

## EXCLUSIVE RESIDENTIAL REPORT

RESIDENTIAL  
Report

**7111 Wolf River Ave.**

**Las Vegas**

**NV. 89131**

**21/Jan/2017**

**CC-201701007**

**EXAMPLE**

SHAMROCK  
HOME INSPECTION CO.  
Las Vegas, NV  
LIC# 000-23-00-RES  
shamrock.hsnv@gmail.com  
www.shamrockhsnv.com  
**702-978-0170**

EXCLUSIVE RESIDENTIAL REPORT

## INSPECTION REPORT



# EXAMPLE

INSPECTION PROPERTY ADDRESS:  
**7111 Wolf River Ave.**

CITY: Las Vegas  
STATE: NV. ZIP: 89131

THIS CONFIDENTIAL REPORT IS  
PREPARED EXCLUSIVELY FOR:

PREPARED BY:  
JEK

PROPERTY INSPECTED BY:  
John E. Koen

LIC#: 000-23-00-RES



***Please review your report thoroughly!***

This report is the exclusive property of Shamrock Building Inspection Company, and the client whose name appears herein.  
Use or release of the findings of this report by any unauthorized persons is strictly prohibited.




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**EXAMPLE**

## DEFINITIONS

All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection. All comments by the inspector should be considered before a final decision is reached. Any recommendations by the inspector to repair or replace a specific component suggest a second opinion or further inspection by a licensed professional or contractor.

**Note I:** *Photos with a red arrow show areas of concern.* 

	<b>A</b>	ACCEPTABLE	Functional with no obvious signs of defect at time of inspection, if no other comments were made then item is functioning as intended allowing for normal wear and tear. (Indicated by a <b>GREEN</b> Box)
	<b>M</b>	MARGINAL	Item is not fully functional and or requires service or repair. (Indicated by an <b>AMBER</b> Box)
	<b>D</b>	DEFECTIVE	Item needs immediate repair or replacement. It is <b>unusable</b> and does not perform its intended function. (Indicated by a <b>RED</b> Box)
	<b>NI</b>	NOT INSPECTED	Item was <b>unable</b> to be inspected for either safety reasons, lack-of power, inaccessibility, or disconnected at time of inspection. (Reason for <b>Non-Inspection</b> will be stated)
	<b>N/A</b>	NOT APPLICABLE	Item is not part of the scope and/or does not fall under the scope of inspection.

**EXAMPLE**

## GENERAL INFORMATION

### CLIENT INFORMATION:

### CLIENTS AGENT INFORMATION:

### PROPERTY INFORMATION

Address: 7111 Wolf River Ave. Date of Inspection: 21/Jan/2017  
City: Las Vegas Time of Inspection: 9:00 AM  
State: NV. Zip: 89131 Inspection completed: 1:30 PM

Temp: 44' F ° Weather: Cloudy Ground/ Soil Surface Condition: Damp

Square Feet: 3,867 Year Built: 2004 Front Facing: North

Building Characteristics: ☒ Single Family ☐ Multifamily ☐ Town Home/Condo ☐ Other

Levels: ☒ 1 Story ☐ 2 Story ☐ 3 Story ☐ Other Remark(s):

Bedroom(s): 4 Bathroom(s): 5 1/2 Remark(s):

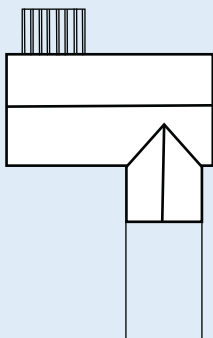
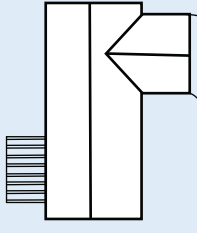
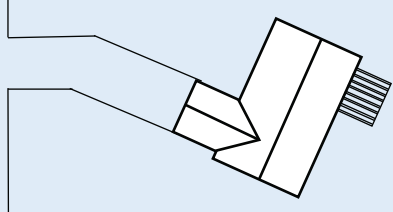
Foundation Type: ☒ Slab ☐ Crawl Space/ Post & Beam ☐ Basement ☐ Combination

Property: ☐ Vacant ☐ Unoccupied ☒ Occupied Remark(s):

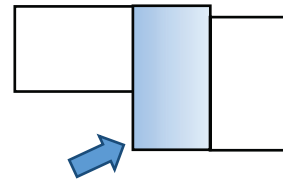
Gated Community: ☒ Yes ☐ No Pets at property: ☒ No ☐ Yes (Secured? Yes )

**JUST FOR CLARITY**

Not all Inspected properties are set on their prospective lots in the same manor.

<i>In Most cases the inspected property Sits facing the Street.</i>	<i>Other times the property could Sit at an angle from the street</i>	<i>Or in some rare cases the property could be sitting on an Access road away from the street altogether.</i>
		
<b>Street</b>		

Second, some properties such as Condos and or Town Homes may not even have their own Lot to sit on.

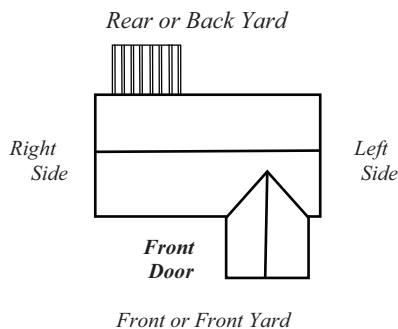


In many cases it has come to this company's attention that when certain areas of the inspected property is being called out (**Right side, Left Side, etc.**), that there may be a small amount of confusion.

In order to clarify any confusion in the context of this inspection, when the inspector is referring to a specific area or hemisphere of the property it is in reference to the location of the front door of the property and NOT the lot on which the property is sitting on.

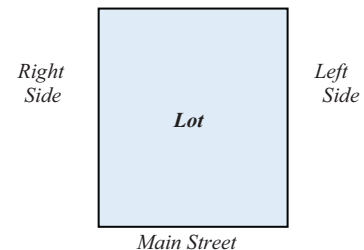
# EXAMPLE

Example:



The Exception:

In the case of a Vacant Lot Inspection, the inspection will be in reference to how the Lot faces the main or Access Street.



In short imagine yourself as the property in question;

What side is your right side



and what side is your left?

## SCOPE OF INSPECTION

The purpose of this inspection to perform limited, visual and auditory on site observations of the readily accessible areas of the primary structure, mechanical, and electrical systems of the building and give a **PERSONAL OPINION** as to whether or not the components of the building are performing the function(s) for which they were intended or in need of immediate repair. This report is not all encompassing, nor is it meant to be. It is very specific in the areas which are reported by the home inspector.

Please remember that almost every item in any house, except a brand new one, is in used condition and has ordinary wear and tear. Please also remember that older houses do not meet the same standards as newer houses, even though items in both might be performing functions for which they are intended.

We do not inspect any items we cannot see in a normal inspection. For example, we do not move furniture, rugs, paintings, flooring, etc. Repairs or remodeling may hide evidence of prior damage or defects. We do not dismantle equipment to inspect component parts. We do suggest that YOU ask the seller about repairs, covered up items, or previous problems.

We do not hold ourselves to be specialists for any particular item. We are a general inspection company. If we report an item is not inspected, not performing its intended function or needs repair, we urge you to have that item examined by a specialist before purchasing the property.

The components of major systems and standards of conduct of the inspection are governed by "Standards of Practice for Home Inspection Report" by the American Society of Home Inspectors, Copyright 1993, and by the National Association of Home Inspectors, Copyright 1990. While many aspects of each component are inspected, for ease and clarity of reporting, not all are defined and described in complete detail on the written report.

It should be understood that we do not offer or supply any warranty, guarantee or insurance policy with regard to the continued soundness of construction, the use, functionality, future performance, or potential defects of any items inspected; or operability of equipment or appliances. It should be understood that the inspector cannot determine violations of construction, plumbing, electrical, mechanical or similar codes and ordinances and that the inspector's written report is the inspector's subjective determination of the condition of such items at the time the inspection was made. Estimates of age of any components are approximate, and the design life of a component is determined according to manufactures' specifications.

The term "inspection" **DOES NOT** include all items. Specific items which are not part of the inspection include, but are not limited to: lead paint, asbestos, radon, toxic or flammable materials, refrigerators, freezers, remote overhead door transmitters/receivers, floor coverings, wall coverings, free standing kitchen appliances, laundry appliances, water conditioners, underground storage tanks, driveway, tennis courts, playground equipment, Bar-B-Q Grills, or other recreational or leisure appliances, and self-cleaning or continuous-cleaning capabilities of ovens. Also excluded is an inspection for any non-wood infesting insects, such as fleas, cockroaches, bees, mites, ticks, flies, etc. A separate wood destroying inspection report, and radon sampling will need to be contracted separately.

If you have any complaints about our inspection, you must notify us in writing within seven (7) days after you discover any problems and let us re-inspect before changing the condition of the item, except in emergencies, of course. If the repairs are made before the inspection company re-inspects the problem, then any claims against the inspection company's failure to adequately inspect such item is waived. No suit or action shall be brought against the inspection company by any third party at any time beyond 1 year after the accrual of the cause of the action itself. If someone other than the client who ordered this inspection shall make any claim or file any lawsuit against the inspection company for failure of its services hereunder in any respect, the client agrees to indemnify, absolve and hold harmless the inspection company from any and all such claims and lawsuits including the payment of all damages, expenses, cost and attorneys' fees. Should a party make any claim or file any lawsuit against the inspection company, such party shall pay all damages, expenses, costs and attorney fees of the inspection company if the complaint party does not win.

