



# HOME INSPECTION REPORT

898 Dunwoody Place Fort Walton Beach, FL

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**Inspection Date:**  
2/26/2011

**Prepared For:**  
Sample Report

**Prepared By:**  
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**Report Number:**  
1027

**Inspector:**  
Michael Gauthier

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# REPORT OVERVIEW

## THE HOUSE IN PERSPECTIVE

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## CONVENTIONS USED IN THIS REPORT

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**SATISFACTORY** - Indicates the component is functionally consistent with its original purpose but may show signs of normal wear and tear and deterioration.

**MARGINAL** - Indicates the component will probably require repair or replacement anytime within five years.

**POOR** - Indicates the component will need repair or replacement now or in the very near future.

**MAJOR CONCERNS** - A system or component that is considered significantly deficient or is unsafe.

**SAFETY HAZARD** - Denotes a condition that is unsafe and in need of prompt attention.

## THE SCOPE OF THE INSPECTION

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All components designated for inspection in the ASHI® Standards of Practice are inspected, except as may be noted in the "Limitations of Inspection" sections within this report.

It is the goal of the inspection to put a home buyer in a better position to make a buying decision. Not all improvements will be identified during this inspection. Unexpected repairs should still be anticipated. The inspection should not be considered a guarantee or warranty of any kind.

Please refer to the pre-inspection contract for a full explanation of the scope of the inspection.

## BUILDING DATA

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Approximate Age:	11 years
Style:	Townhome
Main Entrance Faces:	East
State of Occupancy:	Vacant
Weather Conditions:	Sunny
Recent Rain:	No
Ground cover:	Dry



<b>SERVICE WALKS</b>		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	<input type="checkbox"/> <i>Public sidewalk needs repair</i>
<b>Material:</b>	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Gravel	<input type="checkbox"/> Brick
<b>Condition:</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Trip Hazard</i> <input checked="" type="checkbox"/> Typical cracks
	<input type="checkbox"/> <i>Pitched towards home (See remarks)</i>		<input type="checkbox"/> <i>Settling cracks</i>	
<b>DRIVEWAY/PARKING</b>		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	
<b>Material:</b>	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Gravel/Dirt	<input type="checkbox"/> Brick
<b>Condition:</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Settling Cracks</i> <input checked="" type="checkbox"/> Typical cracks
	<input type="checkbox"/> <i>Pitched towards home (See remarks)</i>		<input type="checkbox"/> <i>Trip hazard</i>	<input type="checkbox"/> Fill cracks and seal
<b>PORCH (covered entrance)</b>		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	
<b>Support Pier:</b>	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Not visible	
<b>Condition:</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Railing/Balusters recommended</i>
<b>Floor:</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Safety Hazard</i>
<b>STOOPS/STEPS</b>		<input checked="" type="checkbox"/> None	<input type="checkbox"/> <i>Uneven risers</i>	<input type="checkbox"/> <i>Rotted/Damaged</i>
<b>Material:</b>	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/>	<input type="checkbox"/> <i>Cracked</i> <input type="checkbox"/> <i>Settled</i>
<b>Condition:</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Railing/Balusters recommended</i>
				<input type="checkbox"/> <i>Safety Hazard</i>
<b>PATIO</b>		<input type="checkbox"/> None		
<b>Material:</b>	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Kool-Deck®	<input type="checkbox"/> Brick
<b>Condition:</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Settling Cracks</i> <input type="checkbox"/> <i>Trip hazard</i>
	<input type="checkbox"/> <i>Pitched towards home (See remarks)</i>		<input type="checkbox"/> Drainage provided	<input checked="" type="checkbox"/> Typical cracks
<b>DECK/BALCONY (flat, floored, roofless area)</b>			<input checked="" type="checkbox"/> None	<input type="checkbox"/> Not visible
<b>Material:</b>	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Composite	<input type="checkbox"/> <i>Railing/Balusters recommended</i>
<b>Finish:</b>	<input type="checkbox"/> Treated	<input type="checkbox"/> Painted/Stained		
	<input type="checkbox"/> <i>Safety Hazard</i>	<input type="checkbox"/> <i>Improper attachment to house</i>	<input type="checkbox"/> <i>Railing loose</i>	
<b>Condition:</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Wood in contact with soil</i>
<b>DECK/PATIO/PORCH COVERS</b>		<input type="checkbox"/> None	<input type="checkbox"/> <i>Earth to wood contact</i>	<input type="checkbox"/> <i>Moisture/Insect damage</i>
<b>Condition:</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Posts/Supports need Repair</i>
<b>Recommend:</b>	<input type="checkbox"/> Metal Straps/Bolts/Nails/Flashing		<input type="checkbox"/> <i>Improper attachment to house</i>	
<b>FENCE/WALL</b>		<input type="checkbox"/> Not evaluated	<input type="checkbox"/> None	
<b>Type:</b>	<input type="checkbox"/> Brick/Block	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Chain Link <input type="checkbox"/> <i>Rusted</i> <input type="checkbox"/> Vinyl
<b>Condition:</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks <input type="checkbox"/> <i>Loose Blocks/Caps</i>
<b>Gate:</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> <i>Planks missing/damaged</i>
<b>LANDSCAPING AFFECTING FOUNDATION</b>		<b>(See remarks)</b>		
<b>Negative Grade:</b>	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> North	<input type="checkbox"/> South <input type="checkbox"/> Satisfactory
	<input checked="" type="checkbox"/> <i>Recommend additional backfill</i>	<input type="checkbox"/> <i>Recommend window wells/covers</i>	<input checked="" type="checkbox"/> <i>Trim back trees/shrubberies</i>	
	<input type="checkbox"/> <i>Wood in contact with/improper clearance to soil</i>			
<b>RETAINING WALL</b>		<input checked="" type="checkbox"/> None	<b>Material:</b>	<input type="checkbox"/> <i>Drainage holes recommended</i>
<b>Condition:</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> <i>Leaning/cracked/bowed</i>
	<small>(Relates to the visual condition of the wall)</small>			
<b>HOSE BIBS</b>		<input type="checkbox"/> None	<input checked="" type="checkbox"/> No anti-siphon valve	<input checked="" type="checkbox"/> <b>Recommend Anti-siphon valve</b>
<b>Operable:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not tested	<input type="checkbox"/> Not on
<b>GENERAL COMMENTS</b>				

