

# Summary

**=> Major Concerns <=**

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**=> Safety Items <=**

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**=> Deferred Costs (likely to need repair or replacement within 5 years) <=**

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**=> Deferred Costs (likely to need repair or replacement within 5 years) <=**

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# Summary Continued

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## Summary Continued 2

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# WALKS/DRIVES/PORCHES

## 1. Driveway

1 <input type="checkbox"/> Satisfactory 2 <input type="checkbox"/> Marginal 3 <input type="checkbox"/> Poor <input type="checkbox"/> Trip Hazard	Material <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick/pavers <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> _____	Problems Reccmend / Improve <input type="checkbox"/> Landscaping/root damage <input type="checkbox"/> Sloped to home <input type="checkbox"/> Critical drain - keep clear	<input type="checkbox"/> Cracks <input type="checkbox"/> Fill / Seal
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## 2. Walks

6 <input type="checkbox"/> Satisfactory 7 <input type="checkbox"/> Marginal 8 <input type="checkbox"/> Poor <input type="checkbox"/> Trip Hazard	Material <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick/pavers <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> _____	Problems Reccmend / Improve <input type="checkbox"/> Landscaping/root damage <input type="checkbox"/> Public walk needs repair <input type="checkbox"/> _____	<input type="checkbox"/> Cracks <input type="checkbox"/> Sloped to home
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## 3. Porches / Stoop

11 <input type="checkbox"/> Satisfactory 12 <input type="checkbox"/> Marginal 13 <input type="checkbox"/> Poor <input type="checkbox"/> Trip Hazard	Construction <input type="checkbox"/> Wood <input type="checkbox"/> Brick/pavers <input type="checkbox"/> Concrete <input type="checkbox"/> _____	Problems Reccmend / Improve <input type="checkbox"/> Railings <input type="checkbox"/> Wood to soil contact <input type="checkbox"/> _____	
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## 4. Steps (attached)

16 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor 17 <input type="checkbox"/> Marginal <input type="checkbox"/> Trip Hazard	Construction <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> _____	Problems Reccmend / Improve <input type="checkbox"/> Cracks <input type="checkbox"/> Uneven steps <input type="checkbox"/> Railings <input type="checkbox"/> Settling <input type="checkbox"/> Wood to soil contact	
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## 5. Patio (on grade)

20 <input type="checkbox"/> Satisfactory 21 <input type="checkbox"/> Marginal 22 <input type="checkbox"/> Poor <input type="checkbox"/> Trip Hazard	Material <input type="checkbox"/> Concrete <input type="checkbox"/> Brick/pavers <input type="checkbox"/> Asphalt <input type="checkbox"/> Flagstone <input type="checkbox"/> _____	Problems Reccmend / Improve <input type="checkbox"/> Landscaping/root damage <input type="checkbox"/> Sloped to home <input type="checkbox"/> _____	<input type="checkbox"/> Cracks
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## 6. Deck (raised)

25 <input type="checkbox"/> Satisfactory 26 <input type="checkbox"/> Marginal 27 <input type="checkbox"/> Poor 28 <input type="checkbox"/> Hazard	Decking / Railing <input type="checkbox"/> Natural wood <input type="checkbox"/> Spantex <input type="checkbox"/> Pressure treated <input type="checkbox"/> Weather Deck <input type="checkbox"/> Painted/Stained <input type="checkbox"/> other _____	Problems Reccmend / Improve <input type="checkbox"/> Railings <input type="checkbox"/> Wood to soil contact <input type="checkbox"/> Metal brackets <input type="checkbox"/> Moisture / insect damage <input type="checkbox"/> Metal straps, bolts <input type="checkbox"/> Paint / stain <input type="checkbox"/> Sway bracing <input type="checkbox"/> Support/attachment	
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## 7. Balcony (upper floor decks)

31 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor 32 <input type="checkbox"/> Marginal <input type="checkbox"/> Hazard	Decking / Railing <input type="checkbox"/> Wood <input type="checkbox"/> Spantex <input type="checkbox"/> Metal <input type="checkbox"/> Weather Deck	Problems Reccmend / Improve <input type="checkbox"/> Railings <input type="checkbox"/> Moisture / insect damage <input type="checkbox"/> Decking/surface <input type="checkbox"/> Support/attachment	
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## 8. Hose Bibs & Exterior Outlets

36 Hose bibs working <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Leaks 37 <input type="checkbox"/> Not tested <input type="checkbox"/> Anti-siphon <input type="checkbox"/> Caulk Gaps 38 <input type="checkbox"/> Not frost free <input type="checkbox"/> Loose / attachment	Outside outlets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not working <input type="checkbox"/> No GFCI <input type="checkbox"/> No waterproof cover <input type="checkbox"/> Two prong outlets <input type="checkbox"/> Open Ground <input type="checkbox"/> Hot Neutral reverse <input type="checkbox"/> Recommend a gas shutoff tool @ meter	
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## 9. Retaining Walls

41 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Hazard	Material <input type="checkbox"/> Concrete <input type="checkbox"/> Stone/block <input type="checkbox"/> Wood
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## 10. Landscaping (affecting the structure)

44 <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor 45 <input type="checkbox"/> Marginal <input type="checkbox"/> Hazard	Improper Grading/Drainage <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West	Problems Reccmend / Improve <input type="checkbox"/> Wood to soil contact <input type="checkbox"/> Plants touching	<input type="checkbox"/> Window well covers <input type="checkbox"/> Backfill needed <input type="checkbox"/> Drains not tested
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# CHIMNEY/SIDING/WINDOWS