This report was furnished at the request of the client, by the inspection company in determining the overall condition of the subject premises. Furthermore, this report is not to be used for determining the value of the premises or whether same should be purchased. **NEITHER IS IT TO BE CONSTRUED AS A GUARANTEE OR WARRANTY OF THE PREMISES** or the equipment therein or of their fitness for specific use.

We certify that our inspectors have no interest, present or contemplated, in the property or its improvements, and no involvement with tradespeople or benefits derived from any sales or improvements made to this property. It is the clients right to hire more than one inspector, different inspectors can find different things sometimes on the same home. My inspection company is not responsible for any discoveries included or not found. As this inspection report ages, the condition of this home and its components can change.


**UTILITIES**

**SECTION I**


A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
Green	Yellow	Red	Grey	Black

This inspection is not intended to address or include any areas of the utilities installation nor activation. If the utilities are off and unavailable during the time of inspection, many portions of this report may not be possible. If utilities are locked and unavailable the inspection team will not attempt to activate, turn on, or initiate the utilities. This is a visual inspection, any portions that is not visible and or not readily accessible will not be inspected. If Utilities and or services are inactive and sealed, either by the city or owner of the property, the inspection team may continue the investigation taking in all safety considerations. If the inspector witness a hazardous, Emergency and or safety concern they will shut off any utilities, and notify the proper services and the client immediately.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>a. GAS METER</b>	<input checked="" type="checkbox"/>	On	<input type="checkbox"/>	Off	<input type="checkbox"/>	Locked
Remark(s)												
<div>Service Provider: <input checked="" type="checkbox"/> City <input type="checkbox"/> Private</div> <div>Main Gas Valve Location: Left Side</div>												



<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>b. WATER METER</b>	<input checked="" type="checkbox"/>	On	<input type="checkbox"/>	Off	<input type="checkbox"/>	Locked
Remark(s)												
<div>Service Provider: <input checked="" type="checkbox"/> City <input type="checkbox"/> Private</div> <div>Main Water Meter Location: Front Right</div>												




EXAMPLE

**SEWER SERVICE:** ☒ City ☐ Private – Type:

**Note II:** Most main service cables are Underground and unavailable for inspection, Recommend a further inspection by a licensed electrician.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>c. MAIN ELECTRICAL PANEL</b>	<input checked="" type="checkbox"/>	On	<input type="checkbox"/>	Off	<input type="checkbox"/>	Locked
<div>Adequate Clearance to Panel: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Manufacturer: Square D Year: 2004</div> <div>Conductors: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum Amps: 240</div> <div>Main Wire: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Not Visible</div> <div>Ground Wire: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Visible</div>												
Remark(s)												
Main Elec. Panel Location: Left Side												

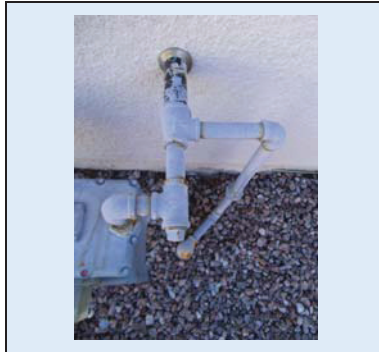


**SERVICE PROVIDER:** ☒ City ☐ Private – Type:

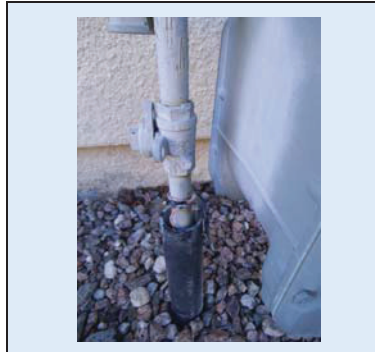
**SOLAR SYSTEM:** ☒ Yes ☐ No

**Note III:** Solar System are a closed system and outside the scope of the inspector's expertise, contact the system installer and or provider for further evaluation of the system.





Gas Service In (OK)



Bonding (OK)

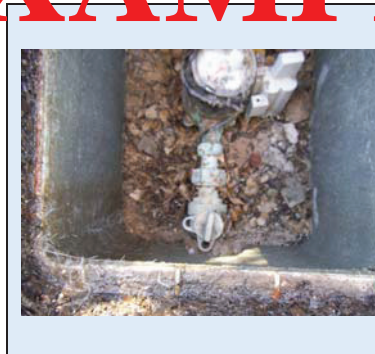


Analog

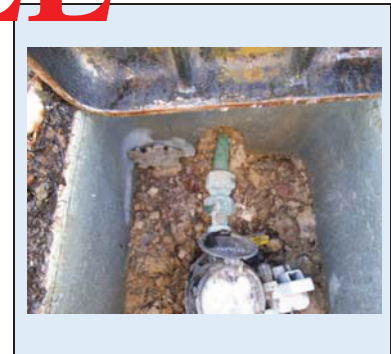
# EXAMPLE



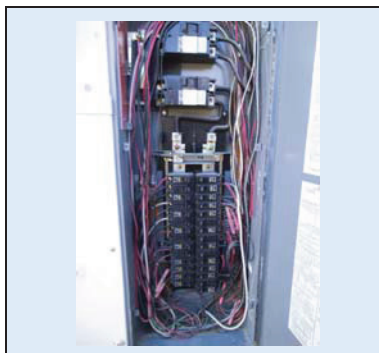
Water Meter Cover



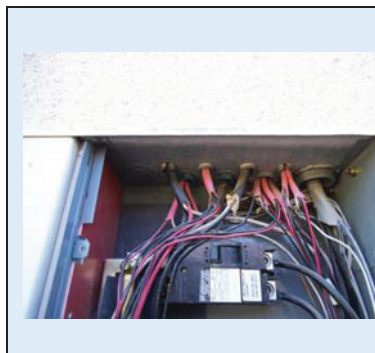
City Shut Off



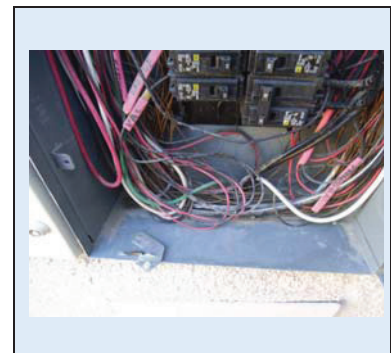
Home Shut Off



Breakers (OK)



Uppers (OK)



Lowers (OK)



**GROUNDS/ LOT**

**SECTION II**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
				

This inspection is not intended to address or include any geological conditions or site stability information. For information concerning these conditions, a geologist or soils engineer should be consulted. Any reference to grade is limited to only areas around the exterior of the exposed areas of the foundation or exterior walls. This inspections visual in nature and does not attempt to determine drainage performance of the site or the condition of any underground piping, including municipal water and sewer piping or septic system. Decks and porches are often built close to the ground, where no viewing or access is possible. These areas as well as others too low to enter, or in some other manner not accessible, are excluded from the inspection and are not addressed in this report. We routinely recommend that inquiry be made with the seller about knowledge of any prior foundation or structural repairs.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>a. DRIVEWAY</b>	Type:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>b. WALK WAY</b>	Type:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>c. GRADING/ LANDSCAPING/ DRAINAGE (FRONT)</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>d. GRADING/ LANDSCAPING/ DRAINAGE (LEFT)</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>e. GRADING/ LANDSCAPING/ DRAINAGE (RIGHT)</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>f. GRADING/ LANDSCAPING/ DRAINAGE (REAR)</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>g. RETAINING WALL(s)</b>	1	Number: Location: Rear & Right Front
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>h. GATE(S)</b>	6	Number: Type: 1-RV Gate/ 4-Pool/ 1-Ac Side Yard. Location(s): Back Yard
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>i. FENCE</b>	Block	Type: Location: Back Yard
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>j. IRRIGATION SYSTEM (FRONT)</b>	Type: Metered Drip	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>k. IRRIGATION SYSTEM (REAR)</b>	Type: Sprinkler	

REMARKS:



Driveway (OK)

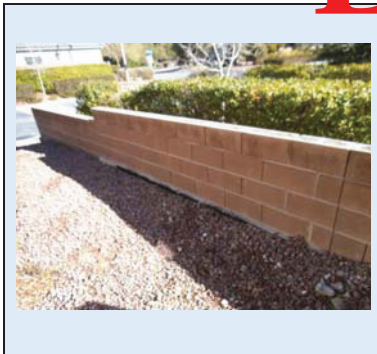


Walk Way (OK)

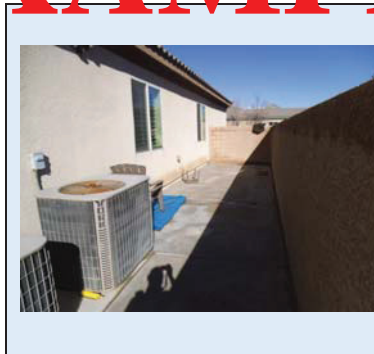


Front Yard (OK)

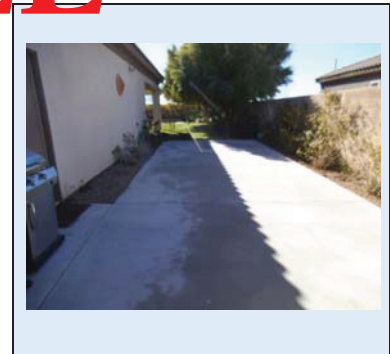
# EXAMPLE



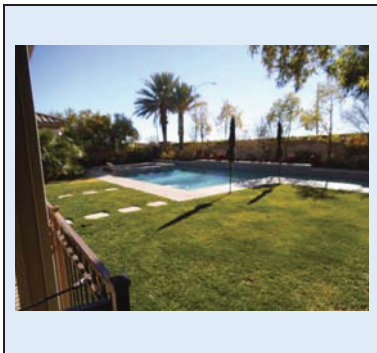
Retaining Walls (OKO)