**Improve:** Front hose bib does not have anti siphon valve installed.

**Safety Issue:** Front ext outlet has broken cover. Repair / replace as necessary.



**ROOF VISIBILITY**  All  Partial  None  Limited by:

**INSPECTED FROM**  Roof  Ladder at eaves  Ground (*Inspection Limited*)  With Binoculars

**STYLE OF ROOF**

**Type:**  Gable  Hip  Mansard  Shed  Flat   
**Pitch:**  Low  Medium  Steep  Flat

**Roof #1** Type: *Composite shingle* Layers: *1 Layer* Approx. age *10-15+* Yrs.  
**Roof #2** Type: Layers: Approx. age Yrs.  
**Roof #3** Type: Layers: Approx. age Yrs.

**VENTILATION SYSTEM** **Type:**  Soffit  Ridge  Gable  Roof  Turbine  Powered

**Ventilation Present:**  Yes  No

(See Interior remarks)

**FLASHING** **Material:**  Not visible  Galv/Alum  Asphalt

Copper  Foam  Rubber  Lead

**Condition:**  Not visible  Satisfactory  Marginal  Poor  *Rusted*  *Missing*  
 *Separated from chimney/roof*  *Recommend Sealing*

**VALLEYS**  N/A **Material:**  Not Visible  Galv/Alum  Asphalt  Lead

Copper

**Condition:**  Not visible  Satisfactory  Marginal  Poor  
 *Holes*  *Rusted*  *Recommend Sealing*

**CONDITION OF ROOF COVERINGS** **Roof #1:**  Satisfactory  Marginal  Poor

**Roof #2:**  Satisfactory  Marginal  Poor

**Roof #3:**  Satisfactory  Marginal  Poor

**Condition:**  Curling  Cracking  Ponding  Burn Spots  Broken/Loose Tiles/Shingles  
 Nail popping  Granules missing  Alligatoring  Blistering  Missing Tabs/Shingles/Tiles  
 Moss buildup  Exposed felt  Cupping  Incomplete/Improper Nailing  
 *Recommend roofer evaluate*  *Evidence of Leakage*

**SKYLIGHTS**  N/A  Not visible  *Cracked/Broken*

**Condition:**  Satisfactory  Marginal  Poor

**PLUMBING VENTS**  Not Visible  Yes  No  Satisfactory  Marginal  Poor

*Conditions reported above reflect visible portion only. See additional Comments*

**GENERAL COMMENTS**

- Deferred Cost:** Roof covering showed signs of curling, cracking and aging. Roof covering is marginal because of age and condition.

