

# HOME INSPECTION REPORT

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777 Blissful Lane, Mortgage, MN 55111

INSPECTION DATE:

07-07-07

PREPARED FOR:

Happy Homeowner

PREPARED BY:

Professional House Doctor, Inc.  
6354 Red Maple Lane  
Lino Lakes, MN. 55014-1445

651-482-7958  
651-766-0797 Fax

INSPECTION NUMBER:

3737

INSPECTOR:

Ron & Cindy Phillips

## BUILDING DATA / RECEIPT INFORMATION

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### RECEIPT

Inspection Date: 07-07-07  
Inspection Number: 3737  
Client Name: Happy Homeowner  
Inspection Address: 777 Blissful Lane, Mortgage, MN 55111  
Inspected by: Ron & Cindy Phillips

Inspection: 350.00  
**Total: \$ 350.00**

Paid by: Check # 10011

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### BUILDING DATA

Approximate Age: 50 years old  
Style: One story  
General Appearance: Satisfactory  
Main Entrance Faces: West  
Weather Condition: Clear  
Temperature: 75-90°F  
Ground cover: Dry

# GROUNDS

<b>Service Walks</b>	<input type="checkbox"/> None	<input type="checkbox"/> Brick	<input type="checkbox"/> Other
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Poor	<input type="checkbox"/> Trip Hazard
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Not visible	
<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Settling cracks		
<b>Driveway</b>	<input type="checkbox"/> None	<input type="checkbox"/> Gravel	<input type="checkbox"/> Other
Condition: <input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Poor	<input type="checkbox"/> Settling cracks
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Trip hazard	
<input type="checkbox"/> Fill cracks and seal	<input type="checkbox"/> Pitched towards home		
<b>Patio/Lanai</b>	<input type="checkbox"/> None	<input type="checkbox"/> Brick	<input type="checkbox"/> Kool-Deck®
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Poor	<input type="checkbox"/> Other
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input checked="" type="checkbox"/> Settling cracks	
<input checked="" type="checkbox"/> Pitched towards home	<b>(See Remarks page)</b>		
<b>Deck (flat, floored, roofless area)</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Railing/balusters recommended	
Condition: <input type="checkbox"/> Treated	<input type="checkbox"/> Painted/Stained	<input type="checkbox"/> Poor	<input type="checkbox"/> Not visible
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		
<b>Porch (covered entrance)</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Railing/balusters recommended	
Support Pier: <input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	<input type="checkbox"/> Not visible
Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
<b>Balcony (2nd floor platform)</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Railing/balusters recommended	
Railing: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Poor	
Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		
<b>Stoops/Steps</b>	<input type="checkbox"/> None	<input type="checkbox"/> Railing recommended	
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Damaged Wood	
<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Cracked	<input type="checkbox"/> Settled	
<input type="checkbox"/> Other			
<b>Fencing</b>	<input type="checkbox"/> None	<input type="checkbox"/> Poor	<input type="checkbox"/> Type: _____
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		
<b>Landscaping Affecting Foundation</b>	<b>(See Remarks page):</b>		
Negative grade at: <input type="checkbox"/> East	<input checked="" type="checkbox"/> West	<input checked="" type="checkbox"/> North	<input type="checkbox"/> South
<input checked="" type="checkbox"/> Recommend additional backfill	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Recommend window wells/covers	
<input type="checkbox"/> Trim back trees/shrubberies	<input type="checkbox"/> Wood in contact with soil		
<b>Retaining Wall:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Visual Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
<b>General Comments</b>			

Maintain a positive slope away from the foundation in the corner where house and family room meet

