

Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

A	Acceptable	Functional with no obvious signs of defect.
NP	Not Present	Item not present or not found.
NI	Not Inspected	Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.
M	Marginal	Item is not fully functional and requires repair or servicing.
D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

General Information

Property Information

Property Address SAFE HOME INSPECTIONS WEB
City SAFE HOME State AMERICA Zip 11111
Contact Name Buyer's Agent
Phone N/A Fax N/A

Client Information

Client Name YOUR NAME
Client Address N/A
City N/A State N/A Zip N/A
Phone N/A Fax N/A
E-Mail N/A

Inspection Company

Inspector Name RUDY SAPP (Certified N.Y.S. Home Inspector ID# 16000013051)
Company Name Safe Home Inspections
Company Address PO Box 126
City Baldwinsville State NY Zip 13027
Phone (315)638-2382 Fax (315)638-2383
E-Mail THESAFAHOMEINSPECTION.COM
File Number 12345
Amount Received NOT TOO MUCH \$\$\$

Conditions

Others Present N/A Property Occupied YES
Estimated Age New Entrance Faces East
Inspection Date 04/11/2007
Start Time 9:00AM End Time 12:00PM
Electric On Yes No Not Applicable
Gas/Oil On Yes No Not Applicable
Water On Yes No Not Applicable
Temperature 75F
Weather Sunny Soil Conditions Dry
Space Below Grade Basement
Building Type Single family Garage Attached/ 2 Car
Sewage Disposal City How Verified VISUAL INSPECTION
Water Source City How Verified VISUAL INSPECTION
Additions/Modifications N/A
Permits Obtained N/A How Verified N/A

Lots and Grounds

- | | A | N | P | NI | M | D | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walks: Concrete |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: Stone with concrete steps |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Patio: Pavers The patio has settled towards the foundation causing a negative slope into the foundation, UNEVEN PAVERS TRIPPING HAZARD |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deck: Treated wood RECOMMENDED WASH & WHEATHER TREAT |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Balcony: N/A |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch: COVER ENTRANCE WITH METAL RAILING |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vegetation: Shrubs& Trees |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Retaining Walls: Concrete Blocks WALL NEXT TO THE DRIVEWAY IS CRACKED/LEANING, IN NEED OF REPAIR /REPLACED, RECOMMENDED TO CONSULT A CONTRACTOR TO EVALUATE AND ESTIMATE REPAIRS |
| 9. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell: N/A |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grading: Minor slope RECOMMENDED ADDITIONAL BACKFILL TO CREATE A PROPER PITCH AWAY FROM THE HOUSE. |
| 11. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swale: N/A |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Wells: Covered |
| 13. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bsmt. Stairwell Drain: N/A |
| 14. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Surface Drain: N/A |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway: Asphalt FILL CRACKS & SEAL |
| 16. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fences: NONE |
| 17. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lawn Sprinklers: N/A |

Exterior Surface and Components

- | | A | N | P | NI | M | D | |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| ENTIRE HOUSE/ BUILDING Exterior Surface | | | | | | | |
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: Vinyl siding |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trim: Aluminum |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia: Aluminum |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits: Aluminum & VINYL |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Bell: Hard wired |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entry Doors: Wood with glass window |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio Door: Wood sliding |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 9. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storm Windows: None |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Screens: Vinyl mesh |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Windows: STEEL FRAME W/GLASS RECOMMENDED TO REPAIR AS NEEDED AND PAINT CONSULT A CONTRACTOR |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Lighting: Surface mount |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Electric Outlets: 110 VAC GFCI |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose Bibs: Gate |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas Meter: Exterior surface mount at side of home |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main Gas Valve: Located at main line |

Roof

A NP NI M D

Main Roof Surface

1. Method of Inspection: On roof
2. Unable to Inspect: N/A
3. Material: Asphalt shingle
4. Type: Gable
5. Approx Age: 3 to 5 plus years
6. Flashing: Aluminum
7. Valleys: N/A
8. Skylights: Insulated glass
9. Plumbing Vents: PVC
10. Electrical Mast: Underground utilities
11. Gutters: NONE Recommended Gutter System to be installed, to collect and drain rain water away from the foundation walls, and to prevent water penetration inside the basement.
12. Downspouts: NONE
13. Leader/Extension: NONE Recommended to extend runoff drains 6ft or more to move water away from foundation walls and to prevent water/moisture inside the basement.