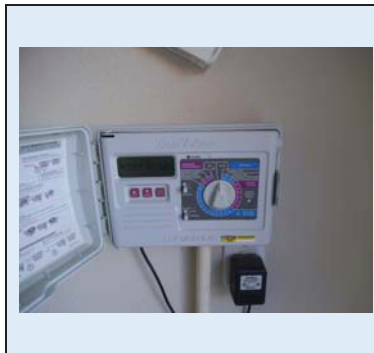
Right Side (OK)



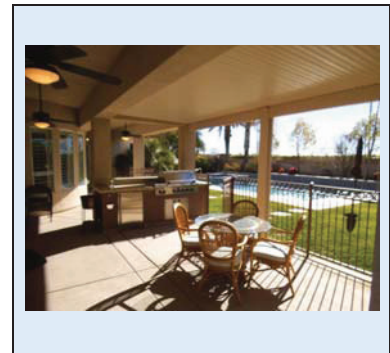
Left RV Parking (OK)



Back Yard (OK)



Irrigation System (OK)



Back Patio (OK)

Note: BBQ and Beer Cooler r just need cleaning.

**EXTERIOR/ BUILDING**

**SECTION III**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas hidden from view by finished walls or stored items cannot be inspected or evaluated, and are not a part of this inspection. Minor cracks are typical in many foundations and most do not represent a structural problem. If major cracks are present along with bowing, we routinely recommend further evaluation be made by a qualified structural engineer. All exterior grades should allow for surface and roof water to flow away from the foundation. All concrete floor slabs experience some degree of cracking due to shrinkage in the drying process. In most instances floor coverings prevent recognition of cracks or settlement in all but the most severe cases. Where carpeting and other floor coverings are installed, the materials and condition of the flooring underneath cannot be determined.

A	<input type="checkbox"/>	D	NI	NA	<b>a. FRONT STEP/ STAIRS</b>	Type: Concrete		
MARGINAL, Item may require service and or repair at a later time.								
<input type="checkbox"/>	M	D	NI	NA	<b>b. FRONT PORCH/ STOOP</b>	Type: Concrete		
<input type="checkbox"/>	M	D	NI	NA	<b>c. FRONT DOOR</b>	Type: Duel W/ Glass Panel.		
<input type="checkbox"/>	M	D	NI	NA	<b>d. FRONT/ ENTRY OVERHANG</b>			
<input type="checkbox"/>	M	D	NI	NA	<b>e. BUILDING NUMBER</b>	Visible from street: Yes	Illuminated: Yes	
<input type="checkbox"/>	M	D	NI	NA	<b>f. FRONT WINDOWS</b>	Number: 9	Type: Duel Pane	
<input type="checkbox"/>	M	D	NI	NA	<b>g. FRONT WALLS/ SIDING</b>	Type: Duel Pane		
A	M	D	NI	NA	<b>h. LEFT WINDOWS</b>	Number:	Type:	
<input type="checkbox"/>	M	D	NI	NA	<b>i. LEFT WALLS/ SIDING</b>	Type: Duel Pane		
<input type="checkbox"/>	M	D	NI	NA	<b>j. REAR WINDOWS</b>	Number: 14	Type: Duel Pane	
<input type="checkbox"/>	M	D	NI	NA	<b>k. REAR WALLS/ SIDING</b>	Type: Duel Pane		
<input type="checkbox"/>	M	D	NI	NA	<b>l. RIGHT WINDOWS</b>	Number: 4	Type: Duel Pane	
<input type="checkbox"/>	M	D	NI	NA	<b>m. RIGHT WALLS/ SIDING</b>	Type: Duel Pane		
<input type="checkbox"/>	M	D	NI	NA	<b>n. REAR OVERHANG/ ATTACHED PATIO COVER</b>	<i>* Note: Not Part of a Deck.</i>		

**EXTERIOR/ BUILDING/ GARAGE**

**SECTION III**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determining the heat resistance rating of fire walls is beyond the scope of this inspection. Flammable materials should not be stored within closed garage areas.

TYPE: ☒ Attached ☐ Unattached NUMBER DOORS: 2

NUMBER OF VEHICLES STRUCTURE CAN ACCOMMODATE: 3 - CAR

☒ Finished ☐ Unfinished ATTIC ACCESS: ☐ Yes ☐ No

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>o. GARAGE WINDOW(s)</b>	<u>13</u>	Number	Type:	<u>12 in Doors</u>
-------------------------------------	---	---	----	----	----------------------------	-----------	--------	-------	--------------------

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>p. GARAGE WALLS/ SIDING</b>	Type:	<u>Stucco</u>
-------------------------------------	---	---	----	----	--------------------------------	-------	---------------

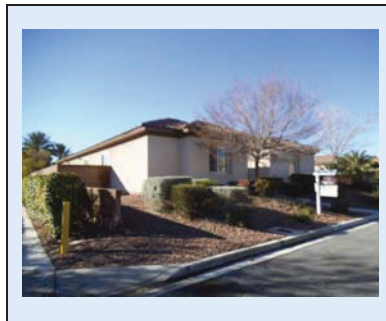
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>q. GARAGE DOOR(s)</b>	<u>2</u>	Number	Type:	<u>Roll Up</u>
-------------------------------------	---	---	----	----	--------------------------	----------	--------	-------	----------------

<input type="checkbox"/>	A	M	D	NI	<b>r. GARAGE OVERHANG (I/A)</b>	
--------------------------	---	---	---	----	---------------------------------	--

**EXAMPLE**

**PHOTO(s)**

**SECTION III**



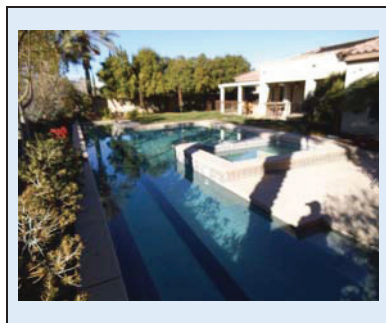
Front/ Right



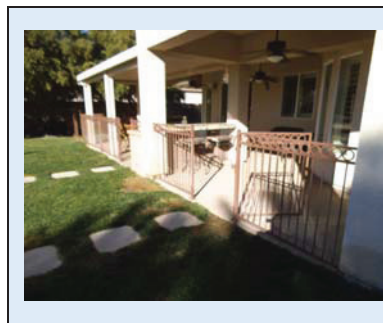
Front



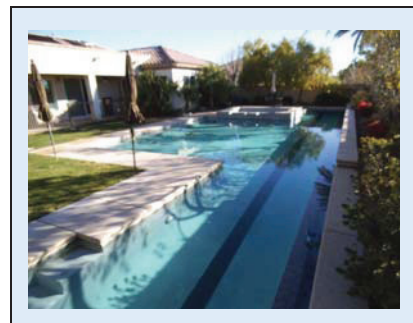
Front/ Left



Rear/ Right



Rear



Rear/ Left

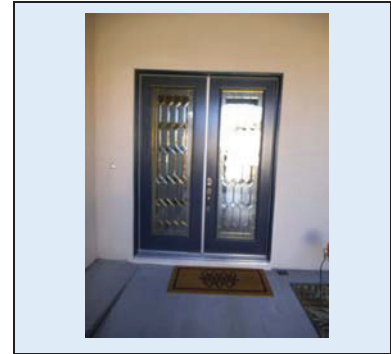




Settling Cracks @ Riser  
Joints for each of the front stairs.

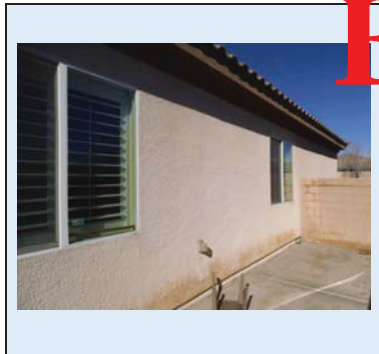


Front Stoop (OK)

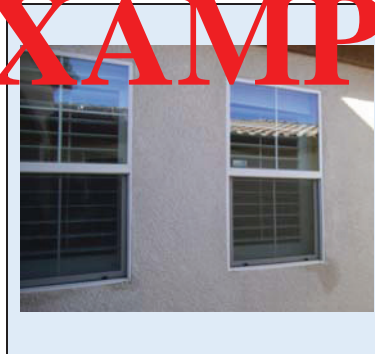


Front Door (OK)

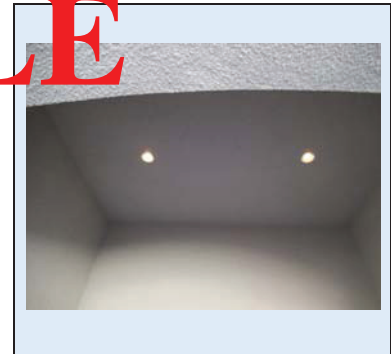
**EXAMPLE**



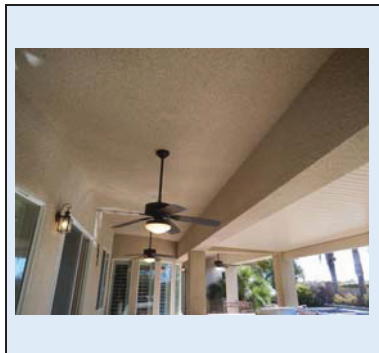
Right Walls (OK)