Trip hazard where sidewalk and apron meet

# ROOF COVERING

General Information	
<b>Roof Visibility</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By:
<b>Inspected From</b>	<input checked="" type="checkbox"/> Roof <input type="checkbox"/> Ladder at eaves <input type="checkbox"/> Ground w/binoculars
<b>Style of Roof</b>	Type:    Combination: <input type="checkbox"/> Gable <input checked="" type="checkbox"/> Hip <input type="checkbox"/> Mansard <input type="checkbox"/> Shed <input type="checkbox"/> Flat <input type="checkbox"/> Other Pitch:    Combination: <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Steep <input type="checkbox"/> Flat
<b>Roof Covering</b>	Roof #1:    Type: Asphalt    Estimated Layers: 1 Layer    Approximate age of cover: 1-5+ years
<b>Ventilation System</b>	Combination: <input type="checkbox"/> Soffit <input type="checkbox"/> Ridge <input type="checkbox"/> Gable <input type="checkbox"/> Top <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Powered <input checked="" type="checkbox"/> Roof Vents
<b>Flashing Material</b>	Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Not Visible <input type="checkbox"/> Copper <input type="checkbox"/> Other
<b>Valley Material</b>	Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Copper <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Visible <input type="checkbox"/> Other
Apparent Condition of the Following at Time of Inspection (conditions reported reflect visible portion only)	
<b>Roof Covering</b>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor Condition: <input type="checkbox"/> Curling <input type="checkbox"/> Cupping <input type="checkbox"/> Missing tabs/shingles/tiles <input type="checkbox"/> Moss Buildup <input type="checkbox"/> Nail Popping <input type="checkbox"/> Ponding <input type="checkbox"/> Burn Spots <input type="checkbox"/> Exposed Felt <input type="checkbox"/> Other
<b>Ventilation</b>	Appears adequate: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    (See Remarks page)
<b>Flashings</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted <input type="checkbox"/> Recommend Sealing <input type="checkbox"/> Pulled away from chimney/roof <input type="checkbox"/> Not Visible <input type="checkbox"/> Other
<b>Valleys</b>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not Visible <input type="checkbox"/> Not Applicable <input type="checkbox"/> Rusted <input type="checkbox"/> Holes <input type="checkbox"/> Recommend Sealing
<b>Skylights</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
<b>Plumbing Vents</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
<b>General Comments</b>	

# CHIMNEY / GUTTERS / SIDING / TRIM

<b>Chimney(s)</b>		<input type="checkbox"/> None	Location(s): Middle of roof East side	
Viewed from:	<input checked="" type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input type="checkbox"/> Ground w/binoculars	
Chase:	<input type="checkbox"/> Brick	<input type="checkbox"/> Stone	<input type="checkbox"/> Metal	<input type="checkbox"/> Framed <input type="checkbox"/> Blocks
Evidence of:	<input type="checkbox"/> Cracked chimney cap		<input type="checkbox"/> Loose mortar joints	
Flue:	<input type="checkbox"/> Tile	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Rust	<input type="checkbox"/> Flaking
Evidence of:	<input type="checkbox"/> Scaling	<input type="checkbox"/> Cracks	<input type="checkbox"/> Creosote	<input type="checkbox"/> Not Visible
	<input type="checkbox"/> <b>Have flue(s) cleaned and re-evaluated</b>		<input type="checkbox"/> <b>Note evaluated (See Remarks page)</b>	
<input type="checkbox"/> Recommend cricket/saddle flashing				

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

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

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

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

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

<b>Caulking</b>		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input checked="" type="checkbox"/> Poor
<input checked="" type="checkbox"/> <b>Recommend around windows/doors/masonry ledges/corners/utility penetrations</b>				

<b>General Comments</b>		Siding was showing some wear, but still in functional condition. Hail damage on South side of house		
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# EXTERIOR / ELECTRICAL / AC / GARAGE

<b>Exterior Wall Construction</b>	<input type="checkbox"/> Not visible <input checked="" type="checkbox"/> Wood frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other		
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<b>Exterior Doors</b>	Entrance (1); Storm (2); Patio (3)		
Weatherstripping:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor

<b>Exterior Electrical Service</b>	<input checked="" type="checkbox"/> Overhead <input type="checkbox"/> Underground                      Service drop: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Needs service		
Exterior outlets:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operate:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Potential safety hazard:</b>	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No