**Monitor:** Valleys and roof penetrations show indications of added caulking/ sealing.



**EXTERIOR**

**CHIMNEY(S)**  None Location(s):

**Viewed From:**  Roof  Ladder at eaves  Ground (*Inspection Limited*)  With Binoculars

**Rain Cap/Spark Arrestor:**  Yes  No  *Recommended*

**Chase:**  Brick  Stone  Metal  Blocks  Framed

**Evidence of:**  Holes in metal  Cracked chimney cap  Loose mortar joints  Flaking  Loose Brick  Rust

**Flue:**  Tile  Metal  *Unlined*  Not visible

**Evidence of:**  Scaling  Cracks  Creosote  *Not evaluated (See remarks page)*

*Have flue(s) cleaned and re-evaluated*  *Recommend Cricket/Saddle/Flashing*

**Condition:**  Satisfactory  Marginal  Poor  *Recommend Repair*

**GUTTERS/SCUPPERS/EAVESTROUGH**  None  *Needs to be cleaned*  *Downspouts needed*

**Material:**  Copper  Vinyl/Plastic  Galvanized/Aluminum

**Condition:**  Satisfactory  Marginal  Poor  *Rusting*

**Leaking:**  Corners  Joints  *Hole in main run*

**Attachment:**  *Loose*  *Missing spikes*  *Improperly sloped (See remark)*

**Extension needed:**  North  South  East  West  *Recommend repair/replacement of damaged sections*

**SIDING** (\*See remarks page)

**Material:**  Stone  Slate  Block/Brick  Fiberboard  Fiber-cement  Stucco

EIFS\* Not Inspected  Asphalt  Wood  Metal/Vinyl

Typical cracks  Peeling paint  *Monitor*  *Wood rot*  *Loose/Missing/Holes*

**Condition:**  Satisfactory  Marginal  Poor  *Recommend repair/painting*

**1.)TRIM 2.)SOFFIT 3.)FASCIA 4.)FLASHING**

**Material:**  Wood  Fiberboard  Aluminum/Steel  Vinyl  Stucco

*Recommend repair/painting*  *Damaged wood*

**Condition:**  Satisfactory  Marginal  Poor

**CAULKING**

**Condition:**  Satisfactory  Marginal  Poor

*Recommend around windows/doors/masonry ledges/corners/utility penetrations*

**WINDOWS & SCREENS**  *Failed/fogged insulated glass*

**Material:**  Wood  Metal  Vinyl  Aluminum/Vinyl Clad

**Screens:**  Torn  Bent  Not installed  Glazing Compound/Caulk needed

**Condition:**  Satisfactory  Marginal  Poor  *Wood rot*  *Recommend repair/painting*

**STORMS WINDOWS**  None  Not installed  Wood  Clad comb.  Wood/metal comb.  Metal

**Putty:**  Satisfactory  *Needed*  N/A

**Condition:**  Satisfactory  *Broken/cracked*  *Wood rot*  *Recommend repair/painting*

**SLAB-ON-GRADE/FOUNDATION**

**Foundation Wall:**  Concrete block  Poured concrete  Not visible

**Condition:**  Satisfactory  Marginal  Monitor  Have Evaluated

**Concrete Slab:**  Satisfactory  Marginal  Monitor  Have Evaluated

Condition reported above reflect visible portion only.

**GENERAL COMMENTS**

**Repair:** Gutter(s) had some damage and were in need of repairs and /or replacement.

**Repair:** Gutter(s) were incorrectly pitched and in need of correction. (Low spot in corner over entry way)

Maintain downspout discharge away from the house. **Improve:** Recommend adding downspout extensions to discharge away from the house. Six to eight foot extensions recommended. **Improve:** Some screens are torn, missing.

**Repair:** Trim had some deterioration and was in need of minor repairs and painting. (at back door lower brick molding)

**Repair:** Trim on back door is rotted/ damaged at the bottom portion. **Repair:** Siding is loose/ coming off on back of house near the top.



## EXTERIOR

<b>SERVICE ENTRY</b>	<input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Overhead	<input type="checkbox"/> <i>Weather head/mast needs repair</i>
<b>Exterior receptacles:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>GFCI present:</b>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Operable:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Overhead wires too low</i>
	<input type="checkbox"/> <b>Reverse polarity</b>	<b>Operable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Safety Hazard</b>
<b>Condition:</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> <i>Open ground(s)</i>	<input type="checkbox"/> Recommend GFCI Receptacles
		<input type="checkbox"/> Poor	

**Safety Issue:** Ext outlet rear patio is gfci protected. Front porch ext outlet is NOT gfci protected

**Safety Issue:** Front ext outlet cover broken.

### BUILDING(S) EXTERIOR WALL CONSTRUCTION

<b>Type:</b>	<input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> Framed	<input type="checkbox"/> Masonry	<input type="checkbox"/>
<b>Condition:</b>	<input type="checkbox"/> Not visible	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor

### EXTERIOR DOORS      1.) ENTRANCE    2.) PATIO    3.) STORM

<b>Weather stripping:</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Missing	<input type="checkbox"/> Replace
<b>Door Condition:</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		

### EXTERIOR A/C - HEAT PUMP

<b>UNIT #1:</b>	<input type="checkbox"/> N/A	<b>Location:</b> West wall, Rear or house
Brand: Gibson		Model #: JT5BD-030KA {2.5 ton}    Approximate age 10 – 15 yrs.
<b>Outside Disconnect:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maximum fuse/breaker rating: 25 Amp    Fuses/breakers installed: 25 Amp
<b>Level:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Cabinet/housing rusted</i> <input type="checkbox"/> <i>Improperly sized fuses/breakers</i>
<b>Condenser Fins:</b>	<input type="checkbox"/> <i>Damaged</i> <input type="checkbox"/> Need cleaning	<input type="checkbox"/> <i>Damaged base/pad</i>
	<input type="checkbox"/> <i>Damaged Refrigerant Line</i>	<b>Insulation:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Replace
<b>Condition:</b>	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor	Improper Clearance (air flow) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Deferred Cost:</b> Due to age alone, Ext heat pump System is :marginal:		

### EXTERIOR A/C - HEAT PUMP

<b>UNIT #2:</b>	<input checked="" type="checkbox"/> N/A	<b>Location:</b>
Brand:		Model #:    Approximate age: yrs.
<b>Outside Disconnect:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum fuse/breaker rating: ??? Amp    Fuses/breakers installed: ??? Amp
<b>Level:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Cabinet/housing rusted</i> <input type="checkbox"/> <i>Improperly sized fuses/breakers</i>
<b>Condenser Fins:</b>	<input type="checkbox"/> <i>Damaged</i> <input type="checkbox"/> Need cleaning	<input type="checkbox"/> <i>Damaged base/pad</i>
	<input type="checkbox"/> <i>Damaged Refrigerant Line</i>	<b>Insulation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Replace
<b>Condition:</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor	Improper Clearance (air flow) <input type="checkbox"/> Yes <input type="checkbox"/> No

### GENERAL COMMENTS


**GARAGE/CARPORT**

**TYPE**  None  
 Attached  Detached  1-car  2-car  3-car  4-car

**AUTOMATIC OPENER**  Yes  No  Unknown  Operable  Inoperable

**SAFETY REVERSE** **Operable:**  Yes  No  Need(s) adjusting  **Safety hazard**

**ROOFING** **Material:**  Same as house Type: Approx. Age: Approx. layers:

**GUTTERS / EAVESTROUGH** **Condition:**  Satisfactory  Marginal  Poor  Same as House

**SIDING / TRIM**

**Siding:**  Same as house  Wood  Metal  Vinyl  
 Stucco  Masonry  Slate  Fiberboard  
**Trim:**  Same as house  Wood  Aluminum  Vinyl

**FLOOR**

**Material:**  Concrete  Gravel  Asphalt  Dirt  carpeting  
**Condition:**  Satisfactory  Typical cracks  Large settling cracks  Recommend evaluation/repair  
**Burners less than 18" above garage floor:**  N/A  Yes  No  Safety hazard