## 11. Chimneys

1-   2-   3-   4-  

<input type="checkbox"/> None	<b>Chase</b>	<b>Flue</b>	<b>Problems</b>	<b>Recommend - Improve</b>
<input type="checkbox"/> Viewed From	<input type="checkbox"/> Brick/block	<input type="checkbox"/> Tile	<input type="checkbox"/> Cracks	<input type="checkbox"/> Rust
<input type="checkbox"/> Roof	<input type="checkbox"/> Stone	<input type="checkbox"/> Metal	<input type="checkbox"/> Creosote	<input type="checkbox"/> Holes in metal
<input type="checkbox"/> Ground	<input type="checkbox"/> Framed	<input type="checkbox"/> Not Visible	<input type="checkbox"/> Flashing	<input type="checkbox"/> Flaking
<input type="checkbox"/> Ladder	<input type="checkbox"/> Stucco	<input type="checkbox"/> <b>Unlined Flue</b>	<input type="checkbox"/> Cracked Cap	<input type="checkbox"/> Loose bricks
			<input type="checkbox"/> Spalling	<input type="checkbox"/> Loose mortar
				<input type="checkbox"/> Spark arrestor / rain cap
				<input type="checkbox"/> Sweep flue
				<input type="checkbox"/> Flashing repairs
				<input type="checkbox"/> Roof cricket
				<input type="checkbox"/> Brick/mortar repairs

## 12. Gutters and Downspouts

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Alum/metal	<b>Problems</b>	<b>Extensions needed</b>
<input type="checkbox"/> Marginal	<input type="checkbox"/> Wood	<input type="checkbox"/> Leaking	<input type="checkbox"/> North
<input type="checkbox"/> Poor	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Ponding	<input type="checkbox"/> South
<input type="checkbox"/> None	<input type="checkbox"/> Built in gutters	<input type="checkbox"/> Holes in runs	<input type="checkbox"/> East
		<input type="checkbox"/> Stains	<input type="checkbox"/> West
		<input type="checkbox"/> Mounts failing	
		<input type="checkbox"/> Rusting	
		<input type="checkbox"/> Need cleaning	
		<input type="checkbox"/> _____	

## 13. Siding

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiber-cement	<input type="checkbox"/> T1-11	<b>Problems</b>
<input type="checkbox"/> Marginal	<input type="checkbox"/> Metal	<input type="checkbox"/> Holes	<input type="checkbox"/> <b>EIFS</b>	<input type="checkbox"/> Cracks/splits
<input type="checkbox"/> Poor	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Stucco	<input type="checkbox"/> <b>LP/composite</b>	<input type="checkbox"/> Holes
<input type="checkbox"/> Recommend paint/stain/caulk	<input type="checkbox"/> Brick/Stone	<input type="checkbox"/> Slate		<input type="checkbox"/> Water damage
	<input type="checkbox"/> _____			<input type="checkbox"/> Landscaping contact
				<input type="checkbox"/> Wood to soil contact
				<input type="checkbox"/> Loose/missing
				<input type="checkbox"/> Gaps at corners

## 14. Windows

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<b>Problems</b>
<input type="checkbox"/> Marginal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Composite	<input type="checkbox"/> Broken panes
<input type="checkbox"/> Poor	<input type="checkbox"/> _____		<input type="checkbox"/> Wood decay
<input type="checkbox"/> Recommend paint/stain/caulk			<input type="checkbox"/> Failed seal(s)
			<input type="checkbox"/> Missing caulk/putty
			<input type="checkbox"/> _____

## 15. Fascia/Soffit/Trim

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<b>Problems</b>
<input type="checkbox"/> Marginal	<input type="checkbox"/> Metal	<input type="checkbox"/> Composite	<input type="checkbox"/> Cracks/splits
<input type="checkbox"/> Poor	<input type="checkbox"/> <b>LP/composite</b>		<input type="checkbox"/> Holes
<input type="checkbox"/> Recommend paint/stain/caulk	<input type="checkbox"/> _____		<input type="checkbox"/> Wood decay
			<input type="checkbox"/> Landscaping contact
			<input type="checkbox"/> Wood to soil contact
			<input type="checkbox"/> Loose/missing
			<input type="checkbox"/> Gaps at corners

## 16. Caulking

<input type="checkbox"/> Satisfactory	<b>Additional caulking recommended</b>		
<input type="checkbox"/> Marginal	<input type="checkbox"/> Doors	<input type="checkbox"/> Windows	<input type="checkbox"/> Utility holes
<input type="checkbox"/> Poor	<input type="checkbox"/> Sills	<input type="checkbox"/> Trims	<input type="checkbox"/> Siding
	<input type="checkbox"/> _____		

# DOORS/GARAGE/ELECTRICAL SERVICE

## 17. Construction

Not visible     Wood / metal framing     Masonry     Log     \_\_\_\_\_

## 18. Exterior Doors 1 - Front, 2 - Back, 3 - Slider/French, 4- \_\_\_\_\_ 5- \_\_\_\_\_

Condition	Material	Weatherstripping	Problems
_____ Satisfactory	_____ Metal	_____ Satisfactory	<input type="checkbox"/> Low security
_____ Marginal	_____ Wood	_____ Marginal	<input type="checkbox"/> Locksmith
_____ Poor	_____ Glass	_____ Poor	<input type="checkbox"/> <b>No safety glass</b>
	_____ Composite		
	_____ <i>other</i>		

## 19. Exterior Electrical Service

Satisfactory     **Hazard**     Overhead     Trim trees from service drop     **Exposed conductors**  
 Needs service     Underground     **Low wires**     **< 3' balcony / deck**     **Improper exposed wires**

## 20. Exterior A/C Condenser/Heat Pump Components

<input type="checkbox"/> Satisfactory	Unit#1	<input type="checkbox"/> See Photo	Age _____	Unit#2	<input type="checkbox"/> See Photo	Age _____
<input type="checkbox"/> Marginal	Brand _____		Amps _____	Brand _____		Amps _____
<input type="checkbox"/> Poor	Model _____	<input type="checkbox"/> Shutoff Present		Model _____	<input type="checkbox"/> Shutoff Present	
<input type="checkbox"/> Rusted/dirty	Serial _____	<input type="checkbox"/> Level pad		Serial _____	<input type="checkbox"/> Level pad	
<input type="checkbox"/> Refrigerant lines need repair						

## 21. Garage / Carport

Structure \_\_\_\_\_ Sill plates \_\_\_\_\_

Recommend a crash pole    Door opener \_\_\_\_\_

Overhead door(s) \_\_\_\_\_  Needs repair     **Reverse not working**  
Type \_\_\_\_\_  Dents / delamination     Secure garage door release     Dedicated outlet