<b>A/C Condenser/Heat Pump</b>	<input type="checkbox"/> None                      Approximate age: Older Than 10		
#1 Brand: Rheem	Outside shutoff:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted	Level: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Garage</b>	<input type="checkbox"/> None		
	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Detached	<input type="checkbox"/> 1-car <input checked="" type="checkbox"/> 2-car <input type="checkbox"/> 3-car
<b>Automatic opener:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Operable <input type="checkbox"/> Inoperable
<b>Safety reverse:</b>	<input checked="" type="checkbox"/> Operable	<input type="checkbox"/> Door stops	<input type="checkbox"/> Needs adjusting
<b>Roofing:</b>	<input type="checkbox"/> Does not operate	<input type="checkbox"/> <b>Recommend safety reverse</b>	
	<input checked="" type="checkbox"/> Same as house	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Slate <input type="checkbox"/> Roll roofing
	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	
<b>Gutters:</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> None
<b>Siding:</b>	<input checked="" type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal <input type="checkbox"/> Vinyl
	<input type="checkbox"/> Stucco	<input type="checkbox"/> Masonry	<input type="checkbox"/> Slate <input type="checkbox"/> Fiberboard
<b>Trim:</b>	<input checked="" type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl
<b>Floor:</b>	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt
	Burners less than 18" above garage floor:		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Safety hazard</b>
	Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Typical cracks	<input type="checkbox"/> Large settling cracks
<b>Overhead door:</b>	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> <b>Recommend painting inside &amp; edges</b>
<b>Service door:</b>	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> None
<b>Sill plates:</b>	<input type="checkbox"/> Elevated	<input checked="" type="checkbox"/> Floor level	<input type="checkbox"/> Both <input type="checkbox"/> Not Visible <input type="checkbox"/> Rotted
<b>Electricity present:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>GFCI Protected:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Operates:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Reverse polarity: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Firewall:</b>	(between garage & living area)		<input type="checkbox"/> N/A <input type="checkbox"/> Present <input checked="" type="checkbox"/> Missing

<b>General Comments</b>	Firewall between garage and living area not present - Potential Safety Hazard
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# KITCHEN

<b>Countertops</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
<b>Cabinets</b>	Condition: <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> <b>Recommend repairs</b>	
<b>Plumbing Comments</b>	Faucet leak: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipes leak: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drainage: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor	Water pressure: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor
<b>Walls &amp; Ceiling</b>	Condition <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Typical cracks <input type="checkbox"/> Moisture stains	
<b>Heat Source Present</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Floor</b>	Condition <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Sloping <input type="checkbox"/> Squeaks	
<b>Appliances</b>	(See Remarks page)			
Disposal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dishwasher: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Range: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Oven: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Trash compactor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Exhaust fan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Refrigerator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Electrical</b>	Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
GFCI protected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No (Remarks)		
Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard		
<b>General Comments:</b>	No GFI in kitchen Uneven floor possibly due to padding not removed from former carpet			

# LAUNDRY / UTILITY ROOM

Laundry sink: <input type="checkbox"/> N/A	Faucet leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipe leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cross connections: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None apparent	Heat source present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Room appears vented: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not visible	
Dryer vented: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wall	<input type="checkbox"/> Ceiling <input type="checkbox"/> Not vented	
Electrical: Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard
Appliances present: <input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer	<input checked="" type="checkbox"/> Water heater <input checked="" type="checkbox"/> Furnace	<input type="checkbox"/> Other
Gas pipe: Valve shutoff: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Cap Needed	<input type="checkbox"/> N/A
<b>General Comments</b>	Water staining & mildew present on north wall in basement Signs of rotting wood in area below the bathroom	

## BATHROOMS

**Bath: Main floor full bath**

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Pipes leak:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tubs	Faucet leaks:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Showers	Faucet leaks:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Toilet:	Bowl loose	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl	<input checked="" type="checkbox"/> Toilet leaks
Shower/Tub area:		<input checked="" type="checkbox"/> Ceramic/Plastic	<input type="checkbox"/> Fiberglass		<input type="checkbox"/> Masonite	<input type="checkbox"/> Other	
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor	<input type="checkbox"/> Rotted floors	
	Caulk/Grouting needed:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Where:		
Drainage:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal			<input type="checkbox"/> Poor		
Water pressure:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal			<input type="checkbox"/> Poor		
Walls/Ceiling:	Moisture stains present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
Outlets present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Open ground/reverse polarity within 6' of water:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
	<b>Potential safety hazards present:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No					
Exhaust fan:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**General Comments:**

Faucet is leaking - recommend repair and/or replacement as necessary.  
 Toilet bowl is loose.  
 Floor around toilet is soft - appears to have damaged wood below floor covering.  
 Ceramic tile loose some missing  
 Exhaust fan not present.  
 Flooring in need of repair.  
 Unable to open window

777 Blissful Lane, Mortgage, MN 55111

## LIVING ROOM

**Location:** Main floor

Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks
	Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Flooring:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Walls
Doors & Windows:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Ceilings
				<input type="checkbox"/> Cracked glass