Front Windows (OK)



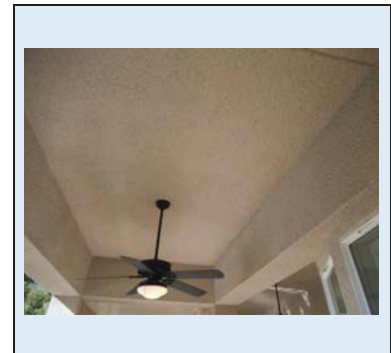
Entry Overhang (OK)



Patio Cover Right (OK)



Building # (OK)



Patio Cover Left (OK)

**ROOF**

**SECTION IV**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following is an opinion of the general quality and condition of the roofing material. The inspector cannot and does not offer an opinion or warranty as to whether the roof leaks or may be subject to future leakage. This report is issued in consideration of the foregoing disclaimer. **The only way to determine if a roof is absolutely water tight is to observe it during a prolonged rainfall.** Many times this situation is not present during the inspection. This inspection is made on the basis of what is visible and accessible on the day of the inspection and is NOT a warranty of the roof system or how long it will be water tight in the future. Roof systems are walked on where conditions permit without danger or damage to the roof or inspector unless otherwise noted below. For an accurate cost on what repairs or replacement costs will be, a licensed and insured roofing contractor should be called. All roof coverings require periodic maintenance and should be visually inspected once a year. Buyers are encouraged to ask sellers about the history of the roof service and the presence of any prior or current roof conditions, particularly where stains are noted. Roof mounted antennas or other accessories often loosen with age and should be checked periodically. Interiors of flues or chimneys are usually not visible and as such are not inspected.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>a. ROOF</b>	Type:	Hip	Covering:	Tile (S)	Pitch:	4	/12
						Method of Inspection:	On	Approximate Age:	12 years			

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>b. CONDITION</b>	<i>The Inspector is NOT authorized to remove and or repair any items or damage found on the roof.</i>						
						Debris on Roof:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes		
						Physical Damage:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	Two Cracked Tiles	
						Structural Deformation:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>c. SKY LIGHT(s)</b>	Number:		Type:	
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	------------------------	---------	--	-------	--

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>d. CHIMNEY(s)</b>	Number:		Type:	Med						
						In Conjunction with:	<input checked="" type="checkbox"/>	Wire Plac	<input type="checkbox"/>	Boile	<input type="checkbox"/>	One			
						Spark Arrestor:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Capped Off:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>e. FLASHING</b>	Not Visible	Type:	Galvanized				
						Signs of Damage:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes		
						Signs of corrosion:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes		

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>f. PLUMBING VENT(s)</b>	Number:	12	Type:	PVC			
						Signs of Damage:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes		

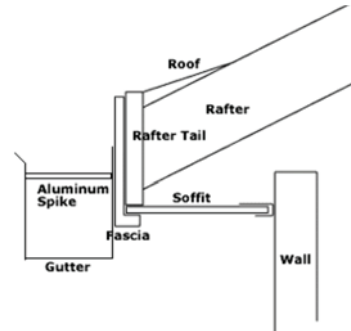
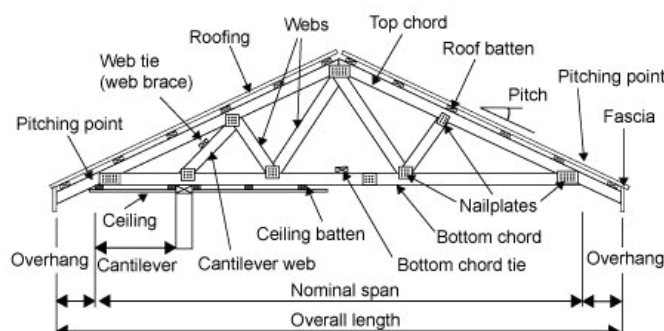
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>g. EXHAUST VENT(s)</b>	Number:	14	Type:	Galvanized			
						Signs of Damage:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes		
						Signs of corrosion:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>h. GUTTERS/ DOWN SPOUTS</b>	Number:		Type:				
						Signs of Damage:	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		
						Signs of corrosion:	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		



**ROOF** **SECTION IV**

A	M	D	NI	NA	<b>i. VENTILATION</b>	Soffit	Ridge	Gable	Other:	Envelope	
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
						Signs of corrosion:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>j. FACIA (FRONT)</b>	<input checked="" type="checkbox"/> Not Visible	Type:	Covered	Size:	2 x 8	
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>k. SOFFIT (FRONT)</b>	<input checked="" type="checkbox"/> Not Visible	Type of covering:	Stucco			
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>l. FACIA (LEFT)</b>	<input checked="" type="checkbox"/> Not Visible	Type:	Covered	Size:	2 x 8	
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>m. SOFFIT (LEFT)</b>	<input checked="" type="checkbox"/> Not Visible	Type of covering:	Stucco			
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>n. FACIA (REAR)</b>	<input checked="" type="checkbox"/> Not Visible	Type:	Covered	Size:	2 x 8	
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>o. SOFFIT (REAR)</b>	<input checked="" type="checkbox"/> Not Visible	Type of covering:	Stucco			
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>p. FACIA (RIGHT)</b>	<input type="checkbox"/> Not Visible	Type:	Covered	Size:	2 x 8	
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>q. SOFFIT (RIGHT)</b>	<input type="checkbox"/> Not Visible	Type of covering:				
						Signs of Damage:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			





Roof Covering in Acceptable Condition



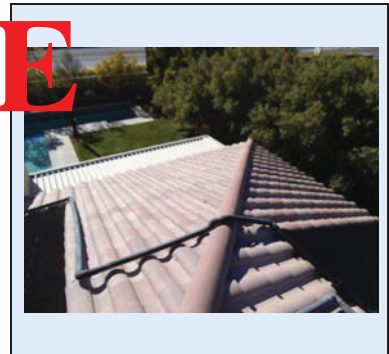
Cracked Tile



Front (OK)

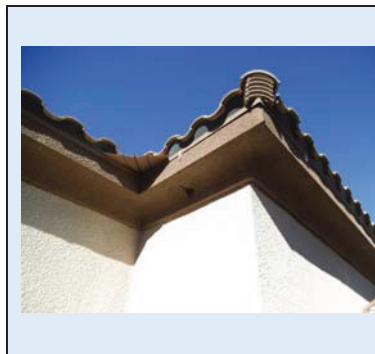
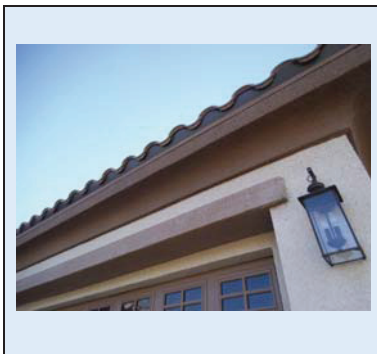


Valley (OK)

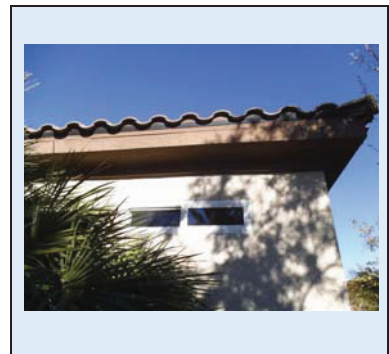


Rear (OK)

**EXAMPLE**



Facia and Soffits (OK)



**GARAGE** **SECTION V**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determining the heat resistance rating of fire walls is beyond the scope of this inspection. Flammable materials should not be stored within closed garage areas.

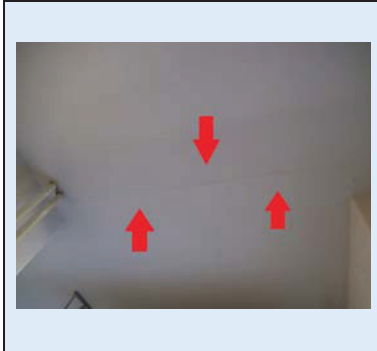
TYPE: ☒ Attached ☐ Unattached NUMBER DOORS: 2

NUMBER OF VEHICLES STRUCTURE CAN ACCOMMODATE: 3 - CAR

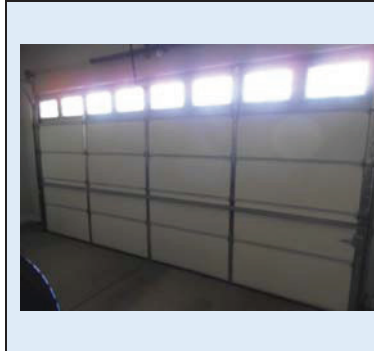
☒ Finished ☐ Unfinished ATTIC ACCESS: ☐ Yes ☐ No