Roofing condition \_\_\_\_\_ Approx Age \_\_\_\_\_  Leaks     Moss     Granule loss  
Type \_\_\_\_\_ Approx layers \_\_\_\_\_  Holes /tears     Curling     Missing

Gutters condition \_\_\_\_\_  Leaking     Ponding     Holes in runs     Splash block improvements  
Type \_\_\_\_\_  Mounts failing     Rusting     Need cleaning

Siding condition \_\_\_\_\_  Paint/Stain/Caulk     Cracks/splits     Wood decay     Loose/missing  
Type \_\_\_\_\_  Landscaping contact     Holes     Gaps at corners     Wood to soil contact

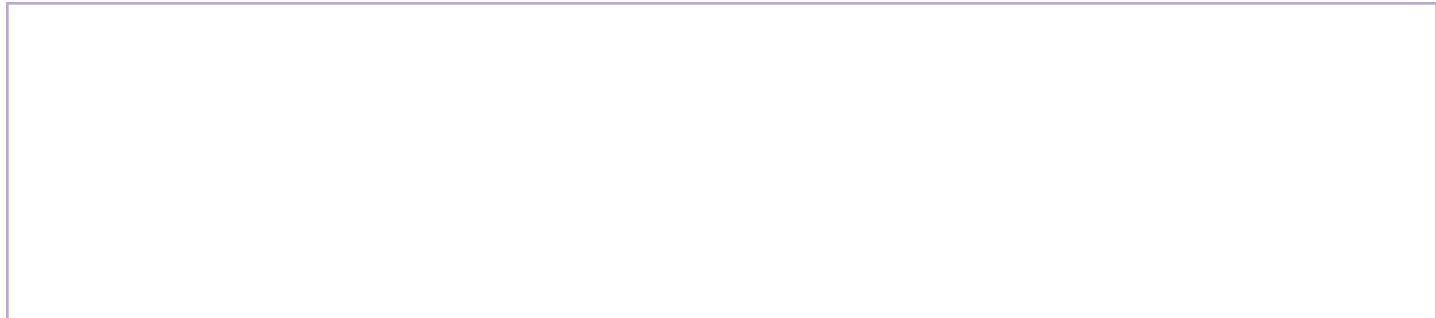
Floor condition \_\_\_\_\_  **Burners/outlets < 18" off floor**     Slab settlement     Large cracks     Loose/missing  
Type \_\_\_\_\_  Typical cracks     Efflorescence     Gaps at corners     Wood to soil contact

Firewall condition \_\_\_\_\_  Holes    Service door condition \_\_\_\_\_  No auto-closure  
Type \_\_\_\_\_  Pull down stairs    Type \_\_\_\_\_  No deadbolt lock

Garage outlets working  Yes  No  None    Weatherstripping \_\_\_\_\_  Jamb/lock damage

Exterior door condition \_\_\_\_\_

**Handyman /extension cord wiring**     **No GFCI**     **Hot Neutral reverse**  
 **Bare bulb fixtures**     **Open Ground**     **Two prong outlets**



# ROOF

## 22. Roof Visibility

All  None Inspected % \_\_\_\_\_ limited by:  Height  Roof pitch/access  Roofing material  Debris/snow

## 23. Inspected From

Roof  Ladder  Ground  Windows  other

## 24. Roofing Style

Roof pitch  Steep  Low  Medium  Flat  
Roof Type  Hip  Mansard  Gable  Flat  Shed  other

## 25. Roofing Materials and Conditions

Location	Condition	Type	Layers	Approx age	Comments
#1					
#2					
#3					
#4					

Needs repair

<input type="checkbox"/> Curling	<input type="checkbox"/> Granule loss	<input type="checkbox"/> Cupping	<input type="checkbox"/> Exposed felt	<input type="checkbox"/> Missing/blowoff
<input type="checkbox"/> Moss	<input type="checkbox"/> Holes / tears	<input type="checkbox"/> Nail popping	<input type="checkbox"/> Patching / repairs	<input type="checkbox"/> Alligatoring
<input type="checkbox"/> Shrinkage	<input type="checkbox"/> Exposed fasteners/seal w/tar		<input type="checkbox"/> Silvercoat /Roof Sealer	
<input type="checkbox"/> Tar patch(es)	<input type="checkbox"/> Improper shingle stagger			

## 26. Flashing

Condition \_\_\_\_\_  
Type \_\_\_\_\_

Needs repair

Problems Reccomend / Improve

<input type="checkbox"/> Holes	<input type="checkbox"/> Rusted	<input type="checkbox"/> Pulling away from chimney / roof
<input type="checkbox"/> Loose	<input type="checkbox"/> Missing	<input type="checkbox"/> Parapet caps poorly sealed
<input type="checkbox"/> Tarred		<input type="checkbox"/> Reccomend kickout flashing

## 27. Valleys

Condition \_\_\_\_\_  
Type \_\_\_\_\_

Problems Reccomend / Improve

<input type="checkbox"/> Rusted	<input type="checkbox"/> Sealed with tar	<input type="checkbox"/> Low valleys may collect debris
<input type="checkbox"/> Granule loss	<input type="checkbox"/> Holes	<input type="checkbox"/> Penetrations too close
		<input type="checkbox"/> Debris - Need cleaning

## 28. Skylights / Light tunnels

Condition \_\_\_\_\_  
Type Pre manufactured

Needs repair

Problems Reccomend / Improve

<input type="checkbox"/> Poor flashing	<input type="checkbox"/> Sealed w/tar-caulk	<input type="checkbox"/> Cracks	<input type="checkbox"/> Roof patching
<input type="checkbox"/> Loose	<input type="checkbox"/> Broken seal(s)	<input type="checkbox"/> Leaks	

## 29. Roofing System Vents

Condition \_\_\_\_\_

Recomend additional vents

<input type="checkbox"/> Roof	<input type="checkbox"/> Soffit	<input type="checkbox"/> Gable
<input type="checkbox"/> Ridge	<input type="checkbox"/> Turbine	<input type="checkbox"/> Powered