**SILL PLATES**  Not visible  Floor level  Elevated  Rotted/Damaged  Recommend repair

**OVERHEAD DOOR(S)**  N/A

**Material:**  Wood  Fiberglass  Masonite  Metal  Recommend repair  
**Condition:**  Satisfactory  Marginal  Poor  Overhead door hardware loose  
**Recommend Priming/Painting Inside & Edges:**  Yes  No  Safety Cable Recommended  Weatherstripping missing/damaged

**EXTERIOR SERVICE DOOR**  None

**Condition:**  Satisfactory  Marginal  Poor  Damaged/Rusted

**ELECTRICAL RECEPTALS PRESENT**  Yes  No  Not visible

**Reverse polarity:**  Yes  No **Open ground:**  Yes  No  Safety hazard  
**GFCI Present:**  Yes  No **Operable:**  Yes  No  Handyman/extension cord wiring  
 Recommend GFCI Receptacles

**FIRE SEPARATION WALLS & CEILING** (Between garage & living area)

N/A  Present  Missing  
**Condition:**  Satisfactory  Recommend repair  Holes walls/ceiling  Safety hazard(s)  
**Moisture Stains Present:**  Yes  No Typical Cracks:  Yes  No  
**Fire door:**  Not verifiable  Not a fire door  Needs repair  Satisfactory  
**Auto closure:**  N/A  Satisfactory  Inoperative  Missing

**GENERAL COMMENTS**

**Safety Issue:** Gfci Outlet in Garage improperly wired. Recommend Repair by qualified electrician.

**Major Concern:** No key for overhead door. Minimal inspection possible without opening door. (Inside is converted to living space, door not accessible)





**COUNTERTOPS**  Satisfactory  Marginal  *Recommend repair/caulking*

**CABINETS**  Satisfactory  Marginal  *Recommend repair/adjustment*

**PLUMBING COMMENTS**

**Faucet Leaks:**  Yes  No **Pipes leak/corroded:**  Yes  No  
**Sink/Faucet:**  Satisfactory  Corroded  Chipped  Cracked  *Recommend repair*  
**Functional Drainage:**  Satisfactory  Marginal  Poor **Functional Flow:**  Satisfactory  Marginal  Poor  
**Comments:** **Repair:** Drain leaks under sink. Recommend repair by qualified plumber.

**WALLS & CEILING**

**Condition:**  Satisfactory  Marginal  Poor  Typical cracks  *Moisture stains*

**HEATING / COOLING SOURCE**  Yes  No

**FLOOR Condition:**  Satisfactory  Marginal  Poor  Sloping  Squeaks

**Comments:**

**APPLIANCES** *(See remarks page)*

<input checked="" type="checkbox"/> Disposal	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trash compactor	Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Oven	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Exhaust fan	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Range	Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Refrigerator	Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Dishwasher	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Microwave	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> _____	Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dishwasher Airgap:**  Yes  No and/or **Dishwasher Drain Line Looped:**  Yes  No  
**Receptacles Present:**  Yes  No Operable:  Yes  No  
**GFCI:**  Yes  No Operable:  Yes  No  Recommend GFCI Receptacles  
**Open ground/Reverse polarity:**  Yes  No  *Potential safety hazard(s)*

**GENERAL COMMENTS**

**Safety Issue:** Only outlets on sink side of kitchen are gfc protected, not on stove side of kitchen.



**LAUNDRY**

**Laundry sink:**  N/A      **Faucet leaks:**     Yes    No    **Pipes leak:**     Yes    No  
**Cross connections:**    Yes    No    **Heat source present:**    Yes    No    **Room vented:**    Yes    No  
**Dryer vented:**         N/A    Wall         Ceiling         Floor         Not vented  
 *Plastic Dryer Vent not recommended*    *Not vented to Exterior*         *Recommend repair*         *Safety hazard*  
**Electrical:**            Open ground/reverse polarity within 6' of water:     Yes    No     *Safety hazard*  
**GFCI present:**         Yes    No    **Operable:**     Yes    No         Recommend GFCI Receptacles  
**Appliances:**          Washer         Dryer         Water heater     Furnace/Boiler  
**Washer hook-up lines/valves:**         Leaking     Corroded         Not visible  
**Gas Shut-off Valve:**    N/A    Yes    No         Cap Needed         *Safety hazard*    Not visible

**GENERAL COMMENTS**

**Improve:** Dryer vent should be cleaned, evaluated



## BATHROOM(S)

## BATH FIRST FLOOR

## BATH

**Sinks:** **Faucet leaks:**  Yes  No **Pipes leak:**  Yes  No  
**Tubs:** **Faucet leaks:**  Yes  No **Pipes leak:**  Yes  No  N/A  
**Showers:** **Faucet leaks:**  Yes  No **Pipes leak:**  Yes  No  N/A  
**Toilet:** **Bowl Loose:**  Yes  No **Operable:**  Yes  No  Cracked bowl  Toilet leaks  
**Whirlpool:**  Yes  No **Operable:**  Yes  No  Not tested  No access door  
**Shower/Tub area:**  Ceramic/Plastic  Fiberglass  Masonite   
 Condition:  Satisfactory  Marginal  Poor  Rotted floors  
 Caulk/Grouting Needed:  Yes  No Where:  
**Drainage:**  Satisfactory  Marginal  Poor  
**Water flow:**  Satisfactory  Marginal  Poor  
**Moisture stains present:**  Yes  No  Walls  Ceilings  Cabinetry  
**Window/doors:**  Satisfactory  Marginal  Poor  
**Receptacles Present:**  Yes  No **Operable:**  Yes  No  
**GFCI:**  Yes  No **Operable:**  Yes  No  
**Open ground/Reverse polarity:**  Yes  No  *Potential Safety Hazard(s)* (See remarks)  
**Heat source present:**  Yes  No  
**Exhaust fan:**  Yes  No **Operable:**  Yes  No  Noisy

**GENERAL COMMENTS**  See additional comments

**Safety Issue:** Ground-fault outlet was not operating properly, won't trip needs to be repaired or replaced. **Repair:** Damaged floor around toilet bowl. Sink Drainage is marginal.

