Recommend repair/painting	

Window Frames	<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum covered	<input checked="" type="checkbox"/> Vinyl	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Damaged wood	
<input type="checkbox"/> Recommend painting				

Storms & Screens	<input type="checkbox"/> N/A
Putty: <input type="checkbox"/> Wood <input type="checkbox"/> Clad comb. <input type="checkbox"/> Wood/metal comb. <input type="checkbox"/> Insulated glass	<input type="checkbox"/> Other
Screens: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Needed <input type="checkbox"/> N/A
Storms: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Torn <input type="checkbox"/> Missing
	<input type="checkbox"/> Broken/cracked <input type="checkbox"/> Damaged wood <input type="checkbox"/> Not installed

1 - Trim, 2 - Soffit, 3 - Fascia	<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Damaged wood
<input type="checkbox"/> Recommend painting			

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	
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Siding appeared to be all intact and in overall satisfactory condition. Some screens not installed.

EXTERIOR / ELECTRICAL / AC / GARAGE

Exterior Wall Construction	<input checked="" type="checkbox"/> Not visible <input type="checkbox"/> Wood frame <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other			
Exterior Doors	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operate:</i> <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Waterproof cover recommended
GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operate:</i> <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		
General Comments	<p style="color: blue;">Doors were reviewed and found to be in working order. Lights appeared to be in normal condition:</p>			

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drainage: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor Water pressure: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor		
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	(See Remarks page)		
Disposal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Dishwasher: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Range: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Oven: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Trash compactor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Exhaust fan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refrigerator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Electrical	Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GFCI protected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Operates:</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Remarks) Open ground/reverse polarity within 6' of water: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Safety hazard		
General Comments:	<p style="color: blue;">Counter top has normal wear. Cabinets have normal wear. Water flow was normal with several fixtures operated at the same time. Drain lines had no visible leaks or signs of backup at the time of inspection. Recommend installing ground-fault outlets with in reach of sinks.</p>		

BATHROOMS

Bath: Master bath					
Sinks	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	
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 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 checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rotted floors
	Caulk/Grouting needed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Where: Some tiles in shower.	
Drainage:		<input type="checkbox"/> Satisfactory <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes <input 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	(See Remarks page)	
Heat source present:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exhaust fan:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy		

General Comments

Area needs caulking/grouting.

BEDROOM

Location: NW			
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
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 <input checked="" type="checkbox"/> No
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors
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:			

BEDROOM

Location: NE			
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
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 checked="" type="checkbox"/> Safety Hazard <input checked="" type="checkbox"/> No
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors
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:			

Closet doors need to be adjusted.

LIVING ROOM

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
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 <input checked="" type="checkbox"/> No
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes: <input type="checkbox"/> Doors
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:			

A representative number of windows were operated and found in good operating order.

WINDOWS / FIREPLACES / ATTIC

Interior Windows/Glass

General condition : Satisfactory Marginal Poor Painted shut
 Hardware missing Glazing compound needed Cracked glass Broken counter-balance mech.
 Surface deterioration: **(See Remarks page)** Representative number of windows operated
Evidence of leaking insulated glass: Yes No Not determinable N/A
Safety glazing: N/A Not determinable Safety issue Where:
Security bars present: Yes No Not tested Test release mechanism before moving in

Fireplace

None Location(s):
 Gas Wood **Woodburner stove (See Remarks page)**
 Masonry Metal insert Metal Electric
 Blower built-in Operates: Yes No Damper operates Damper missing
 Open joints or cracks in firebrick should be sealed
Hearth: Adequate: Yes No Mantle: Satisfactory Loose
 Recommend having flue cleaned and re-examined

Stairs

Satisfactory Marginal Poor None
Handrail: Satisfactory Marginal Poor **Safety issue**
Risers/Treads: Satisfactory Marginal Poor Risers/treads uneven

Smoke Detectors

(See Remarks page)
Present: Yes No Operates: Yes No Not tested Co detector: Yes No

PLUMBING

Water Service	Shut off location: Outside at curbside			
Water entry piping:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB	<input checked="" type="checkbox"/> Unknown
Water lines:	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic	<input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> Unknown
	Lead (other than solder joints):		<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	Cross connection: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Cast iron	<input 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 checked="" type="checkbox"/> Black iron <input type="checkbox"/> Stainless steel <input type="checkbox"/> CSST

Well Pump	<input checked="" type="checkbox"/> N/A	(See Remarks page)		
	<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 cock:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vented:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Water Heater #1				
	Brand name: Reliance 501	Serial #: unknown	Model #: Unknown	
	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other	Approx. age: Unknown yr.(s)
	Capacity: Unknown 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 type="checkbox"/> N/A	<input checked="" 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:	Serial #:	Model #:	
	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other	Approx. age: yr.(s)
	Capacity: 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	
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Water heater had weather blanket so numbers could not be seen.