## 30. Other Roof Penetrations

Condition \_\_\_\_\_

<input type="checkbox"/> Power	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas	<input type="checkbox"/> Rusted gas flue
<input type="checkbox"/> HVAC	<input type="checkbox"/> Exhaust fans	<input type="checkbox"/> other	

# KITCHEN / LAUNDRY

## 31. General Condition

Heat source

1 Walls _____	<input type="checkbox"/> Need Paint	<input type="checkbox"/> Cracks	<input type="checkbox"/> Stains	<input type="checkbox"/> Holes	<input type="checkbox"/> _____
2 Ceilings _____	<input type="checkbox"/> Need paint	<input type="checkbox"/> Cracks	<input type="checkbox"/> Stains	<input type="checkbox"/> Holes	<input type="checkbox"/> _____
3 Floors _____			<input type="checkbox"/> Slopes	<input type="checkbox"/> Squeaks	<input type="checkbox"/> _____
4 Countertops _____			<input type="checkbox"/> Stains	<input type="checkbox"/> Burns	<input type="checkbox"/> Cracked tiles
5 Cabinets _____	<input type="checkbox"/> Old stains in sink base		<input type="checkbox"/> Loose hardware		<input type="checkbox"/> Repair or replace
6 Window _____	<input type="checkbox"/> Failed double pane(s)		<input type="checkbox"/> Broken glass	<input type="checkbox"/> Inoperable	<input type="checkbox"/> _____

## 32. Appliances

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Comments
Disposer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>No airgap / high loop</b>	_____
Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vents back to kitchen	_____
Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Missing anti-tip kit</b>	_____
Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	temps _____	_____
Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

## 33. Electrical

Kitchen outlets working  Yes  No  **Handyman / extension cord wiring**  **Open Ground**  
 **No GFCI**  **Hazard - needs repairs**  **Two prong outlets**  **Hot Neutral reverse**

## 34. Plumbing

Water temp \_\_\_\_\_

Water stains/leaks @ sinkbase  Old / dry  Leaks fresh / wet     
 Water pressure  Satisfactory  Poor     
 Drainage  Satisfactory  Slow drains

## 35. Laundry / Utility room

Appliances	Working	Dryer vents to:		Problems Reccomend / Improve
<input type="checkbox"/> Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Wall	<input type="checkbox"/> Metal braided hoses <input type="checkbox"/> Clean dryer venting
<input type="checkbox"/> Dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Floor	<input type="checkbox"/> Not Visible	<input type="checkbox"/> Tray and alarm under washer
<input type="checkbox"/> Furnace	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> <b>Vinyl dryer venting is NOT recommended</b>
<input type="checkbox"/> Water heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gas present <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>No gas shutoff</b> <input type="checkbox"/> <b>Gas Flex line over 6'</b>
		Heat present <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>No GFCI</b> <input type="checkbox"/> <b>Hot Neutral reverse</b>
Laundry sink <input type="checkbox"/> Leaks <input type="checkbox"/> Slow drains	<input type="checkbox"/> Yes <input type="checkbox"/> No	Room vented <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>Two prong outlets</b> <input type="checkbox"/> <b>Open Ground</b>
				<input type="checkbox"/> _____



# BATHROOMS

## 37. Bath

1-                      2-                      3-                      4-                      5-

### Sink

	1	2	3	4	5	
1						
2						Condition (S)atisfatory (M)arginal or (P)oor
3						Slow drains
4						Leaks, drip, sprays, repair seals/aerator
5						Leaks under sink
6						Chips, rust, cracks, cosmetic damage
7						Stains under sink
8						Amateur plumbing

### Toilet

	1	2	3	4	5	
9						
10						
11						Condition (S)atisfatory (M)arginal or (P)oor
12						Leaks
13						Toilet rocks/loose recommend new wax ring and reset/tighten bolts. Must be tight to floor
14						Water runs and or mechanism needs repair
15						Soft sheeting/stains/leak evidence at the base

### Tub/Shower

	1	2	3	4	5	
16						
17						
18						Condition (S)atisfatory (M)arginal or (P)oor
19						Surround materials (T)ile (P)lastic (F)iberglass (O)ther _____
20						Plumbing leaks, need repairs
21						Slow drain
22						Seal tile caulk/grout improvements are needed
23						Tub/shower base chipped or scratched
24						Tiles loose/missing, loose panels/possible hidden damage, seal edges or replace
25						Leaking shower enclosure/doors, water damage
26						Jetted tub <input type="checkbox"/> Proper Access <input type="checkbox"/> GFCI protection <input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b>
27						Biogrowth
28						Seal tub/shower to floor
29						Loose tub spout / overflow

### Floor

	1	2	3	4	5	
30						
31						
32						Condition (S)atisfatory (M)arginal or (P)oor
33						covering 1 2 3 4 5                      1 2 3 4 5                      1 2 3 4 5                      1 2 3 4 5
34						Vinyl <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carpet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35						Tears, holes in vinyl or broken tiles
36						Soft sheeting/water damage
37						Stains
38						

### General Conditions

	1	2	3	4	5	
39						
40						
41						<b>Improperly wired outlet /no GFCI/no ground/or hot neutral reverse</b>
42						Door - (S)atisfatory (M)arginal or (P)oor    Repair hardware()    Binds()
43						Bath fan
44						Window
45						Skylight
46						Loose towel racks/TP holders