**General Comments:**

## DINING ROOM

**Location:** Main floor

Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Flooring:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Walls
Doors & Windows:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Ceilings
				<input type="checkbox"/> Cracked glass

**General Comments:**

## FAMILY ROOM

**Location:** Basement

Walls & Ceiling:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks
	Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Walls
Doors & Windows:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Ceilings
				<input type="checkbox"/> Cracked glass

**General Comments:**

## BEDROOM

**Location:** Main floor SE

Walls & Ceiling:  Satisfactory  Marginal  Poor  Typical Cracks  
 Moisture stains:  Satisfactory  Yes  No  
 Flooring:  Satisfactory  Marginal  Poor  
 Ceiling fan:  N/A  Satisfactory  Marginal  Poor  
 Electrical: Switches:  Yes  No Outlets:  Yes  No  
 Heat source present:  Yes  No Holes:  Doors  Walls  Ceilings  
 Doors & Windows:  Satisfactory  Marginal  Poor  Cracked glass

**General Comments:**

## BEDROOM

**Location:** Main floor SW

Walls & Ceiling:  Satisfactory  Marginal  Poor  Typical Cracks  
 Moisture stains:  Satisfactory  Yes  No  
 Flooring:  Satisfactory  Marginal  Poor  
 Ceiling fan:  N/A  Satisfactory  Marginal  Poor  
 Electrical: Switches:  Yes  No Outlets:  Yes  No  
 Heat source present:  Yes  No Holes:  Doors  Walls  Ceilings  
 Doors & Windows:  Satisfactory  Marginal  Poor  Cracked glass

**General Comments:**

Frosted plastic on windows facing West

## BEDROOM

**Location:** Main floor East

Walls & Ceiling:  Satisfactory  Marginal  Poor  Typical Cracks  
 Moisture stains:  Satisfactory  Yes  No  
 Flooring:  Satisfactory  Marginal  Poor  
 Ceiling fan:  N/A  Satisfactory  Marginal  Poor  
 Electrical: Switches:  Yes  No Outlets:  Yes  No  
 Heat source present:  Yes  No Holes:  Doors  Walls  Ceilings  
 Doors & Windows:  Satisfactory  Marginal  Poor  Cracked glass

**General Comments:**

## EXTRA ROOM

**Location:** Basement NE

Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks
	Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Flooring:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Heat source present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Holes:	<input type="checkbox"/> Walls
Doors & Windows:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Doors	<input type="checkbox"/> Ceilings
			<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass

**General Comments:**

## FAMILY ROOM

**Location:** Main floor North

Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Flooring:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Heat source present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Walls
Doors & Windows:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Doors	<input type="checkbox"/> Ceilings
			<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass

**General Comments:**

Not able to open some of the windows  
Unable to start the fireplace

## WINDOWS / FIREPLACES / ATTIC

### Interior Windows/Glass

General condition:  Satisfactory  Marginal  Poor  
 Surface deterioration: **(See Remarks page)**  Representative number of windows operated  
 Evidence of leaking insulated glass:  Yes  No  N/A  
 Hardware missing  Glazing compound needed  Cracked glass  
 Safety glazing required  N/A Where:  Safety issue

### Fireplace

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

### Stairs

Satisfactory  Marginal  Poor  None  
 Handrail:  Satisfactory  Marginal  Poor  
 Risers/Treads:  Satisfactory  Marginal  Poor  Risers uneven

### Smoke Detectors

**(See Remarks page)**  
 Present:  Yes  No Operates:  Yes  No  all tested only working in SW bedroom

### Attic

Access:  Stairs  Pulldown  Scuttlehole  Knee wall  **No access**  
 Inspected from:  Access panel  In the attic  Other  
 Location:  Bedroom hall  Bedroom closet  Garage  Other  
 Flooring:  Complete  Partial  None  
 Insulation: Fiberglass:  Batts  Loose  Cellulose  Other  
 Vermiculite  Rockwool Average inches: 6-9 Approx. R-rating: R-19  
**(See Remarks page)**  
 Installed in:  Floor  Rafters  Walls  
 Roof sheathing:  Rotted  Stained  Delaminated  Satisfactory  
 Evidence of condensation/leaks:  Yes  No **(See Remarks page)**  
 Fans exhausted to: Attic:  Yes  No Outside:  Yes  No  Not visible  N/A  
**(See Remarks page)**  
 Chimney chase:  Satisfactory  Needs work  Not visible  
 Structural problems observed:  Yes  No  
 Roof structure: Rafters:  Wood  Metal  Other  
 Trusses  Others Collar ties present:  Yes  No  
 Sheathing:  Plywood  Flakeboard  Wood 1x  Other  
 Ceiling joist:  Wood  Metal  Other  Not Visible  
 Vapor barriers:  Not visible  Improperly installed  
 Kraft faced  Plastic **(See Remarks page)**