HEATING SYSTEM

Fuel Shutoff	Main fuel shutoff location: Outside at the gas meter		
Seismic shutoff:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Missing	<input type="checkbox"/> Recommended
Forced Air System	<input type="checkbox"/> Central Unit	<input checked="" type="checkbox"/> Wall Furnace	<input type="checkbox"/> Floor Furnace
	Brand name: Coleman	Approximate age: year(s)	
	Model #: 2460	Serial #: 1698777	
	Brand name:	Approximate age: Unknown year(s)	
	Model #:	Serial #:	
	<input type="checkbox"/> System not operated due to:		
Energy source:	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> LP	<input type="checkbox"/> Oil <input type="checkbox"/> Electric
Hot air systems:	<input type="checkbox"/> Belt drive	<input type="checkbox"/> Direct drive	<input checked="" 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:	<input checked="" type="checkbox"/> Plenum/register	<input type="checkbox"/> Not tested <input type="checkbox"/> N/A
Distribution:	<input checked="" type="checkbox"/> Metal duct	<input type="checkbox"/> Insul. flex duct	<input type="checkbox"/> Cold air returns
Flue piping:	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> PVC	<input type="checkbox"/> Proper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> N/A
Filter:	<input type="checkbox"/> Standard	<input type="checkbox"/> Electrostatic	<input type="checkbox"/> Paper <input checked="" type="checkbox"/> N/A
	Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Replace/clean <input type="checkbox"/> Missing
Operated:	When turned on by thermostat:	<input checked="" type="checkbox"/> Fired	<input type="checkbox"/> Did not fire
Operation:	Satisfactory:	<input checked="" 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 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 type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Boiler System	<input checked="" type="checkbox"/> N/A		
	Brand name:	Approximate age: year(s)	
	Model #:	Serial #:	
	<input type="checkbox"/> System not operated due to:		
Energy source:	<input type="checkbox"/> Gas	<input type="checkbox"/> LP	<input type="checkbox"/> Oil <input type="checkbox"/> Electric
Distribution:	<input type="checkbox"/> Hot water	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Steam <input type="checkbox"/> Radiator
Circulator:	<input type="checkbox"/> Pump	<input type="checkbox"/> Gravity	<input type="checkbox"/> Multiple zones
Controls:	Temp/pressure gauge exist:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relief valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing	Extension proper: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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
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			

ELECTRICAL

Main Panel	Location: NW bedroom		
Amperage: 50 Volts: 120/240	<input checked="" type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	
Appears grounded:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No
Main Wire:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum <input type="checkbox"/> Not visible
Branch Wire:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum <input type="checkbox"/> Not visible
	<input checked="" type="checkbox"/> Romex	<input type="checkbox"/> BX cable	<input type="checkbox"/> Conduit <input type="checkbox"/> Knob & tube
	<input 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A (See Remarks page)
	<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:	
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"/> Poor
<input type="checkbox"/> Open grounds <input type="checkbox"/> Reverse polarity <input type="checkbox"/> GFCIs not operating <input type="checkbox"/> Undergrounded 3-prong outlets
<input type="checkbox"/> Solid conductor aluminum branch wiring circuits (See Remarks page)
<input type="checkbox"/> Recommend a licensed electrician evaluate the service

General Comments:	Panel size appeared to be compatible to service size. No signs of overheating were evident at the time of the inspection.
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SUMMARY*

ITEMS NOT OPERATING

MAJOR CONCERNS

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

POTENTIAL SAFETY HAZARDS

Open grounds and reverse polarity by water. Open junction boxes - need cover plates. On outside wall by electrical drop.

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.

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.