# Rooms 1-5

## 38. Rooms 1-5

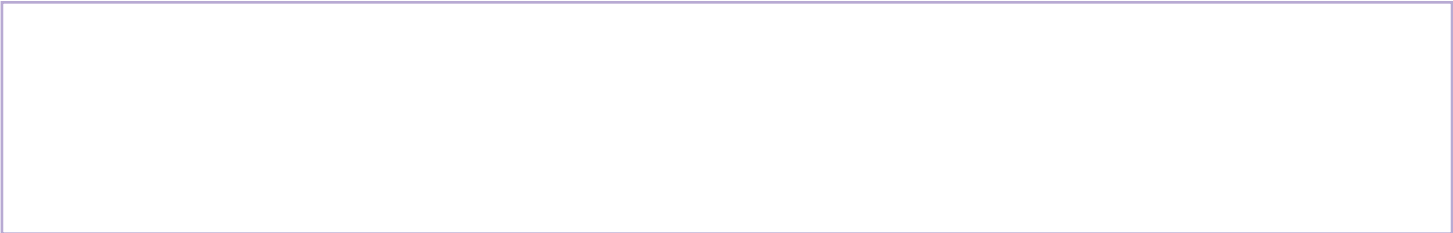
1-  2-  3-  4-  5-

	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congested personal belongings may limit visual inspection
						<b>Walls</b>
1	1	2	3	4	5	Condition (S)atisfactory (M)arginal or (P)oor
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stains / biogrowth
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks - holes - damage
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leak Evidence
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicks, scratches, cracks, nail pops, trims / mill-work need paint/stain throughout
9						<b>Ceiling</b>
10	1	2	3	4	5	Condition (S)atisfactory (M)arginal or (P)oor
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stains / biogrowth
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks - holes - damage
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leak Evidence
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18						<b>Floors</b>
19	1	2	3	4	5	Condition (S)atisfactory (M)arginal or (P)oor
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squeaks
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slopes/bouncy framing
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25						<b>Doors/Windows</b>
26	1	2	3	4	5	Door - (S)atisfactory (M)arginal or (P)oor repair hardware() binds()
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window - (S)atisfactory (M)arginal or (P)oor repair hardware() binds() broken seals()
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closet doors problems ()
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33						<b>General Conditions</b>
34	1	2	3	4	5	Heat
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets present
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Open grounds
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Reverse polarity
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- 2-prong
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing covers on outlets or swithes etc.
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh paint (may mask leaks/damge)
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# Rooms 6-10

## 38. Rooms 6-10

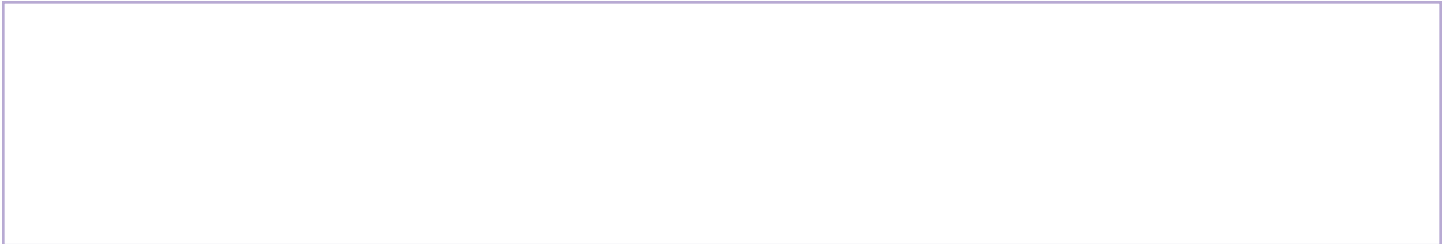
	6-	Room 6	7-	8-	9-	10-	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congested personal belongings may limit visual inspection
50	6	7	8	9	10		<b>Walls</b>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition (S)atisfactory (M)arginal or (P)oor
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stains / biogrowth
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks - holes - damage
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leak Evidence
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicks, scratches, cracks, nail pops, trims / mill-work need paint/stain throughout
58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59	6	7	8	9	10		<b>Ceiling</b>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition (S)atisfactory (M)arginal or (P)oor
61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stains / biogrowth
62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks - holes - damage
63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leak Evidence
64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68	6	7	8	9	10		<b>Floors</b>
69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition (S)atisfactory (M)arginal or (P)oor
70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squeaks
71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slopes/bouncy framing
72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75	6	7	8	9	10		<b>Doors/Windows</b>
76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door - (S)atisfactory (M)arginal or (P)oor repair hardware() binds()
77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window - (S)atisfactory (M)arginal or (P)oor repair hardware() binds() broken seals()
80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closet doors problems ()
82	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
83	6	7	8	9	10		<b>General Conditions</b>
84	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat
85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light
86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets
87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Open grounds
88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Reverse Polarity
89	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- 2-prong
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing covers on outlets or swithes etc.
91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh paint (may mask leaks/damge)
92	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# Rooms 11-15

## 38. Rooms 11-15

	11-	12-	13-	14-	15-	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Congested personal belongings may limit visual inspection
						<b>Walls</b>
101	11	12	13	14	15	Condition (S)atisfatory (M)arginal or (P)oor
102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stains / biogrowth
103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks - holes - damage
104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leak Evidence
105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicks, scratches, cracks, nail pops, trims / mill-work need paint/stain throughout
109						<b>Ceiling</b>
110	11	12	13	14	15	Condition (S)atisfatory (M)arginal or (P)oor
111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stains / biogrowth
112	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks - holes - damage
113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leak Evidence
114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
118						<b>Floors</b>
119	11	12	13	14	15	Condition (S)atisfatory (M)arginal or (P)oor
120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squeaks
121	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slopes/bouncy framing
122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
123	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
125						<b>Doors/Windows</b>
126	11	12	13	14	15	Door - (S)atisfatory (M)arginal or (P)oor repair hardware() binds()
127	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
128	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
129	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window - (S)atisfatory (M)arginal or (P)oor repair hardware() binds() broken seals()
130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
131	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closet doors problems ()
132	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
133						<b>General Conditions</b>
134	11	12	13	14	15	Heat
135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light
136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets -
137	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Open Grounds
138	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Reverse Polarity
139	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- 2-prong
140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing covers on outlets or swithes etc.
141	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh paint (may mask leaks/damge)
142	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
143	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
146	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# ATTIC/FIREPLACE/STAIR/GLASS

## 39. Fireplace Yes No

Location	Fuel	Type	Damper	Mantle	Hearth	Blower	Not Working*
#1							<input type="checkbox"/>
#2							<input type="checkbox"/>
#3							<input type="checkbox"/>
#4							<input type="checkbox"/>

\* Gas fireplace are tested with normal operating controls

- Sweep flue   
  Fogged glass   
  Hearth Short  
 Open masonry joints/firebox damage