### General Comments

No air chutes between attic & soffit  
 Need more attic vents, there are only 2

# BASEMENT

(See Remarks page)

<b>Stairs</b>					
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Need repair	
Handrail:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
Headway over stairs:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Poor	
Under carriage:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Not visible	

<b>Foundation Walls</b>					
Horizontal cracks:	<input checked="" type="checkbox"/> Concrete block	<input type="checkbox"/> Poured concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Fieldstone	<input type="checkbox"/> Other
Step cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Vertical cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Covered walls:	<input checked="" type="checkbox"/> North	<input checked="" type="checkbox"/> South	<input checked="" type="checkbox"/> East	<input checked="" type="checkbox"/> West	<input type="checkbox"/> None
Movement apparent:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Have evaluated		<input type="checkbox"/> Monitor

\*\*\* Note: See next page for basement diagram

**Condition reported above reflects visible portion only**

<b>Floor</b>				
Condition:	<input checked="" type="checkbox"/> Concrete (See Remarks page)	<input type="checkbox"/> Dirt/Gravel	<input type="checkbox"/> Not visible	<input type="checkbox"/> Other
	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks

<b>Basement Drainage</b>				
Indication of moisture:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Fresh	<input checked="" type="checkbox"/> Old stains
<b>Sump Pump:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Working	<input type="checkbox"/> Not working
Floor drains present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Efflorescence present	

<b>Drain Tile (See Remarks page)</b>	Palmer valves (See Remarks page)
--------------------------------------	----------------------------------

<b>Girders (1), Columns (2)</b>					
Condition:	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not visible
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Stained/Rusted	

<b>Joists</b>				
Condition:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> 2x8	<input type="checkbox"/> 2x10	<input type="checkbox"/> 2x12	16 inches on center

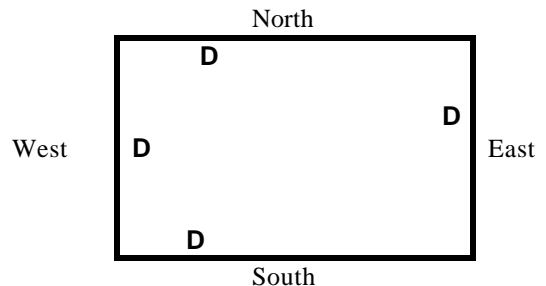
<b>Sub Floor</b>	
	<input type="checkbox"/> Indication of moisture stains/rotting
** Areas around shower stalls, etc., as viewed from basement or crawl space	

<b>General Comments</b>	Window behind bar shows signs of leaking
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# CRAWL SPACE / SLAB ON GRADE

<b>Slab On Grade</b>	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Not Visible	Signs of settlement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Crawl Space</b>	<input type="checkbox"/> Full	<input type="checkbox"/> Combination basement/crawl space	<input type="checkbox"/> No Access	
<b>Access</b>	Inspected from: <input type="checkbox"/> Exterior <input type="checkbox"/> Interior hatch door <input type="checkbox"/> Via basement <input type="checkbox"/> Access panel <input type="checkbox"/> In the crawl space			
<b>Foundation Walls</b>	<input type="checkbox"/> Concrete block <input type="checkbox"/> Poured concrete <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Piers & columns <input type="checkbox"/> Other <input type="checkbox"/> Cracks <input type="checkbox"/> Movement <input type="checkbox"/> <b>Have evaluated</b> <input type="checkbox"/> Monitor			
<b>Floor</b>	<input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Other <input type="checkbox"/> Typical cracks			
<b>Drainage</b>	<input type="checkbox"/> Outside drain <input type="checkbox"/> Sump pump <input type="checkbox"/> None apparent Evidence of moisture damage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Ventilation</b>	<input type="checkbox"/> Wall vents	<input type="checkbox"/> Power vents	<input type="checkbox"/> None apparent	
<b>Girders (1), Columns (2)</b>	Condition: <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Not visible <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor			
<b>Joists</b>	<input type="checkbox"/> Not visible <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other <input type="checkbox"/> 2x8 <input type="checkbox"/> 2x10 <input type="checkbox"/> 2x12 on center			
<b>Sub Floor</b>	<input type="checkbox"/> Not visible	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other
<b>Moisture Stains</b>	<input type="checkbox"/> Walls	<input type="checkbox"/> Sub floor	<input type="checkbox"/> Other	
<b>Insulation</b>	<input type="checkbox"/> None	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Other
<b>Vapor Barrier</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(See Remarks page)</b>		
	<input type="checkbox"/> Kraft face <input type="checkbox"/> Plastic	<input type="checkbox"/> Other	<input type="checkbox"/> Not visible	
<b>Basement/Crawl Space Walls</b>				