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>a. GARAGE DOORS (INSIDE)</b>	Type:	Roll Up	Number:	2
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>b. GARAGE DOOR TRIM</b>				
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>c. GARAGE ACCESS DOOR (TO RESIDENCE)</b>	Type:	Fire Rated	Self-Closing:	Yes
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>d. GARAGE ACCESS TO YARD</b>	Type:	Standard	Location:	Left Side
A	<input checked="" type="checkbox"/>	D	NI	NA	<b>e. GARAGE CEILING (FINISHED)</b>	Separation in Joint Tape/ Compound in Front section of Garage Ceiling.			
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>f. ACCESS TO ATTIC/ STORAGE</b>				
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>g. GARAGE ROOF STRUCTURE (IF APPLICABLE OR EXPOSED)</b>				
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>h. WALLS (INCLUDING FIREWALL SEPARATION)</b>				
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>i. GARAGE FLOORS</b>	Material:	Concrete		
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>j. GARAGE DOOR OPENER #1 (I/A.)</b>	Manufacturer:	Chamberlain	# Remotes:	1
<input checked="" type="checkbox"/>	M	D	NI	NA	<b>k. GARAGE DOOR OPENER #2 (I/A.)</b>	Manufacturer:	Chamberlain	# Remotes:	1
A	M	D	NI	NA	<b>l. GARAGE DOOR OPENER #3 (I/A.)</b>	Manufacturer:		# Remotes:	
A	M	D	NI	NA	<b>m. GARAGE DOOR OPENER #4 (I/A.)</b>	Manufacturer:		# Remotes:	

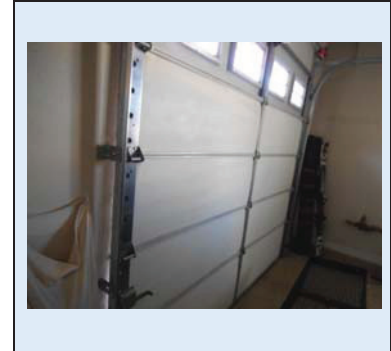
**EXAMPLE**



Garage Ceiling

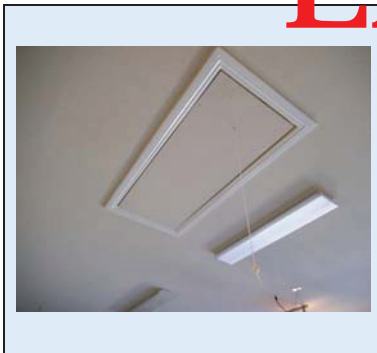


Garage Door #1 (OK)

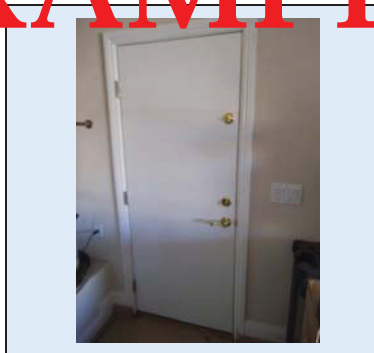


Garage Door #2 (OK)

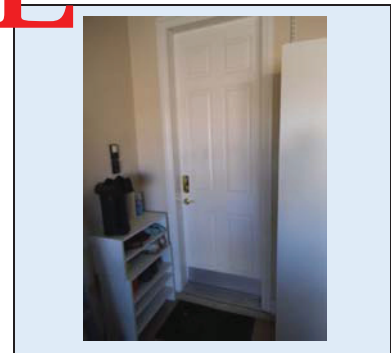
# EXAMPLE



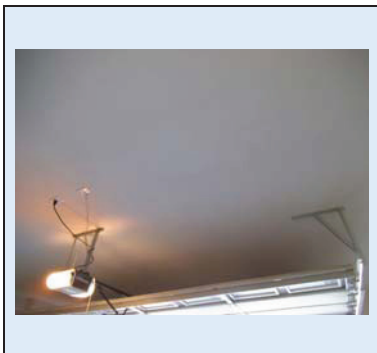
Access to Storage Room



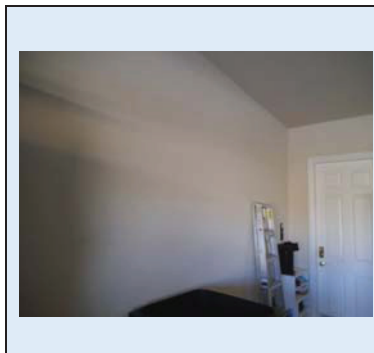
Yard Access (OK)



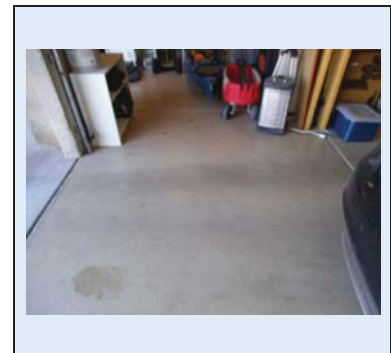
Access to Home (OK)



Ceiling (OK)



Walls (OK)



Floors (OK)

**CAR PORT**

**SECTION V**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some structures do not have a Garage but essentially utilize a carport, if the structure is a condominium and or town home the carport is maintained by the HOA and does not fall under the scope of this investigation. If the structure being investigated is a condo, town home or high rise this section (Garage ad or carport will be considered a curtesy section to the client.

TYPE: ☐ Stucco ☐ Metal ☐ Exposed Frame ☐ Other: \_\_\_\_\_

NUMBER OF VEHICLES STRUCTURE CAN ACCOMMODATE: 3 - CAR

Finished: ☐ Unfinished: ☐

A	M	D	NI	NA	<b>n. CARPORT/ OVERHANG</b>	Attached	Not Attached	Size:	
---	---	---	----	----	-----------------------------	----------	--------------	-------	--

A	M	D	NI	NA	<b>o. CAR PORT ROOF (TOP)</b>	Type of Covering:	
---	---	---	----	----	-------------------------------	-------------------	--

A	M	D	NI	NA	<b>p. CAR PORT CEILING</b>	
---	---	---	----	----	----------------------------	--

A	M	D	NI	NA	<b>q. CAR PORT BEAMS</b>	
---	---	---	----	----	--------------------------	--

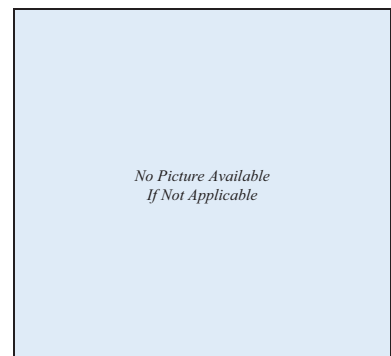
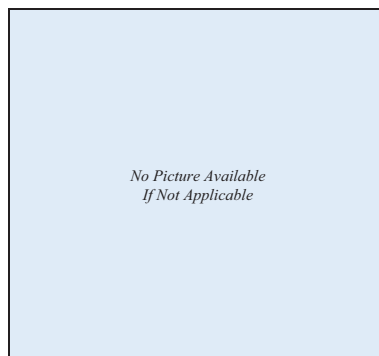
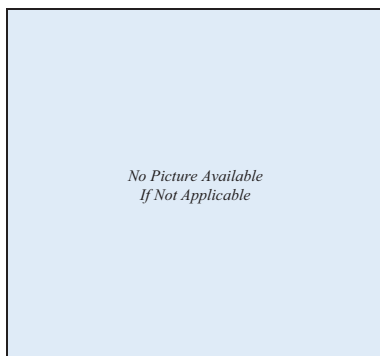
A	M	D	NI	NA	<b>r. CAR PORT POSTS</b>	
---	---	---	----	----	--------------------------	--

A	M	D	NI	NA	<b>s. FLOORS</b>	Material:	
---	---	---	----	----	------------------	-----------	--

A	M	D	NI	NA	<b>t. ACCESS DOOR TO RESIDENCE (I/A)</b>	Type:		Self-Closing:	
---	---	---	----	----	--	-------	--	---------------	--

**CAR PORT**

**PHOTOs (I/A)**





**ELECTRICAL**

**SECTION VI**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This report addresses the primary electrical power distribution system serving the building. Any electrical repairs attempted by anyone other than a licensed electrician should be approached with extreme caution. The power to the entire house should be turned off prior to beginning any repair efforts, no matter how trivial the repair may seem. Aluminum wiring requires periodic inspection and maintenance by a licensed electrician. The operation or condition of any time clock motor is NOT verified. Inoperative light fixtures often lack bulbs or have dead bulbs installed. Light bulbs are not changed during the inspection. Any ceiling fans are checked for general operation only. Smoke alarms should be installed on all levels of the home and within 5 feet of all bedroom doors. Smoke alarms and carbon monoxide detectors should be tested regularly. Security alarm systems and their components are NOT addressed by this inspection. We recommend you consult the alarm monitoring company for further information.

**MAIN SERVICE PANNEL** **\*\* See Utilities section for main service panel \*\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>a. SUB-ELECTICAL PANEL</b>	<input checked="" type="checkbox"/>	On	<input type="checkbox"/>	Off	<input type="checkbox"/>	Locked
						Adequate Clearance to Panel:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
						Manufacturer:	Square D				Year:	2004
						Conductors:	<input checked="" type="checkbox"/>	Copper	<input type="checkbox"/>	Aluminum	Amps:	240
						Main Wire	<input checked="" type="checkbox"/>	Copper	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	Not Visible
						Ground Wire:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Visible
						Remark(s)						
						Sub- Elec. Panel Location:	Garage					



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>b. DOOR BELL</b>						

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>c. ENTRY LIGHT</b>						

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>d. EXTERIOR LIGHTING</b>	Type:	On Photo Cell	Location:	Front Gaurge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>e. EXTERIOR OUTLETS</b>	Number:	2	G.F.C.I. Protected:	Y
							# Not working	0	Location(s):	
							# Missing Weather Covers:	0	Location(s):	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>f. GARAGE LIGHTING</b>	Number:	4	Type:	Fluorescent
							# Not working	0	Location(s):	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>g. GARAGE SWITCHES</b>	Number:	3	Type:	Standard
							# Not working	0	Location(s):	


<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>h. GARAGE OUTLETS</b>	Number:	7	G.F.C.I. Protected:	Yes
							# Not working	0	Location(s):	





Page. 14.