## 40. Interior Windows / Glass Representative number of windows operated

- Condition \_\_\_\_\_  Glazing compound needed     Broken counter balance/springs  
 Inoperable / painted shut     Moisture leaks / stains     Missing or broken hardware  
 Cracked glass     Surface deterioration    \_\_\_\_\_  
 Evidence of broken seals     **Recommend Safety Glass** Location \_\_\_\_\_

## 41. Security Bars

- Yes     No     Not tested     Test release mechanism before occupying

## 42. Fire Safety Equipment

- Smoke detectors  Yes  **No**     Replace detector batteries     Fire extinguisher(s)  
 CO detectors  Yes  **No**     Fire sprinklers    Location \_\_\_\_\_

## 43. Stairs (upper floors)

- Stair Condition    Treads / Risers    Proper lighting  Yes  **No**     **Missing safety glass**  
 Low headspace     Uneven rise/run     Non graspable railing  
 Railings    Framing     Steep/short treads     Bouncy/weak framing     Open handrail return

## 44. Attic Recommend energy audit / duct testing

- Not inspected    Inspection limited by \_\_\_\_\_  
 Access type    Location    Inspected from  
 Scuttle hole    \_\_\_\_\_     Access opening  
 Knee wall    \_\_\_\_\_     Inside the attic  
 Attic stairs    \_\_\_\_\_  
 \_\_\_\_\_
- Framing \_\_\_\_\_  **Need Repairs**  
 Type     Stick framed     Trusses  
            Collar ties     Knee walls
- Sheeting \_\_\_\_\_  
 Type     Plywood     OSB  
            1x wood     1x skip
- Chimney \_\_\_\_\_  
 Electrical  Knob and tube     Open splices     Missing covers  
 Fans exhaust to  Shared attic ventilation, no dedicated vent  
                            Outside     Attic     Not visible
- Structural issues  Yes  No     **Cut trusses**     **Need Repairs**  
 \_\_\_\_\_
- Other issues  **Bare fixtures**     Uneven insulation
- Vermin evidence  Rodents     Birds     \_\_\_\_\_

# BASEMENT AND SUPPORTING STRUCTURE

## 45. Foundation types

Basement / foundation  
  Crawlspace  
  Slab  
  Post and pier  
  Not visible

## 46. Basement / Foundation Completely finished walls and ceilings

Walls _____	Materials	Conditions	North	South	East	West
<input type="checkbox"/> Previous repairs	<input type="checkbox"/> Concrete	<input type="checkbox"/> Forms left behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monitor cracks	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Vertical cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Recommend engineer</b>	<input type="checkbox"/> Brick	<input type="checkbox"/> Step cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Stone	<input type="checkbox"/> Angled cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <b>Horizontal cracks</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <b>Movement apparent</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings _____						
Floors _____	Materials	Insulation	Type		Location	
	<input type="checkbox"/> Concrete		<input type="checkbox"/> Batts	<input type="checkbox"/> Rigid	<input type="checkbox"/> Wall	<input type="checkbox"/> Ceilings
	<input type="checkbox"/> Dirt <input type="checkbox"/> Gravel	Vermin evidence	<input type="checkbox"/> Rodents	<input type="checkbox"/> Large animal droppings		

## 47. Basement Stairs

Stair Condition _____	Treads / Risers _____	Proper lighting <input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Safety Hazard</b> <input type="checkbox"/> <b>Missing safety glass</b>	
		<input type="checkbox"/> Low headspace	<input type="checkbox"/> Uneven rise/run
Railings _____	Framing _____	<input type="checkbox"/> Steep/short treads	<input type="checkbox"/> Bouncy/weak framing
			<input type="checkbox"/> Non graspable railing
			<input type="checkbox"/> Open handrail return

## 48. Foundation Anchors

Anchor bolts/straps  
  Seismic anchors  
  None visible  
  **Recommend Improvements**

## 49. Sub Structural Framing

Post / Beams _____	<input type="checkbox"/> Recommend post to beam connectors	<input type="checkbox"/> Minor stains/water damage	<input type="checkbox"/> <b>Significant rot/rust/decay</b>
			<input type="checkbox"/> <b>Recommend repairs</b>
Joists / Trusses _____		<input type="checkbox"/> Minor stains/water damage	<input type="checkbox"/> <b>Significant rot/rust/decay</b>
			<input type="checkbox"/> <b>Recommend repairs</b>
Subfloor _____		<input type="checkbox"/> Minor stains/water damage	<input type="checkbox"/> <b>Significant rot/rust/decay</b>
			<input type="checkbox"/> <b>Recommend repairs</b>

## 50. Basement Drainage

Indications of moisture	Sump pump	Floor drains present	Efflorescence
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Old stains <input type="checkbox"/> Fresh	<input type="checkbox"/> Not working	<input type="checkbox"/> Evidence of backups	
<input type="checkbox"/> Plumbing leaks	<input type="checkbox"/> Not tested		
	<input type="checkbox"/> <b>Recommend professional repairs</b>		



# CRAWL SPACE AND SUPPORTING STRUCTURE

## 51. Crawlspace Recommend energy audit / duct testing

Percent of crawlspace inspected \_\_\_\_\_ % Access location(s) \_\_\_\_\_

Full crawlspace Limited by  Access  Wood / paper debris should be removed  
 Partial  Standing water Vapor barrier \_\_\_\_\_  
 Debris  
 Inspected from  Ductwork / plumbing / framing  
 Access hatch  Congested personal belongings Vermin evidence  Rodents  Large animal droppings  
 Inside crawl space  Recommend crawlspace cleanout

## 52. Crawlspace Foundation

Walls _____	Materials	Conditions	North	South	East	West
<input type="checkbox"/> Previous repairs	<input type="checkbox"/> Concrete	<input type="checkbox"/> Forms left behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monitor cracks	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Vertical cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Recommend engineer</b>	<input type="checkbox"/> Brick	<input type="checkbox"/> Step cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Stone	<input type="checkbox"/> Angled cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <b>Horizontal cracks</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <b>Movement apparent</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings _____						
		Insulation				
	Materials	Type <input type="checkbox"/> Batts <input type="checkbox"/> Rigid				Location <input type="checkbox"/> Wall <input type="checkbox"/> Ceilings
Ground _____	<input type="checkbox"/> Concrete					
	<input type="checkbox"/> Dirt <input type="checkbox"/> Gravel					