Diagram indicates where wall not visible and type of covering:  
 P = Paneling  
 D = Drywall  
 S = Storage  
 C = Crack(s)  
 M = Monitor



**General Comments**

# PLUMBING

<b>Water Service</b>	Shut off location: In the basement		
Water entry piping:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB <input type="checkbox"/> Unknown
Water lines:	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic <input type="checkbox"/> Polybutylene <input type="checkbox"/> Unknown
	Lead ( <i>other than solder joints</i> ):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Service entry <input type="checkbox"/> Unknown
	Water pressure:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor <input type="checkbox"/> Cross connection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Pipes:	<input type="checkbox"/> Corroded <input type="checkbox"/> Leaking	<input type="checkbox"/> Valves broken/missing <input checked="" type="checkbox"/> Supported/insulated
Drain/waste/vent pipe:	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Cast iron	<input type="checkbox"/> Plastic <input type="checkbox"/> Other
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible
	Waste discharge:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Slow drain
Hose bibs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not tested	
<b>Well Pump</b>	<input checked="" type="checkbox"/> N/A	<b>(See Remarks page)</b>	
	<input type="checkbox"/> Submersible	<input type="checkbox"/> In basement	<input type="checkbox"/> Well house <input type="checkbox"/> Well pit <input type="checkbox"/> Shared well
Pressure gauge operates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown	
<b>Sanitary Pump</b>	<input checked="" type="checkbox"/> N/A		
Sealed crock:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Water Heater #1</b>	<input checked="" type="checkbox"/> N/A		
	<b>Brand name:</b> Wards		
	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Approx. age: 20 yr.(s)
	Capacity: 40 gallons		
Relief valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Extension proper:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing	
Vent pipe:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Pitch proper <input type="checkbox"/> Rusted <input type="checkbox"/> Other
<b>Water Heater #2</b>	<input checked="" type="checkbox"/> N/A		
	<b>Brand name:</b>		
	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Approx. age: ??? yr.(s)
	Capacity: gallons		
Relief valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Extension proper:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing	
Vent pipe:	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Pitch proper <input type="checkbox"/> Rusted <input type="checkbox"/> Other
<b>Water Softener</b>	<b>(Unit not evaluated)</b>		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Plumbing hooked up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>General Comments</b>			

# HEATING SYSTEM

<b>Fuel Shutoff</b>	Main fuel shutoff location: Outside at the gas meter
---------------------	--