## ELECTRICAL


## SECTION VI


	M	D	NI	NA	<b>i. LIGHTS MOUNTED - FIRST FLOOR (Including Ceiling Fans)</b>				<i>* This also includes Recessed Can Lights)</i>				
					Number Lights:		41	# Not Working:		0			
					Locations:								
					Number Ceiling Fans:		9	# With Light Kits:		9	# Not Working:		0
					Location(s):								
					# Mounted Bathroom Lights:		11	# Not Working:		0			
					Location(s):								


	M	D	NI	NA	<b>j.1<sup>st</sup> FLOOR SWITCHES</b>	Number:	35	Type:	Standard
					# Not working	0	Location(s):		


A		D	NI	NA	<b>k. 1<sup>ST</sup> FLOOR OUTLETS</b>	Number:	45	Method Tested:	GFCI Tester
					# Not working	<b>4</b>	Location(s):	Laundry Room/ Kitchen GFCI Near REF.	
					# G.F.C.I. Outlets (Kitchen/ Bathrooms/ ETC.):			20	# Not working: <b>0</b>

A	M	D	NI	<b>I. LIGHTS MOUNTED - SECOND FLOOR (Including Ceiling Fans)</b>										<b>* This also includes Recessed Can Lights</b>											
				Number Lights:				# Not Working:				<b>EXAMPLE</b>													
				Locations:																					
				Number Ceiling Fans:				# With Light Kits:														# Not Working:			
				Location(s):																					
				# Mounted Bathroom Lights:				# Not Working:																	
				Location(s):																					

A	M	D	NI		<b>m.2<sup>ND</sup> FLOOR SWITCHES</b>	Number:		Type:	
					# Not working		Location(s):		

A	M	D	NI		<b>n. 2<sup>ND</sup> FLOOR OUTLETS</b>	Number:		Method Tested:			
					# Not working		Location(s):				
					# G.F.C.I. Outlets (Kitchen/ Bathrooms/ ETC.):					# Not working:	

A	M	D	NI		<b>o. LIGHTS MOUNTED - THIRD FLOOR (Including Ceiling Fans)</b>				<i>* This also includes Recessed Can Lights)</i>						
					Number Lights:			# Not Working:							
					Locations:										
					Number Ceiling Fans:			# With Light Kits:			# Not Working:				
					Location(s):										
					# Mounted Bathroom Lights:			# Not Working:							
					Location(s):										

A	M	D	NI		<b>p. 3<sup>RD</sup> FLOOR SWITCHES</b>	Number:		Type:	
					# Not working		Location(s):		

**ELECTRICAL** **SECTION VI**

A	M	D	NI	<input checked="" type="checkbox"/>	<b>q. 3<sup>RD</sup> FLOOR OUTLETS</b>	Number:		Method Tested:	
					# Not working		Location(s):		
					# G.F.C.I. Outlets (Kitchen/ Bathrooms/ ETC.):		# Not working:		

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>r. LIGHTS MOUNTED-ATTIC</b>	Attic Access Location:	Laundry Room / Front Guest Bathroom		

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>s. ATTIC SWITCHES</b>	Number:	3	Type:	Standard
					# Not working	0	Location(s):		

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>t. ATTIC OUTLETS</b>	Number:	3	Method Tested:	HVAC
					# Not working	0	Location(s):		

A	M	D	NI	<input checked="" type="checkbox"/>	<b>u. LIGHTS MOUNTED - BASEMENT (Including Ceiling Fans)</b>	<i>* This also includes Recessed Can Lights)</i>			
					Number Lights:		# Not Working:		
					Locations:				
					Number Ceiling Fans:		# Working Light Kits:		# Not Working:
					Location(s):				
					# Mounted Bathroom Lights:		# Not Working:		
					Location(s):				

A	M	D	NI	<input checked="" type="checkbox"/>	<b>v. BASEMENT SWITCHES</b>	Number:		Type:	
					# Not working		Location(s):		

A	M	D	NI	<input checked="" type="checkbox"/>	<b>w. BASEMENT OUTLETS</b>	Number:		Method Tested:	
					# Not working		Location(s):		
					# G.F.C.I. Outlets (Kitchen/ Bathrooms/ ETC.):		# Not working:		

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>x. SMOKE/ CARBON MONOXIDE DETECTOR (1<sup>st</sup> Floor)</b>	Number:	12	Wired to Elec.	YES
					# Not working		Location(s):		

A	M	D	NI	<input checked="" type="checkbox"/>	<b>y. SMOKE/ CARBON MONOXIDE DETECTOR (2<sup>nd</sup> Floor)</b>	Number:		Wired to Elec.	
					# Not working		Location(s):		

A	M	D	NI	<input checked="" type="checkbox"/>	<b>z. SMOKE/ CARBON MONOXIDE DETECTOR (3<sup>rd</sup> Floor)</b>	Number:		Wired to Elec.	
					# Not working		Location(s):		

A	M	D	NI	<input checked="" type="checkbox"/>	<b>xx. SMOKE/ CARBON MONOXIDE DETECTOR (Basement)</b>	Number:		Wired to Elec.	
					# Not working		Location(s):		

**PHOTO(s)**

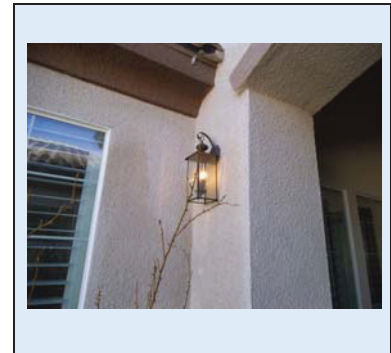
**SECTION VI**



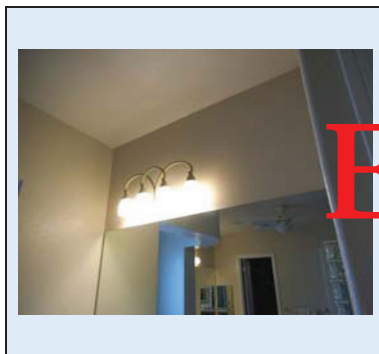
Exterior Outlets (OK)



Door Bell (OK)



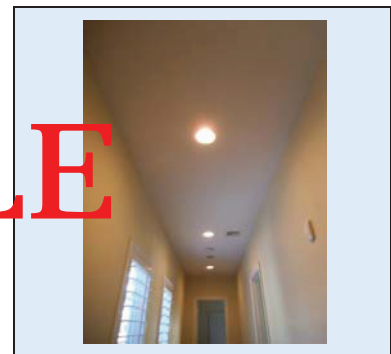
Exterior Lights (OK)



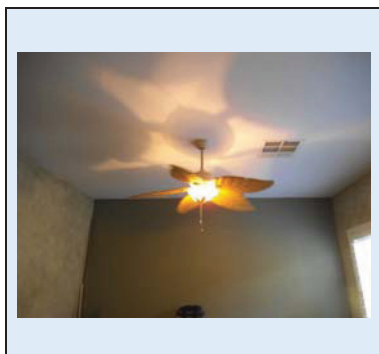
Interior Lights (OK)



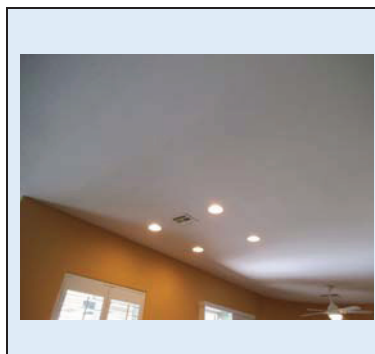
Photo Cell (OK)



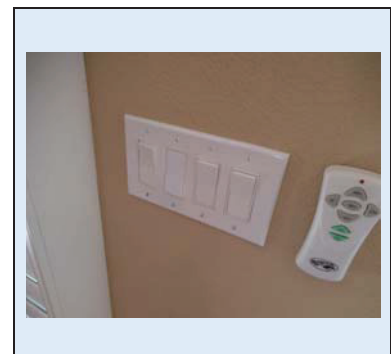
Hall Lights (OK)



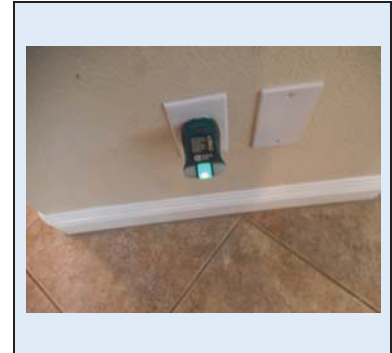
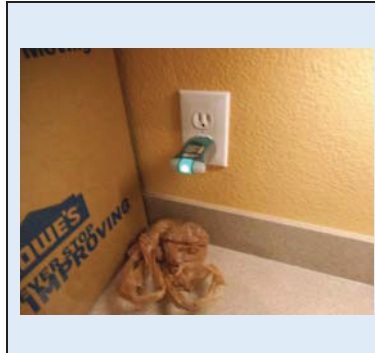
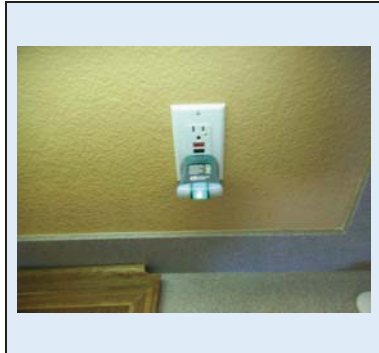
Ceiling Fans (OK)