## 53. Crawlspace Drainage

Indications of moisture  Yes  No  Old stains  Fresh  
 Plumbing leaks  
 Possible sources \_\_\_\_\_

Sump pump  Yes  No  Poor location for service  
 Not working  Not tested  
 **Recommend professional repairs**

Foundation drains present  Yes  No  Not visible  
 Efflorescence  Yes  No

## 54. Crawlspace Ventilation

Wall vents  None visible  Powered  Recommend additional vents Observations \_\_\_\_\_

## 55. Sub Structural Framing

Post / Beams _____	<input type="checkbox"/> Recommend post to beam connectors	<input type="checkbox"/> Minor stains/water damage	<input type="checkbox"/> <b>Significant rot/rust/decay</b>
			<input type="checkbox"/> <b>Recommend repairs</b>
Joists / Trusses _____		<input type="checkbox"/> Minor stains/water damage	<input type="checkbox"/> <b>Significant rot/rust/decay</b>
			<input type="checkbox"/> <b>Recommend repairs</b>
Subfloor _____		<input type="checkbox"/> Minor stains/water damage	<input type="checkbox"/> <b>Significant rot/rust/decay</b>
			<input type="checkbox"/> <b>Recommend repairs</b>

## 56. Slab

Not visible  No anchors  Signs of settlement  Excessive cracking

# PLUMBING

## 57. Water Supply/Drain/Vent

1 **Supply Shutoff Location:** \_\_\_\_\_

We always recommend you shut off the water outside at the meter when ever possible. **See this video demonstration**

2  Satisfactory

3  Needs Service

4 Plumbing type Outside \_\_\_\_\_

Inside water supplies lines

Copper  Pex  CPVC/PVC  Galvanized

Polybutylene  Kitec  Lead

Drain/Wast/Vent Materials

Copper  ABS  CPVC/PVC

Galvanized  Cast Iron

Where

8 Pressure  Satisfactory  Low

9 Drainage  Satisfactory  Slow  Sewer scope is recommended, this is best way to evaluate your sewer system

Dissimilar metals

Where

Corroded/rust

Missing dielectric unions

Cross contamination @ \_\_\_\_\_

13  Old stains  Broken / missing valves

Pipes copper/steel contact

Poor pipe support @ \_\_\_\_\_

15 Well pump and equipment

16  Submersible  In basement

Shared well

17  Pump house  Well pit

18  Pressure gauge Presure reading \_\_\_\_\_  Recommend professional evaluation

## 58. Sanitary Pump

21 Pump Present  Yes  No

Sealed crock  Yes  No

Vented  Yes  No

Check valve  Yes  No

## 59. Hot Water Heater #1

25  See Photo

Brand Name \_\_\_\_\_

Fuel

Gas

Electric

Oil

26 Serial # \_\_\_\_\_

27 Model # \_\_\_\_\_

Tankless

Gallons \_\_\_\_\_

Age \_\_\_\_\_

Relief valve  Yes  No

Serial/Model info not visible

Vent problems

Proper extension tube  Yes  No

Rusted

Improper pitch

Earthquake straps  Yes  No

Exhaust roll out

Safety Hazard

Recommend a tray and alarm under water heaters

## 60. Hot Water Heater #2

35  See Photo

Brand Name \_\_\_\_\_

Fuel

Gas

Electric

Oil

36 Serial # \_\_\_\_\_

37 Model # \_\_\_\_\_

Tankless

Gallons \_\_\_\_\_

Age \_\_\_\_\_

Relief valve  Yes  No

Serial/Model info not visible

Vent problems

Proper extension tube  Yes  No

Rusted

Improper pitch

Earthquake straps  Yes  No

Exhaust roll out

Safety Hazard

We recommend all homes have carbon monoxide detectors.



# HEATING SYSTEM

## 61. Fuel Shutoff

Yes  No Shutoff location(s) \_\_\_\_\_  **Recommend a gas shutoff tool @ meter**

## 62. Heating System

Furnace       Electric Baseboards       Cadet (fan forced wall units)       Pellet stove  
 Boiler       Radiant floors / ceilings       Wood stove      \_\_\_\_\_

## 63. Fan Forced Furnace

Recommend energy audit / duct testing

Fuel #1  See Photo Brand Name \_\_\_\_\_ #2  See Photo Brand Name \_\_\_\_\_  
 Gas Serial # \_\_\_\_\_ Serial # \_\_\_\_\_  
 Oil Model # \_\_\_\_\_ Model # \_\_\_\_\_  
 Electric Age \_\_\_\_\_ Last service \_\_\_\_\_ Age \_\_\_\_\_ Last service \_\_\_\_\_  
 Recommend service     Evidence of leaking condensate  
 **Exhaust roll out**

Operation      Temperatures      Heat exchanger Inspection  
 Fired from thermostat  Yes  No      Warm air \_\_\_\_\_       Sealed not inspected       Rusted/corrosion  
 Normal operation  Yes  No      Cold air \_\_\_\_\_       Not accessible       Flame distortion  
 **Safety Hazard** \_\_\_\_\_       Visual / with mirror      \_\_\_\_\_