## BATH SECOND FLOOR

## BATH

**Sinks:** **Faucet leaks:**  Yes  No **Pipes leak:**  Yes  No  
**Tubs:** **Faucet leaks:**  Yes  No **Pipes leak:**  Yes  No  N/A  
**Showers:** **Faucet leaks:**  Yes  No **Pipes leak:**  Yes  No  N/A  
**Toilet:** **Bowl loose:**  Yes  No **Operable:**  Yes  No  Cracked bowl  Toilet leaks  
**Whirlpool:**  Yes  No **Operable:**  Yes  No  Not tested  No access door  
**Shower/Tub area:**  Ceramic/Plastic  Fiberglass  Masonite   
 Condition:  Satisfactory  Marginal  Poor  Rotted floors  
 Caulk/Grouting Needed:  Yes  No Where: where tub meets wall  
**Drainage:**  Satisfactory  Marginal  Poor  
**Water flow:**  Satisfactory  Marginal  Poor  
**Moisture stains present:**  Yes  No  Walls  Ceilings  Cabinets  
**Window/doors:**  Satisfactory  Marginal  Poor  
**Receptacles Present:**  Yes  No **Operable:**  Yes  No  
**GFCI:**  Yes  No **Operable:**  Yes  No  
**Open ground/Reverse polarity:**  Yes  No  *Potential Safety Hazard(s)* (See remarks)  
**Heat source present:**  Yes  No  
**Exhaust fan:**  Yes  No **Operable:**  Yes  No  Noisy

**GENERAL COMMENTS**  See additional comments

**Improve:** 2<sup>nd</sup> floor bath: tub drain is slow. Recommend repair as necessary



<b>LOCATION: SECOND FLOOR BEDROOM NW</b>		<b>UNIT #</b>	
<b>Walls &amp; Ceiling:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks <input type="checkbox"/> Damage
<b>Stains:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: <u>ceiling</u>	
<b>Floor:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes
<b>Ceiling Fan:</b> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<b>Electrical:</b> <b>Switches:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Receptacles:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <b>Operable:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Open ground/Reverse polarity:</b> <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Safety Hazard</b>	<input type="checkbox"/> Cover plates missing
<b>Heating Source Present:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	<b>Holes:</b>	<input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
<b>Egress Restricted:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Doors &amp; Windows:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	
	<input type="checkbox"/> Evidence of leaking insulated glass	<input type="checkbox"/> Broken/Missing hardware	

<b>LOCATION: SECOND FLOOR SW BEDROOM</b>		<b>UNIT #</b>	
<b>Walls &amp; Ceiling:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks <input type="checkbox"/> Damage
<b>Moisture stains:</b> <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:	
<b>Floor:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes
<b>Ceiling Fan:</b> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<b>Electrical:</b> <b>Switches:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Receptacles:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <b>Operable:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Open ground/Reverse polarity:</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <b>Safety Hazard</b>	<input type="checkbox"/> Cover plates missing
<b>Heating Source Present:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	<b>Holes:</b>	<input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
<b>Egress Restricted:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Doors &amp; Windows:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	
	<input type="checkbox"/> Evidence of leaking insulated glass	<input type="checkbox"/> Broken/Missing hardware	

<b>LOCATION: FIRST FLOOR BEDROOM</b>		<b>UNIT #</b>	
<b>Walls &amp; Ceiling:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks <input type="checkbox"/> Damage
<b>Moisture stains:</b> <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:	
<b>Floor:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes
<b>Ceiling Fan:</b> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<b>Electrical:</b> <b>Switches:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Receptacles:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <b>Operable:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Open ground/Reverse polarity:</b> <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <b>Safety Hazard</b>	<input type="checkbox"/> Cover plates missing
<b>Heating Source Present:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	<b>Holes:</b>	<input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
<b>Egress Restricted:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Doors &amp; Windows:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	
	<input type="checkbox"/> Evidence of leaking insulated glass	<input type="checkbox"/> Broken/Missing hardware	

<b>LOCATION: FIRST FLOOR LIVING ROOM / DINING ROOM / FAMILY ROOM</b>		<b>UNIT #</b>	
<b>Walls &amp; Ceiling:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks <input type="checkbox"/> Damage
<b>Moisture stains:</b> <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:	
<b>Floor:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes
<b>Ceiling Fan:</b> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<b>Electrical:</b> <b>Switches:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Receptacles:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <b>Operable:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Open ground/Reverse polarity:</b> <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Safety Hazard</b>	<input type="checkbox"/> Cover plates missing
<b>Heating Source Present:</b> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	<b>Holes:</b>	<input type="checkbox"/> Doors <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
<b>Egress Restricted:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>Doors &amp; Windows:</b> <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	
	<input type="checkbox"/> Evidence of leaking insulated glass	<input type="checkbox"/> Broken/Missing hardware	

**GENERAL COMMENTS**  See additional comments

**INTERIOR WINDOWS / GLASS**

**Condition:**  Satisfactory  Marginal  Poor  Needs repair  
 Representative number of windows operated  Painted shut (See remarks)  
 Glazing compound needed  Cracked glass  Hardware missing  Broken counter-balance mechanism  
**Evidence of Leaking Insulated Glass:**  Yes  No  N/A **Safety Glazing Needed:**  Yes  No  
**Security Bars Present:**  Yes  No  Not tested  Safety hazard  Test release mechanism before moving in