MAIN ROOF Chimney

14. Chimney: Brick
15. Flue/Flue Cap: TILE RECOMMENDED, RAIN HOOD/ CAP(S) WITH BIRDS/WILD ANIMAL SCREEN TO BE INSTALLED.
16. Chimney Flashing: Aluminum

Garage/Carport

A NP NI M D

Attached Garage

1. Type of Structure: Attached Car Spaces: 1 CAR GARAGE
2. Garage Doors: Insulated aluminum
3. Door Operation: Automatic Opener
4. Door Opener: CRAFTSMAN
5. Exterior Surface: SAME AS HOUSE
6. Roof: SAME AS HOUSE
7. Roof Structure: Wood truss
8. Service Doors: Fire rated
9. Ceiling: Drywall/ Plaster Paint
10. Walls: Drywall / Plaster Paint
11. Floor/Foundation: Cement Blocks and Concrete FILLED WHERE SETTLE & SEAL
12. Hose Bibs: N/A
13. Electrical: 110 VAC outlets and lighting circuits ,GFIC
14. Heating: NONE
15. Windows: NONE
16. Gutters: NONE
17. Downspouts: NONE
18. Leader/Extensions: NONE

Electrical

A NP NI M D

1. Service Size Amps: 200 AMPS Volts: 110-240 VAC
2. Service: Aluminum
3. 120 VAC Branch Circuits: Copper
4. 240 VAC Branch Circuits: Aluminum
5. Aluminum Wiring: Not present
6. Conductor Type: Romex
7. GFCI: At GFCI receptacles only
8. Ground: Rod in ground only.
9. Smoke Detectors: NOT AT ALL AREAS RECOMMENDED AT ALL LEVELS ALSO CABON MONOXIDE

Basement Electric Panel

10. Manufacturer: CUTLER HAMMER
11. Max Capacity: 200 Amps
12. Main Breaker Size: 200 Amps
13. Breakers: CU/AL
14. Fuses: N/A
15. Is the panel bonded? Yes No

Structure

A NP NI M D

1. Structure Type: Wood frame
2. Foundation: Block
3. Differential Movement: No movement or displacement noted
4. Beams: Steel I-Beam
5. Bearing Walls: Block
6. Joists/Trusses: 2x10
7. Piers/Posts: Steel posts
8. Floor/Slab: Poured slab
9. Stairs/Handrails: Wood stairs with wood handrails
10. Subfloor: Plywood

Attic

A NP NI M D

Main Attic

1. Method of Inspection: In the attic
2. Roof Framing: Rafter
3. Sheathing: Plywood
4. Ventilation: Gable, roof and soffit vents
5. Insulation: Blown in
6. Insulation Depth: 12"
7. Attic Fan: NONE
8. House Fan: NONE
9. Wiring/Lighting: 110 VAC lighting circuit
10. Moisture Penetration: NONE VISIBLE
11. Bathroom Fan Venting: OUTSIDE

Basement

A NP NI M D

Main Basement

- | | A | NP | NI | M | D | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall/ Plaster Paint |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall / Plaster Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors: Carpet |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: Surface drain |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl slider |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets & lighting circuit |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Windows |
| 10. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: NONE |
| 11. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vapor Barrier: None |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump: Pedestal |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Location: NONE AT THE TIME OF THIS INSPECTION |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bsmt Stairs/Railings: Wood stairs with wood handrails |

Air Conditioning

A NP NI M D

BASEMENT AC System

- | | A | NP | NI | M | D | |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A/C System Operation: Functional |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Condensate Removal: Electric pump |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Unit: Carrier |
| 4. | Model Number: 123456 Serial Number: ABCD123 | | | | | |
| 5. | Area Served: Whole building Approximate Age: 1 TO 2 YEARS | | | | | |
| 6. | Fuel Type: 120-240 VAC Temperature Differential: 14F | | | | | |
| 7. | Type: Central A/C Capacity: 2.5 TON | | | | | |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visible Coil: Copper core with aluminum fins |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerant Lines: Low pressure and high pressure |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Disconnect: Breaker disconnect |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exposed Ductwork: Metal |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blower Fan/Filters: Direct drive with disposable filter |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermostats: Individual |

Fireplace/Wood Stove

A NP NI M D

Family Room Fireplace

1. Freestanding Stove: NONE
2. Fireplace Construction: Brick
3. Type: Wood burning
4. Fireplace Insert: Standard
5. Smoke Chamber: Brick
6. Flue: Tile
7. Damper: Metal
8. Hearth: Flush mounted

Heating System

A NP NI M D

Basement Heating System

1. Heating System Operation: Adequate
2. Manufacturer: LENNOX
3. Model Number: 123456B Serial Number: ASDF3458
4. Type: Forced air Capacity: 100,000 BTUHR
5. Area Served: Whole building Approximate Age: 1 TO 2 YEARS
6. Fuel Type: Natural gas
7. Heat Exchanger: 4 Burner
8. Unable to Inspect: N/A
9. Blower Fan/Filter: Direct drive with disposable filter
10. Distribution: Metal duct
11. Circulator: N/A
12. Draft Control: Automatic
13. Flue Pipe: Single wall
14. Controls: Limit switch
15. Devices: N/A
16. Humidifier: NOT PRESENT
17. Thermostats: Individual
18. Fuel Tank: N/A
19. Tank Location: N/A
20. Suspected Asbestos: No