<b>Forced Air System</b>	Brand name: Lennox <span style="float: right;">Approximate age: 10 years</span> <input type="checkbox"/> System not operated due to: Outside temperature too high. Energy source: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric Hot air systems: <input type="checkbox"/> Belt drive <input checked="" type="checkbox"/> Direct drive <input type="checkbox"/> Gravity Heat exchanger: <input type="checkbox"/> Visual with mirror <input checked="" type="checkbox"/> N/A (sealed) <input type="checkbox"/> Not accessible Condition: <input type="checkbox"/> Rusted <input type="checkbox"/> Flame distortion <input type="checkbox"/> Other <b>View is extremely limited - See Remarks page about options</b> Heat pump: <input type="checkbox"/> Aux. Elec. <input type="checkbox"/> Aux. Gas <input type="checkbox"/> Aux. geothermal <input checked="" type="checkbox"/> N/A Distribution: <input checked="" type="checkbox"/> Metal duct <input type="checkbox"/> Insul. flex duct <input checked="" type="checkbox"/> Cold air returns Flue piping: <input checked="" type="checkbox"/> Metal <input type="checkbox"/> PVC <input type="checkbox"/> Proper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> N/A Filter: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Electrostatic <input type="checkbox"/> Paper <input type="checkbox"/> N/A Condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> WeReplace <input type="checkbox"/> Missing Operated: When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire Operation: Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Recommend HVAC technician examine</b> Controls: <input type="checkbox"/> Disconnect <input type="checkbox"/> Normal operating and safety controls observed
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<b>Boiler System</b>	<input checked="" type="checkbox"/> N/A Brand name: <span style="float: right;">Approximate age: ??? year(s)</span> <input type="checkbox"/> System not operated due to: Energy source: <input type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric Distribution: <input type="checkbox"/> Hot water <input type="checkbox"/> Baseboard <input type="checkbox"/> Steam <input type="checkbox"/> Radiator Circulator: <input type="checkbox"/> Pump <input type="checkbox"/> Gravity <input type="checkbox"/> Multiple zones Controls: Temp/pressure gauge exist: <input type="checkbox"/> Yes <input type="checkbox"/> No Relief valve: <input type="checkbox"/> Yes <input type="checkbox"/> No Operated: When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire Operation: Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Recommend HVAC technician examine</b>
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<b>Others</b>	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Radiant ceiling cable <input type="checkbox"/> Gas space heater <input type="checkbox"/> Woodburning stove <b>(See Remarks page)</b>
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<b>General Comments</b>	
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# COOLING SYSTEM

Energy source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other	Approximate age: 20+ year(s)
Central air:	<input checked="" type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Gas chiller	<input type="checkbox"/> Heat pump
Operated:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not operated due to outside temperature	
Operation:	Satisfactory:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Recommend HVAC technician examine</b>
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damaged	<input type="checkbox"/> Insulation missing	<input checked="" type="checkbox"/> Satisfactory
Through wall unit(s):	<input checked="" type="checkbox"/> N/A	Operated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs service

**General Comments**

Air conditioner does no cool house down

# ELECTRICAL

**Main Panel**

Location: Basement

Amps: 60	Volts: 240	<input type="checkbox"/> Breakers	<input checked="" type="checkbox"/> Fuses
Appears grounded:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Main Wire:</b>	<input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum
<b>Branch Wire:</b>	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> <b>Aluminum</b>	<input type="checkbox"/> Copper clad aluminum
	<input type="checkbox"/> Romex	<input type="checkbox"/> BX cable	<input type="checkbox"/> Conduit
	<input type="checkbox"/> Double tapping	<input type="checkbox"/> Branch wires undersized	<input type="checkbox"/> Knob & tube
	<input type="checkbox"/> Panel not accessible	<input checked="" type="checkbox"/> Not evaluated	Reason: could not remove cover

**Sub Panel(s)**

None apparent

Location 1: next to main panel	Location 2:	Location 3:
<input type="checkbox"/> Panel not accessible	<input type="checkbox"/> Not evaluated	Reason:
<b>Branch Wiring:</b>	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> <b>Aluminum</b>
	<input type="checkbox"/> Copper clad aluminum	
Neutral/ground separated:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Neutral isolated:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Have electrician separate	
	<input type="checkbox"/> Have electrician isolate	

**Electrical Fixtures**

A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be:

<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input type="checkbox"/> Open grounds	<input type="checkbox"/> Reverse polarity	<input type="checkbox"/> Other
<input type="checkbox"/> <b>Solid conductor aluminum branch wiring circuits</b> (See Remarks page)		
<input type="checkbox"/> <b>Recommend a licensed electrician evaluate the service</b>		

**General Comments:**

Most outlets not grounded  
Recommend new panel with breakers

## SUMMARY\*

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### ITEMS NOT OPERATING

Some window in family room & bedroom not working  
Air conditioner

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### MAJOR CONCERNS

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

Bathroom floor  
Negative grad – back of house by patio

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### POTENTIAL SAFETY HAZARDS

Most outlets not grounded  
No GFI protected receptacles in bathroom  
Incomplete firewall  
Only 1 smoke detector  
No carbon monoxide detector

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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.*

Replace existing service with breakers

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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.

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### DEFINITIONS

**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.