**FIREPLACE**

None Location(s):  
**Type:**  Gas  Wood  Woodburner stove  Electric  Ventless (See remarks)  
**Material:**  Masonry  Metal (pre-fabricated)  Metal insert  
**Miscellaneous:**  Blower built-in **Operable:**  Yes  No **Damper operable:**  Yes  No  
 Open joints or cracks in firebrick/panels should be sealed  Fireplace doors need repair  
**Damper Modified for Gas Operation:**  Yes  No  Damper missing  
**Hearth Extension Adequate:**  Yes  No **Mantel:**  N/A  Secure  Loose  
**Physical Condition:**  Satisfactory  Marginal  Poor  Recommend having flue cleaned and re-examined

**STAIRS / STEPS / BALCONIES**

**Handrail:**  Satisfactory  Marginal  Poor  None  
 Satisfactory  Marginal  Poor  Safety hazard  
 Hand Rail/Railing/Balusters Recommended  
**Risers/Treads:**  Satisfactory  Marginal  Poor  Risers/Treads uneven

**SMOKE / CARBON MONOXIDE DETECTORS**

(See remarks)

**Present:**  Smoke Detector:  Yes  No **Operable:**  Yes  No  Not tested  
 CO Detector:  Yes  No **Operable:**  Yes  No  Not tested

**ATTIC/STRUCTURE/FRAMING/INSULATION** N/A (See remarks)

**Access:**  Stairs  Pulldown  Scuttlehole/Hatch  No access   
**Inspected From:**  Access panel  In the attic   
**Location:**  Bedroom hall  Bedroom closet  Garage   
**Access Limited By:**  
**Flooring:**  Complete  Partial  None  
**Insulation:**  Fiber glass  Batts  Loose  Cellulose  Foam   
 Vermiculite  Rockwool Depth: 9-12  Recommend Baffles @ Eaves  
 Damaged  Displaced  Missing  Compressed  
**Installed In:**  Rafters  Walls  Between ceiling joists  Underside of Roof Deck  Not visible  
 Recommend additional insulation (See comments)  
**Vapor Barriers:**  Kraft/foil faced  Plastic  Not visible  Improperly Installed  
**Ventilation:**  Ventilation appears adequate  Recommend additional ventilation  
**Fans Exhausted To:** **Attic:**  Yes  No **Outside:**  Yes  No  Not visible  
**HVAC Duct:**  N/A  Satisfactory  Damaged  Split  Disconnected  Leaking  Repair/Replace  Recommend Insulation  
**Chimney Chase:**  N/A  Satisfactory  Needs repair  Not visible  
**Structural Problems Observed:**  Yes  No  Recommend repair  Recommend Structural Engineer  
**Roof Structure:**  Rafters  Trusses  Wood  Metal   
 Collar Ties  Purlins  Knee Wall  Not Visible  
**Ceiling Joists:**  Wood  Metal  Not visible  
**Sheathing:**  Plywood  OSB  Planking  Rotted  Stained  Delaminated  
**Evidence of Condensation/Moisture Leaking:**  Yes  No (See remarks)  
**Firewall Between Units:**  N/A  Yes  No  Needs repair/sealing  
**Electrical:**  Open junction box(es)  Handyman wiring  Visible knob-and-tube

**GENERAL COMMENTS**

**Improve:** Attic ventilation was insufficient and should be improved.

**Safety Issue:** Firewall has openings between units and should be repaired (above garage at roof peak and at wall separating units in attic)