Plumbing

- | | A | NP | NI | M | D | |
|------------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service Line: Copper |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main Water Shutoff: Basement |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Lines: Copper |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drain Pipes: PVC |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service Caps: Accessible |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vent Pipes: NOT VISIBLE |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas Service Lines: BLACK PIPE |
| Basement Water Heater | | | | | | |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Heater Operation: Adequate |
| 9. | Manufacturer: BRADFORD WHITE | | | | | |
| 10. | Model Number: 456790 Serial Number: FRDY45D | | | | | |
| 11. | Type: Natural gas Capacity: 40 GAL | | | | | |
| 12. | Approximate Age: 1 TO 2 YERS Area Served: ENTIRE HOUSE | | | | | |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flue Pipe: Single wall |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TPRV and Drain Tube: COPPER /PVC DRAIN |

Bathroom

- | | A | NP | NI | M | D | |
|--------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 2nd Floor Hall Bathroom | | | | | | |
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall/ Plaster Paint |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall / Plaster Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: NONE |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets & lighting circuit |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Composite and wood |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Molded single bowl |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Moen fixtures with a PVC trap |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: Fiberglass tub and ceramic tile surround |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: FIBERGLASS TUB WITH CERAMIC TILES |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa Tub/Surround: Fiberglass tub and ceramic tile surround |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: KOHLER |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan |

Kitchen

A NP NI M D

1st Floor Kitchen

- | | | | | | | |
|-----|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooking Appliances: General Electric |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilator: NUTONE |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disposal: In-Sinkerator |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher: AMANA |
| 5. | Air Gap Present? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | |
| 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash Compactor: NONE |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator: Kenmore |
| 8. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Microwave: NOT PRESENT |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink: Molded dual bowl |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets & lighting circuit |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing/Fixtures: KOHLER WITH PVC TRAP |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter Tops: GRANITE |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabinets: Wood |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall/ Plaster Paint |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall / Plaster Paint |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 17. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: None |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Bedroom

A NP NI M D

2nd Floor Master Bedroom

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|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Walk In |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall/ Plaster Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall / Plaster Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets & lighting circuit |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

2nd Floor Rear Bedroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: DOUBLE WITH SLIDING GLASS DOORS |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall/ Plaster Paint |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall / Plaster Paint |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets & lighting circuit |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Living Space

A NP NI M D

Dining Room Living Space _____

- | | | | | | | |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Closet: None |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Ceiling: Drywall/ Plaster Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Walls: Drywall / Plaster Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Floor: Hardwood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Doors: Hollow wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Windows: Vinyl double hung |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Electrical: 110 VAC outlets & lighting circuit |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. HVAC Source: Heating system register |

Family Room Living Space _____

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|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 9. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Closet: None |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Ceiling: Drywall/ Plaster Paint |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Walls: Drywall / Plaster Paint |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Floor: Hardwood |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Doors: Hollow wood |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Windows: Vinyl double hung |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Electrical: 110 VAC outlets & lighting circuit |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. HVAC Source: Heating system register |

Laundry Room/Area

A NP NI M D

1st Floor Laundry Room/Area _____

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Ceiling: Drywall/ Plaster Paint |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Walls: Drywall / Plaster Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Floors: Hardwood |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Doors: Hollow wood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Windows: Vinyl double hung |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Electrical: 110 VAC outlets & lighting circuit |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. HVAC Source: Heating system register |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Laundry Tub: PVC |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Laundry Tub Drain: PVC |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Washer Hose Bib: Gate |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Washer and Dryer Electrical: 110-240 VAC |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Dryer Vent: THROUGH THE WALL |
| 13. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Dryer Gas Line: N/A |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Washer Drain: Wall mounted drain |
| 15. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Floor Drain: NONE |

Marginal Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

Exterior Surface and Components

1. **Basement Windows:** STEEL FRAME W/GLASS RECOMMENDED TO REPAIR AS NEEDED AND PAINT CONSULT A CONTRACTOR

Electrical

2. **Smoke Detectors:** NOT AT ALL AREAS RECOMMENDED AT ALL LEVELS ALSO CABON MONOXIDE

Defective Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

Lots and Grounds

1. **Patio: Pavers** The patio has settled towards the foundation causing a negative slope into the foundation, UNEVEN PAVERS TRIPPING HAZARD
2. **Retaining Walls:** Concrete Blocks WALL NEXT TO THE DRIVEWAY IS CRACKED/LEANING, IN NEED OF REPAIR /REPLACED, RECOMMENDED TO CONSULT A CONRACTOR TO EVALUATE AND ESTIMATE REPAIRS