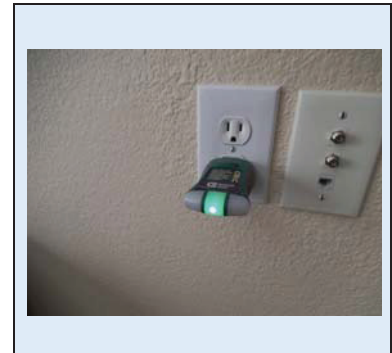
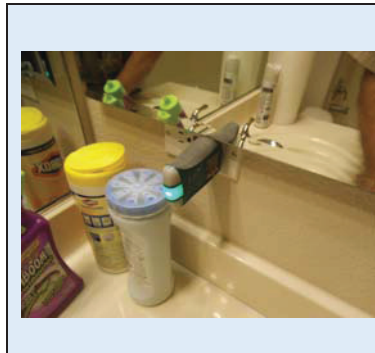
Ceiling Lights (OK)



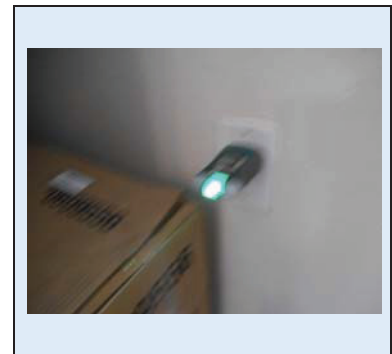
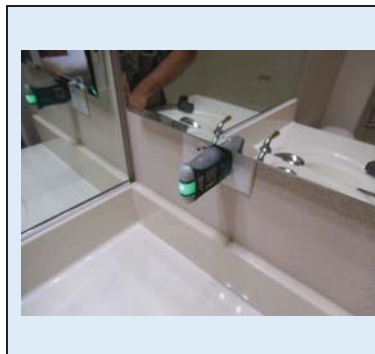
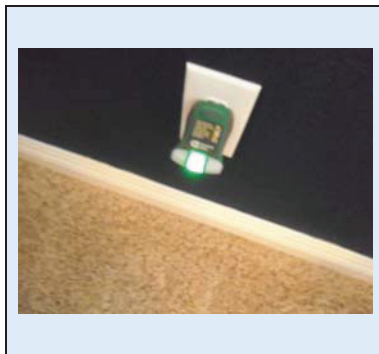
Switches (OK)



Most Interior Outlets are working properly.  
(Tree Outlets in front Laundry Room are non-operational)



# EXAMPLE



Kitchen GFCI Not tripping

**PLUMBING**

**SECTION VII**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All underground piping related to water supply, waste, or sprinkler use are excluded from this inspection. Leakage or corrosion in underground piping cannot be detected by visual inspection. It is not within the scope of this report to determine whether water supply and waste disposal systems are public or private, the quantity and quality of the water supply. The operational effectiveness of any installed water treatment equipment cannot be determined without laboratory testing. We recommend you verify these items with the seller. Determination of leakage at water supply lines in an attic or structure is limited to areas where pipes are accessible. Operation of time clock motors is not verified. It is beyond the scope of a visual inspection to determine the total extent of damage to underlying or surrounding materials where tile damage or moisture intrusion is present. Safety and shut-off valves are not operated during inspection, for fear of causing subsequent leakage, unless in an emergency situation.

A	M	D	NI	NA	<b>MAIN WATER METER</b>	<b>** See Utilities section for main water meter **</b>
<b>Under Most Circumstances Service Lines are not Visible. Many times they are Underground/ Inside Walls/or Covered by insulation.</b>						

<b>WATER PREASURE (psi):</b>	32 psi	<b>OUTSIDE TEMP AT TEST:</b>	44' F °
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<input type="checkbox"/>	M	D	NI	NA	<b>a. MAIN WATER SHUT OFF VALVE</b>	Location:	Garage
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<input type="checkbox"/>	M	D	NI	NA	<b>b. SERVICE CAPS/ CLEAN OUTS</b>	Number:	2	Location:	Back Wall
--------------------------	---	---	----	----	------------------------------------	---------	---	-----------	-----------

<input type="checkbox"/>	M	D	NI	NA	<b>c. EXTERIOR WATER SPICKETS</b>	Number:	5	# Missing Anti Backflow Valve	0
--------------------------	---	---	----	----	-----------------------------------	---------	---	-------------------------------	---

<input type="checkbox"/>	M	D	NI	NA	<b>d. EXERIOR DRAINS</b>	Number:	2	Location:	Front Yard
--------------------------	---	---	----	----	--------------------------	---------	---	-----------	------------

<div><div></div><div>M</div><div>D</div><div>NI</div><div>NA</div></div>	e. IRRIGATION SYSTEM										
Automatic Timer:						Yes	Location:		Garage	Tested:	22-Jan-2017
Anti-Siphon valve:						Yes	Location:		Le Side		
Lawn Sprinklers:						Yes	Type:		Rain Bird		

<div><div></div><div>M</div><div>D</div><div>NI</div><div>NA</div></div>	f. Kitchen Water/ Drain Lines		Evidence of leaks:No				
	Sink:	<div><div></div><div></div></div>	Hot water	<div><div></div><div></div></div>	Cold water	Drains OK:	Yes
	Dish Washer:	System Cycle test:		30 Minutes		Drains OK:	Yes
	Refrigerator:	Connected to water line:		Yes	Drains OK:	Ice Maker	

<input type="checkbox"/>	M	D	NI	NA	<b>g. LAUNDRY ROOM SERVICE/ DRAIN LINES</b>	Location:	Front Left Hallway
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<div><div></div><div>M</div><div>D</div><div>NI</div><div>NA</div></div>	h. 1 <sup>st</sup> FLR. ½ Bath Water/ Drain Lines				Location:		Front Riight Hallway				
					Sink:	✓	Hot water	✓	Cold water	Drains OK:	Yes
					Tub/ Shower:		Hot water		Cold water	Drains OK:	
					Toilet:	✓	Flush OK	✓	Fills OK	Evidence of Leaks:	No

**PLUMBING**

**SECTION VII**

<input type="checkbox"/>	M	D	NI	NA	i. Family Bath 1 - Water/ Drain Lines	Location:	Front Room (Right Side)
					Sink:	✓	Hot water ✓ Cold water Drains OK: Yes
					Tub/ Shower:	✓	Hot water ✓ Cold water Drains OK: Yes
					Toilet:	✓	Flush OK Fills OK Evidence of Leaks: No

<input type="checkbox"/>	M	D	NI	NA	j. Family Bath 2 - Water/ Drain Lines	Location:	Front Room (Left Side)
					Sink:	✓	Hot water ✓ Cold water Drains OK: Yes
					Tub/ Shower:	✓	Hot water ✓ Cold water Drains OK: Yes
					Toilet:	✓	Flush OK Fills OK Evidence of Leaks: No

<input type="checkbox"/>	M	D	NI	NA	k. Family Bath 3 - Water/ Drain Lines	Location:	Center Room (Left Side)
					Sink:	✓	Hot water ✓ Cold water Drains OK: Yes
					Tub/ Shower:	✓	Hot water ✓ Cold water Drains OK: Yes
					Toilet:	✓	Flush OK Fills OK Evidence of Leaks: No

<input type="checkbox"/>	M	D	NI	NA	l. Master Bath Water/ Drain Lines	Location:	Rear Left Side
					Sink:	✓	Hot water ✓ Cold water Drains OK: Yes
					Tub/ Shower:	✓	Hot water ✓ Cold water Drains OK: Yes
					Toilet:	✓	Flush OK Fills OK Evidence of Leaks: No

M

D

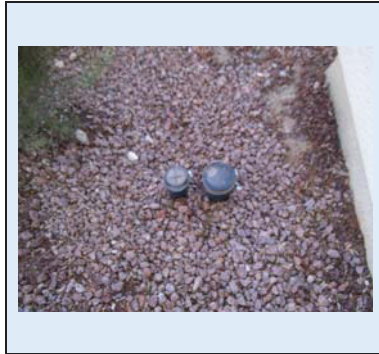
NI

NA

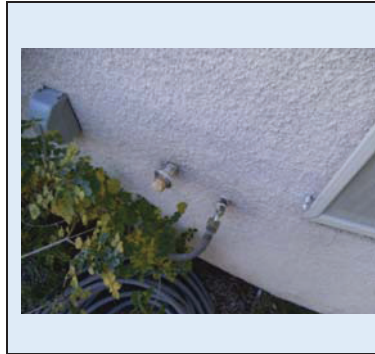
ml. WATER HEATER #1

Location:	Garage	Temperature:	120' F
Manufacturer:	Premium Plus	PSI:	32 psi
Type:	Gas	Pilot Light:	ON
Capacity:	80 U.S. Gallon		
Approximate Age:	3 years		
TPRV and Drain Tube:	Acceptable		
Seismic Straps:	Acceptable		