**WATER SERVICE**      **Main Shut-off Location:**  In ground    Front yard

**Water Entry Piping:**    Not visible    Copper/Galv.    **Plastic\*** (PVC, CPVC, Polybutylene, PEX)    Lead

**Lead Other Than Solder Joints:**    Yes    No    Unknown    Service entry

**Visible Water Distribution Piping:**    Copper    Galvanized    **Plastic\*** (PVC, CPVC, Polybutylene, PEX)  

**Condition:**    Satisfactory    Marginal    Poor

**Functional Flow:**    Satisfactory    Marginal    Poor    *Water pressure over 80 psi*

**Pipes, Supply/Drain:**    *Corroded*    *Leaking*    *Valves broken/missing*

*Dissimilar metal*   **Cross connection:**    Yes    No

**Drain/Waste/Vent Pipe:**    Copper    Cast iron    Galvanized    PVC    ABS

**Condition:**    Satisfactory    Marginal    Poor

**Support/Insulation:**    N/A   Type:    *P-traps recommended*

**Traps Proper P-Type:**    Yes    No    Poor

**Functional Drainage:**    Satisfactory    Marginal    Poor

**Interior Fuel Storage System:**    N/A    Yes    No   Leaking:    Yes    No

**Gas Line:**    N/A    Copper    Brass    Black iron    Stainless steel    CSST    Not visible

**Condition:**    Satisfactory    Marginal    Poor    *Recommend plumber evaluate*

**MAIN FUEL SHUT-OFF LOCATION**       N/A

**WELL PUMP**       N/A    Submersible    In basement    Well house    Well pit    Shared well

**Pressure Gauge Operable:**    Yes    No   Well pressure: ??? psi    Not visible

**SANITARY / GRINDER PUMP**       N/A   **Sealed Crock:**    Yes    No

**Check Valve:**    Yes    No   **Vented:**    Yes    No   Operable:    Yes    No

**WATER HEATER #1**       N/A

**Brand name:**   A.O. Smith   **Serial #:** MAOO – 0047815 - 917

**Type:**    Gas    Electric    Oil  

**Capacity:**   40 gal.   Approx. age: 15-20+ year(s)   **Combustion Air Venting Present:**    Yes    No    N/A

Seismic restraints needed:    Yes    No    N/A

**Relief Valve:**    Yes    No   **Extension proper:**    Yes    No    *Missing*    *Recommend repair*

**Vent Pipe:**    N/A    Satisfactory    Pitch proper    *Improper*    *Rusted*    *Recommend repair*

**Condition:**    Satisfactory    Marginal    Poor

**WATER SOFTENER**      *(Unit not evaluated)*   **Loop Installed:**    Yes    No

**Plumbing Hooked Up:**    Yes    No   **Softener Present:**    Yes    No   **Plumbing Leaking:**    Yes    No

**GENERAL COMMENTS**

**Deferred Cost:** Water heater date of manufacture 1994( aprox) (could have been installed as new when home was built in 2000) Due to age alone water heater is marginal.

**Improve:** Water heater should have catch pan w/drain to protect finished garage.



**HEATING SYSTEM - UNIT #1**

Location: utility closet 2nd floor

(See remarks)

#1 Brand Name: Gibson Approximate age: 10-15+ year(s)  Unknown  
 Model #: GB5BM T30K-A Serial: GBF080201068

#2 Brand Name: Approximate age: year(s)  Unknown  
 Model #: ??? Serial #: ???

- Energy Source:**  Gas  LP  Oil  Electric  Solid Fuel  
**Warm Air System:**  Belt drive  Direct drive  Gravity  Central system  Floor/Wall unit  
**Heat Exchanger:**  N/A (sealed)  Visual w/mirror  Flame distortion  Rusted  Carbon/soot buildup  
**Carbon Monoxide:**  N/A  Detected at Plenum/Register  Not tested  
**CO Test:** Tester: **Combustion Air Venting Present:**  N/A  Yes  No  
**Controls:** Disconnect:  Yes  No  Normal operating and safety controls observed  
**Distribution:**  Metal duct  Insulated flex duct  Cold air returns  Duct board  Asbestos-like wrap  
**Flue Piping:**  N/A  Satisfactory  Rusted  Improper slope  Safety hazard  
**Filter:**  Standard  Electrostatic  Satisfactory  Needs cleaning/replacement  Missing  
**When Turned On By Thermostat:**  Fired  Did not fire Proper Operation:  Yes  No  Not tested  
**Heat Pump:**  N/A  Aux. electric  Aux. gas **Sub-Slab ducts:** Water/Sand Observed:  N/A  Yes  No  
**#1 – System Condition:**  Satisfactory  Marginal  Poor  Recommended HVAC Technician Examine  
**#2 – System Condition:**  Satisfactory  Marginal  Poor  Recommended HVAC Technician Examine  
**System Not Operated Due To:**  Exterior temperature

**BOILER SYSTEM**

N/A

- Brand Name:** Approximate age: year(s)  Unknown  
 Model #: ??? Serial #: ???  
**Energy Source:**  Gas  LP  Oil  Electric  Solid Fuel  
**Distribution:**  Hot water  Baseboard  Steam  Radiator  Radiant Floor  
**Circulator:**  Pump  Gravity  Multiple zones  
**Controls:** Temp/pressure gauge exist:  Yes  No **Operable:**  Yes  No  
**Oil Fired Units:** Disconnect:  Yes  No **Combustion Air Venting Present:**  Yes  No  N/A  
**Relief valve:**  Yes  No  Missing Extension proper:  Yes  No  
**Operated:** **When turned on by thermostat:**  Fired  Did not fire  
**Operation:** Satisfactory:  Yes  No  Recommend HVAC technician examine  Before closing

**OTHER SYSTEMS**

- N/A  Electric baseboard  Radiant ceiling cable  
 Gas space heater  Woodburning stove (See Remarks)

- Proper Operation:**  Yes  No  
**System Condition:**  Satisfactory  Marginal  Poor

**GENERAL COMMENTS**

**Deferred Cost:** Due to age alone. heat/ac system is marginal.





**ELECTRIC/COOLING SYSTEM**

**MAIN PANEL** Location: **Garage** Condition:  Satisfactory  Marginal  Poor  
**Adequate Clearance To Panel:**  Yes  No Amperage: **125** Volts 120/240  Breakers  Fuses  
**Appears Grounded:**  Yes  No  Not visible  
**GFCI Breaker:**  Yes  No **Operable:**  Yes  No  
**AFCI Breaker:**  Yes  No **Operable:**  Yes  No  
**MAIN WIRE:**  Copper  Aluminum  Not visible  *Double tapping of the main wire*  
**Condition:**  Satisfactory  Poor  **Federal Pacific Panel Stab Lok® (See remarks)\***  
**BRANCH WIRE:**  Copper  Aluminum\*  Not visible  
**Condition:**  Satisfactory  Poor  *Recommend electrician evaluate/repair\**  
 Romex  BX cable  Conduit  *Knob & tube\*\**  
 *Double tapping*  *Wires undersized/oversized breaker/fuse*  
 Panel not accessible  Not evaluated **Reason:**

**SUB PANEL(S)**  None apparent  
 Location 1: Location 2: Location 3:  
 Panel not accessible  Not evaluated **Reason:**  
**Branch Wire:**  Copper  Aluminum  
 Neutral/ground separated:  Yes  No Neutral isolated:  Yes  No  **Safety hazard**  
**Condition:**  Satisfactory  Marginal  Poor  *Recommend separating/isolating neutrals*