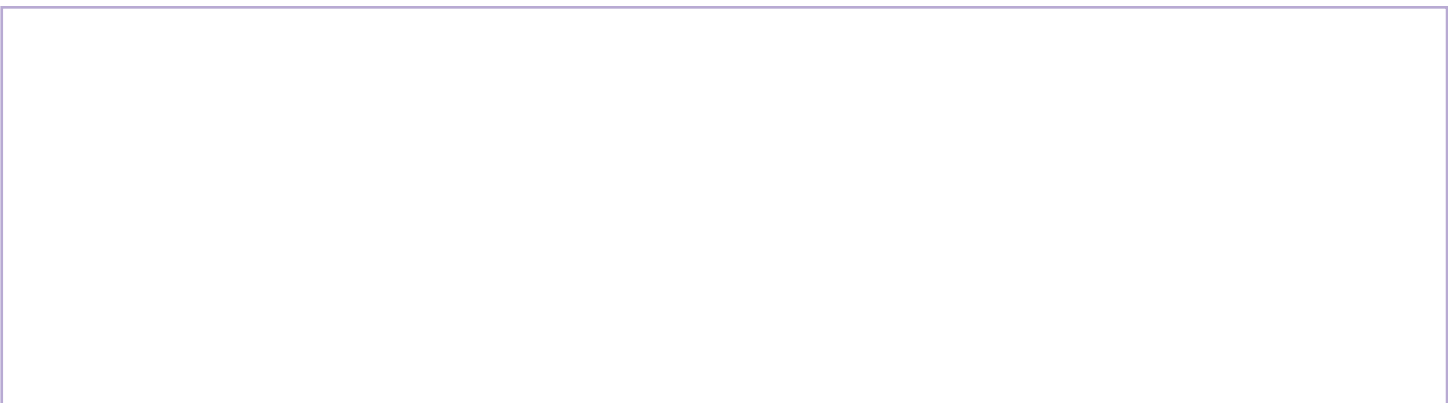
Type      Air Circulation System      Heat Distribution System  
 Central furnace     Octopus / no blower     Direct drive       Metal ductwork  
 Wall furnace       Belt drive       Flexible ducts       Cold air return  
 Floor furnace       Gravity / no blower

Flue      Air Filter      Heat Pump      Aux tested  
 Metal       Improper pitch       Disposable      Size \_\_\_\_\_       Aux Gas       Yes  No  
 PVC       Rusted / Corrosion       Washable       Replace / Clean       Aux Electric  
 Electronic       Missing/ ineffective       Aux Oil

## 64. Boiler Systems / Hydronic Heating

Fuel      Flue  
 Gas       Metal       Improper pitch  
 Oil       PVC       Rusted / Corrosion  
 Electric       Improper pitch       **Exhaust roll out**

Operation      Circulation system      Pressure temp gage      Pressure relief valve  
 Fired from thermostat  Yes  No       Pump       Yes  No      Relief valve  Yes  No  
 Normal operation  Yes  No       Multiple zones       Broken      Proper extension tube  Yes  No  
 **Safety Hazard** \_\_\_\_\_       Gravity      Temp \_\_\_\_\_  
 Recommend service     **Kitec plumbing**      Pressure \_\_\_\_\_



We recommend all homes have carbon monoxide detectors.

# INTERIOR AC COMPONENTS

## 65. Cooling System / Heat Pump

1 Operation _____	Heat exchanger	Type	Refrigerant Lines
2 Compressor Age _____	<input type="checkbox"/> Air cooled	<input type="checkbox"/> Central air handler	<input type="checkbox"/> Satisfactory
3 Fired from thermostat <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heat pump	<input type="checkbox"/> Ductless heat pump	<input type="checkbox"/> Leaks
4 Normal operation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Evaporative cooler	<input type="checkbox"/> Window unit(s)	<input type="checkbox"/> Insulation damage
5 _____	<input type="checkbox"/> _____	<input type="checkbox"/> Room unit(s)	<input type="checkbox"/> _____
6 Temperatures _____	Fuel	<input type="checkbox"/> AC not tested below 65	
7 Warm air _____	<input type="checkbox"/> Electric	<input type="checkbox"/> Recommend service	
8 Cold air _____	<input type="checkbox"/> Gas		

# ELECTRICAL SYSTEM

## 66 Main Panel

20 Location / Brand _____	Rated amps _____	Rated volts _____	Tested volts _____
21 _____	Conductor material	_____	Appears grounded <input type="checkbox"/> Yes <input type="checkbox"/> No
22 Main wire <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Tin clad copper <input type="checkbox"/> Unable to determine			
23 Branch wire <input type="checkbox"/> Copper <input type="checkbox"/> <b>Aluminum</b> <input type="checkbox"/> Tin clad copper <input type="checkbox"/> Unable to determine			
24 Safety Shutoff	Wire type style	Other panel equipment	Tested and working
25 <input type="checkbox"/> Breakers <input type="checkbox"/> N/M Cable <input type="checkbox"/> Knob and Tube	<input type="checkbox"/> BX type <input type="checkbox"/> Conduit	GFCI Breakers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Not Tested
26 <input type="checkbox"/> Fuses		Arc Fault Breakers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Not Tested
27 _____		Generator switch <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Tested
28 <b>Improper Multiple tapping</b>			
29 <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No		<input type="checkbox"/> <b>Undersized Branch Wires</b>	<input type="checkbox"/> <b>Federal Pacific Electric Panel</b>
30 <input type="checkbox"/> Breakers <input type="checkbox"/> Main disconnect		<input type="checkbox"/> <b>Safety Hazards</b>	<input type="checkbox"/> <b>Zinsco/Sylvania Panel</b>
31 <input type="checkbox"/> Ground / Neutral		<input type="checkbox"/> <b>Missing knockouts</b>	
32 _____		<input type="checkbox"/> <b>Recommend Licensed Electrician to fully evaluate</b>	

## 67. Sub Panels and Fixtures

35 Location / Brand _____	Rated amps _____	Rated volts _____	Tested volts _____
36 Location / Brand _____	Rated amps _____	Rated volts _____	Tested volts _____
37 Location / Brand _____	Rated amps _____	Rated volts _____	Tested volts _____
38 Location / Brand _____	Rated amps _____	Rated volts _____	Tested volts _____
39 Branch wire <input type="checkbox"/> Copper <input type="checkbox"/> <b>Aluminum</b> <input type="checkbox"/> Tin clad copper <input type="checkbox"/> Unable to determine			
40 Safety Shutoff	Wire type style		
41 <input type="checkbox"/> Breakers <input type="checkbox"/> N/M Cable <input type="checkbox"/> Knob and Tube	<input type="checkbox"/> BX type <input type="checkbox"/> Conduit	<input type="checkbox"/> <b>Undersized Branch Wires</b>	
42 <input type="checkbox"/> Fuses		<input type="checkbox"/> <b>Improper Multiple tapping</b>	
43 _____		<input type="checkbox"/> <b>Missing or faulty GFCI</b>	