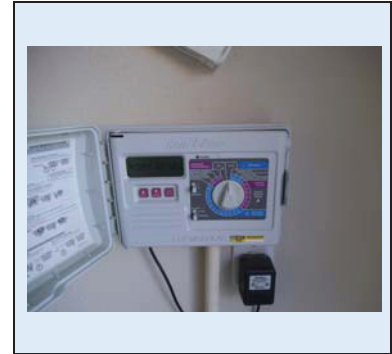




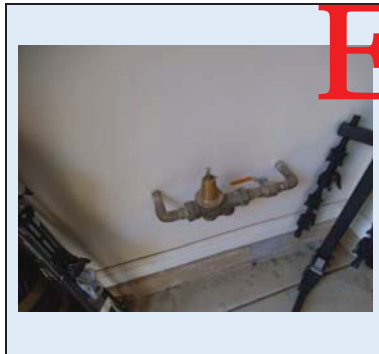
Front Drain Clean Put



Exterior Spicket (OK)



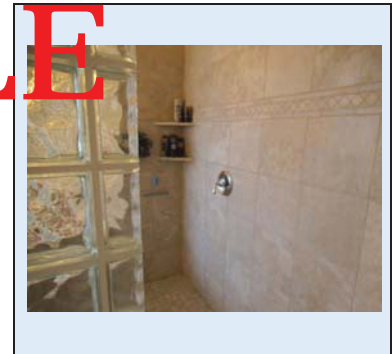
Irrigation Control (OK)



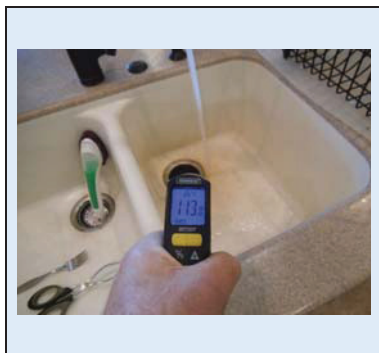
Main Shut Off (OK)



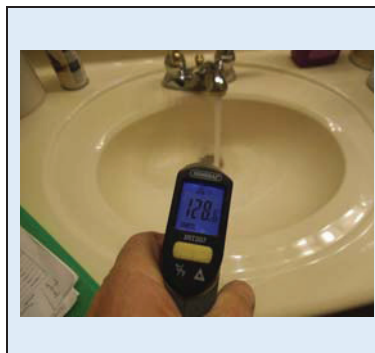
Water Softener (OK)



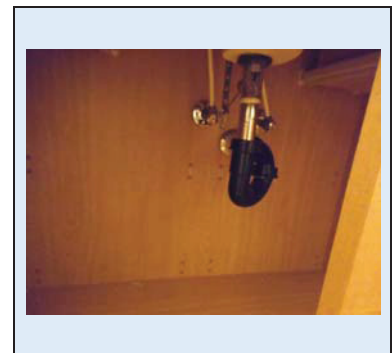
Pool Shower (OK)



Kitchen (OK)



Bathrooms (OK)



Drains Clear (OK)

**APPLIANCES**

**SECTION VIII**

A - Acceptable	M - Marginal	D - Defective	NI - Not Inspected	NA - Not Applicable
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection of standalone freezers, Water Softener Systems, and built-in ice makers are outside the scope of this inspection. No opinion is offered as to adequacy of such items. Ovens self or continues cleaning operation, cooking functionality, clocks, timing devices, and thermostat accuracy are not tested during this inspection. Appliances are not moved or adjusted during the inspection. Portable Dishwashers are not inspected as they are not considered permanent fixture to the property and require additional set-up for operation.

Note: Services such as Water, Gas and Electricity must be active in the building for the inspection to be completed, if no services are available only a spot check for damage and availability will be conducted.

**KITCHEN**

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>a. RANGE/ COOKTOP</b>	Type:	<input checked="" type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Propane
Manufacture:						GE						

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>b. OVEN #1</b>	Type:	<input checked="" type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Propane
Manufacture:						GE		All in One with Stove top:		<input type="checkbox"/>	Stand Alone:	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>c. OVEN #2</b>	Type:	<input checked="" type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Propane
Manufacture:						GE						

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>d. MICROWAVE OVEN</b>	Mounted in cabinet:	<input type="checkbox"/>	Mounted Over Stove:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Manufacture:						GE						

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>e. VENT HOOD</b>	Standalone over stove:	<input type="checkbox"/>	Mounted to Microwave Oven:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manufacture:						GE				

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>f. DISPOSAL</b>	Manufacture:	Badger		Switch Location:	Top of Sink (L)		
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<input checked="" type="checkbox"/>	M	D	NI	NA	<b>g. DISH WASHER</b>	Manufacture:	GE		Drain Air Loop:	Working		
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<input checked="" type="checkbox"/>	M	D	NI	NA	<b>h. REFRIGERATOR</b>	Manufacture:	GE		Interior Temp:	00' F/ 29' F		
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<input checked="" type="checkbox"/>	M	D	NI	NA	<b>i. KITCHEN SINK</b>	Type:	Under Counter					
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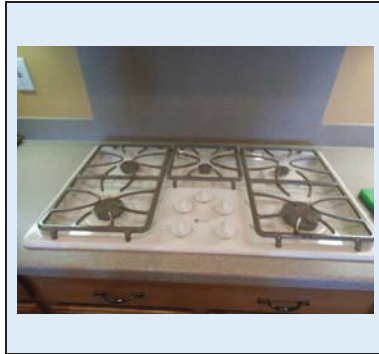
**LAUNDRY ROOM**

<input checked="" type="checkbox"/>	M	D	NI	NA	<b>j. CLOTHES WASHER</b>	Manufacture:	GE					
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<input checked="" type="checkbox"/>	M	D	NI	NA	<b>k. CLOTHES DRYER</b>	Type:	<input checked="" type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Propane
Manufacture:						GE						

**PHOTO(s)**

**SECTION VIII**



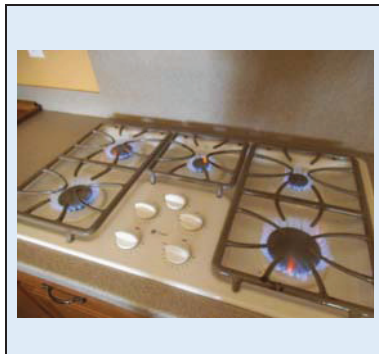
**STOVE**



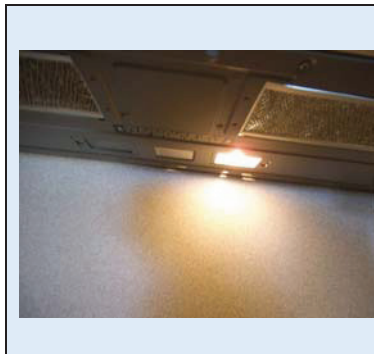
**MICROWAVE**



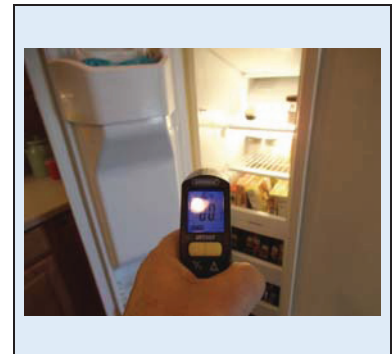
**REFRIGERATOR**



**STOVE (ON)**



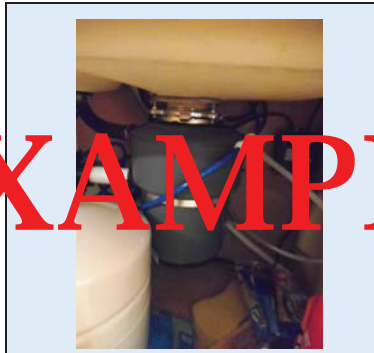
**VENT HOOD**



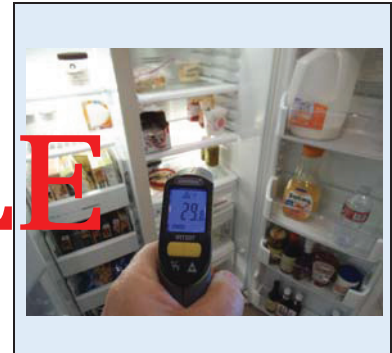
**FREEZER**



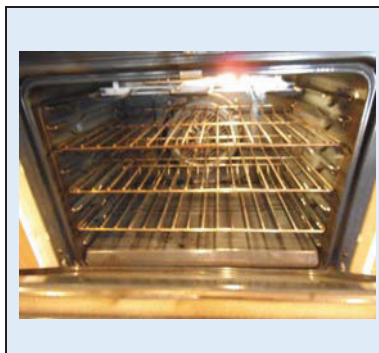
**OVEN #1**



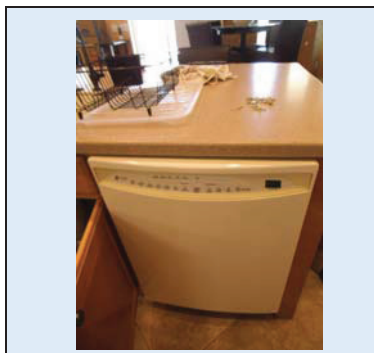
**DISPOSAL**



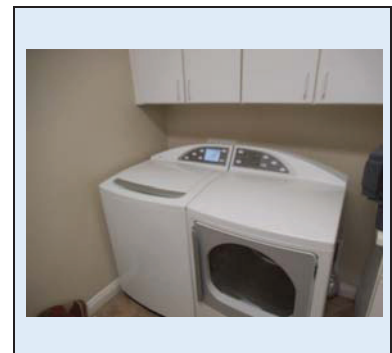
**REF. INTERIOR.**



**OVEN #2**  
**7111 Wolf River Ave.**



**DISH WASHER**



**CLOTHES WASHER/DRYER**