**ELECTRICAL FIXTURES** A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be:  
**Condition:**  Satisfactory  Marginal  Poor  Open grounds  Reverse polarity  
 GFCIs not operating  *Solid conductor aluminum branch wiring circuits\**  
 Ungrounded 3-prong receptacles *(See remarks)*  
 *Recommend electrician evaluate/repair\**

**UNIT**  Central system  Wall Unit Location: **Back of house** Age: **10-15+** yrs.  
**Energy Source:**  Electric  Gas   
**Unit Type:**  Air cooled  Water cooled  Geothermal  Heat pump  
**Evaporator Coil:**  Satisfactory  Not visible  Needs cleaning  Damaged  
**Refrigerant lines:**  *Leak*  *Damage*  *Insulation missing*  Satisfactory  
**Condensate Line/Drain:**  To exterior  To pump  Floor drain   
**Operation:** Differential 16 dg F  
 Difference in temperature (split) should be 14-22° Fahrenheit *(See remarks)*  
**Condition:**  Satisfactory  Marginal  Poor  *Recommend HVAC technician examine/clean/service*  
 *Not operated due to exterior temperature*

**GENERAL COMMENTS**

**Safety Issue:** Main Panel in garage has arched / scorched wire on neutral bus bar on right side, double tapping on one circuit breaker. Recommend exam / repair by qualified electrician.





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## ITEMS NEEDING ATTENTION

**Improve:** Gutter(s) were incorrectly pitched and in need of correction. (Low spot in corner over entry way. Not at down spout)

**Repair:** Drain leaks under kitchen sink. Recommend repair by qualified plumber.

**Monitor:** Stain on ceiling, 2<sup>nd</sup> floor Nw bedroom was checked with moisture meter and had no excess moisture level. (Could be old stain or mismatched paint)

**Improve:** Attic Ventilation was insufficient and should be improved.

**Monitor:** Valleys and roof penetrations show indications of added caulking/ sealing.

**Improve:** Recommend adding downspout extensions to discharge away from the house. Six foot - eight foot extensions recommended. .

**Improve:** Some screens are torn, missing.

**Repair:** Trim had some deterioration and was in need minor repairs and painting.(at back door lower brick molding)

**Repair:** Siding is loose/ coming off on back of house near the top.

**Major Concern:** No key for overhead door. Minimal inspection possible without opening door. (Inside is converted to living space, door not accessible)

**Improve:** Dryer vent should be cleaned, evaluated

**Repair:** 1<sup>st</sup> floor bath,Damaged floor around toilet bowl. Sink Drainage is marginal.

**Repair:** 2<sup>nd</sup> floor bath: tub drain is slow. Recommend repair as necessary

**Improve:** Water heater should have catch pan w/drain to protect finished garage.

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## MAJOR CONCERNS

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

**Repair:** Drain leaks under kitchen sink. Recommend repair by qualified plumber.

**Safety Issue:** Main Panel in garage has arched / scorched wire on neutral bus bar on right side, double tapping on one circuit breaker. Recommend exam / repair by qualified electrician.

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## POTENTIAL SAFETY HAZARDS

**Safety Issue:** First floor bathroom: Ground-fault outlet was not operating properly, won't trip when tested with GFCI circuit tester, and needs to be repaired or replaced by qualified electrician.

**Safety Issue:** Ext outlet rear patio is gfci protected. Front porch ext outlet is NOT gfci protected

**Safety Issue:** Gfci Outlet in Garage improperly wired. Recommend Repair by qualified electrician.

**Safety Issue:** Only outlets on sink side of kitchen are gfci protected, not on stove side of kitchen.

**Safety Issue:** Firewall has openings between units and should be repaired (above garage at roof peak and at wall separating units in attic)

**Safety Issue:** Front ext outlet has broken cover. Repair / replace as necessary.

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## DEFERRED COST ITEMS

*Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.*

**Deferred Cost:** Roof covering showed signs of curling, cracking and aging. Due to age and condition, Roof covering is marginal.

**Deferred Cost:** Due to age alone, Heat / Ac System is marginal. (Operation is satisfactory)

**Deferred Cost:** Water heater date of manufacture 1994 (aprox) (could have been installed as new when home was built in 2000). Due to age alone water heater is marginal. .

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\* Items listed in this report may inadvertently have been left off the Summary Sheet. Customer should read the entire report, including the Remarks.

# Photo Summary



Figure 1 Dryer vent needs cleaning.



Figure 2 Wtr heater should have catch pan w/drain



Figure 3 Calking needed at tub/wall area

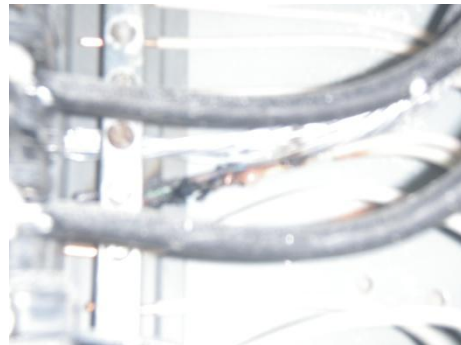


Figure 4 Wire scorched in main panel.



Figure 5 Garage, broken cover



Figure 6 1st floor bath, broken tile.

# Photo Summary



Figure 7 drain leak under disposal.



Figure 8 Back fill needed, gutter ext needed



Figure 9 Rear door, damaged /rotten trim



Figure 10 Rear light, damaged



Figure 11 Back fill needed.



Figure 12 Back of house, Loose siding



# Photo Summary



Figure 13 Screens broken, missing



Figure 14 Attic insulation adequate



Figure 15 Front Ext outlet, broken cover



Figure 16 Over Entry, low spot, clogged gutter



Figure 17 Calking on valleys



Figure 18 Holes in fire separation