

About your inspection report

This report is not intended to be a check list report. Although a check list is used here to identify building components and to flag common property defects, these checked areas, if not self-evident, should be accompanied by remarks clearly stating what the problem is.

When the term, “Satisfactory” is used, it means that the component was functioning as intended at the time of this limited visual inspection only.

After your inspection, read the entire report carefully. Contact your inspector immediately if you have any problems with the report, or if any defects noted in the report are not clear to you.

Any building component ages provided in the report are approximations only. Although age is important, the condition of the component is more so. Some old systems may be functioning very well while some new ones are already a disaster.

Many factors are critical to the life expectancy of property components including age, quality of the product, competent installation, maintenance, weather conditions, intensity of use, etc. The following are approximate life expectancies and replacement costs of some residential building components.

Component	Life	Cost
Asphalt and wood roof shingles	15 – 30 yrs.	\$3 - \$4 sq. ft.
Flat roof	10 – 25 years	\$8 - \$15 sq. ft.
Windows	20 – 50 years	\$450 - \$1,200+ each
Forced air furnace	15- 25 yrs.	\$2,500 - \$4,000
Central AC	15 – 20 yrs.	\$2,000 - \$4,000
Boilers (cast iron)	30 – 50 yrs.	\$3,500 - \$5,000
Water Heater	10 – 20 yrs.	40 gal. \$500 - \$700 50 gal. \$700 - \$900
Dishwashers	8 – 12 yrs.	\$500 - \$1,200
Refrigerator	15 – 20 yrs.	\$700 - \$2,000
Ranges	15 – 25 yrs.	\$600 - \$3,000
Upgrade Electrical Service	100 Amp 200 Amp	\$900 - \$1,200 \$1,200 - \$1,500

STRUCTURAL

TYPE OF BUILDING	<input type="checkbox"/> Single <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Rowhouse/Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other
FOUNDATION	<input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete Block (CMU) <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Other
COLUMNS	<input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Pole/Screw jacks <input type="checkbox"/> Not Visible <input type="checkbox"/> Other <input type="checkbox"/> None
FLOOR STRUCTURE	<input type="checkbox"/> Wood 2 X _____ <input type="checkbox"/> I-Joist <input type="checkbox"/> Masonry/ or Flexicore <input type="checkbox"/> Wood truss <input type="checkbox"/> Not Visible <input type="checkbox"/> Other
WALL STRUCTURE	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Not Visible <input type="checkbox"/> Other
ROOF TYPE	<input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Gambrel <input type="checkbox"/> Other
ROOF STRUCTURE	<input type="checkbox"/> Wood Frame <input type="checkbox"/> 2 X _____ <input type="checkbox"/> Wood Truss <input type="checkbox"/> Not Visible <input type="checkbox"/> Other
CEILING STRUCTURE	<input type="checkbox"/> Wood 2 X _____ <input type="checkbox"/> Wood truss <input type="checkbox"/> Not Visible <input type="checkbox"/> I-Joist <input type="checkbox"/> Other
<input type="checkbox"/> No major structural defects observed	

Remarks:

BUILDING EXTERIOR

FOUNDATION	At building exterior: <input type="checkbox"/> No significant foundation problems observed <input type="checkbox"/> Parts of foundation not visible due to high grade or vegetation <input type="checkbox"/> Crack(s) observed @
EXTERIOR WALL COVER	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Brick <input type="checkbox"/> Fiber cement <input type="checkbox"/> Fiberboard <input type="checkbox"/> Engineered wood <input type="checkbox"/> EIFS <input type="checkbox"/> Other: <input type="checkbox"/> Damaged/signs of deterioration @
EXTERIOR TRIM	<input type="checkbox"/> Satisfactory Signs of deterioration at: <input type="checkbox"/> Fascia <input type="checkbox"/> Soffit <input type="checkbox"/> Window trim <input type="checkbox"/> Door trim <input type="checkbox"/> Other:
WINDOWS	General Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Caulking needed <input type="checkbox"/> Paint and putty needed
DOORS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor condition <input type="checkbox"/> Damaged
STORM DOORS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor condition <input type="checkbox"/> Damaged <input type="checkbox"/> N/A
PORCH	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Guardrail <input type="checkbox"/> N/A
STAIRS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Handrails <input type="checkbox"/> N/A
DECK	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Stair handrail <input type="checkbox"/> Guard rail <input type="checkbox"/> Signs of deterioration <input type="checkbox"/> Structural reinforcement needed <input type="checkbox"/> See remarks <input type="checkbox"/> N/A
BALCONY	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Railings <input type="checkbox"/> N/A
WINDOW WELLS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Drains <input type="checkbox"/> No visible drains <input type="checkbox"/> Install covers <input type="checkbox"/> N/A
COLUMNS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Signs of deterioration <input type="checkbox"/> N/A

Remarks:

BASEMENT/LOWER LEVEL

BASEMENT	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No Basement <input type="checkbox"/> N/A
FLOOR	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Concrete <input type="checkbox"/> Resilient tile <input type="checkbox"/> Carpeting <input type="checkbox"/> Ceramic <input type="checkbox"/> Some cracks <input type="checkbox"/> Floor heaving <input type="checkbox"/> Other
CEILING	<input type="checkbox"/> Finished <input type="checkbox"/> Drywall <input type="checkbox"/> Suspended <input type="checkbox"/> Unfinished
BASEMENT DAMPNESS	<input type="checkbox"/> None observed <input type="checkbox"/> Some signs <input type="checkbox"/> Dry during inspection <input type="checkbox"/> Active water problems
WALLS	<input type="checkbox"/> Finished <input type="checkbox"/> Open/unfinished
FOUNDATION CRACKS	<input type="checkbox"/> None observed <input type="checkbox"/> N/A <input type="checkbox"/> Cracks located at:

Remarks:

CRAWLSPACE or UNDER FLOOR-SPACE

METHOD	<input type="checkbox"/> Crawled <input type="checkbox"/> Viewed from access hole <input type="checkbox"/> Not crawled because of obstructions, limited room, and/or unsafe conditions <input type="checkbox"/> No access
FLOOR	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Moisture barrier
VENTILATION	<input type="checkbox"/> Satisfactory <input type="checkbox"/> More venting recommended <input type="checkbox"/> Vents blocked <input type="checkbox"/> N/A
DAMPNESS	<input type="checkbox"/> Dry <input type="checkbox"/> Damp <input type="checkbox"/> Muddy <input type="checkbox"/> Active seepage <input type="checkbox"/> Standing water
SUMP PUMP	<input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> Water observed in pit <input type="checkbox"/> N/A
HEATING DUCTS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Excessive rusting <input type="checkbox"/> Not insulated <input type="checkbox"/> N/A <input type="checkbox"/> Other
ELECTRICAL	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Improperly strapped cables and raceways <input type="checkbox"/> N/A <input type="checkbox"/> Open J-Boxes <input type="checkbox"/> Excessive rusting <input type="checkbox"/> Improper splicing <input type="checkbox"/> Other
PLUMBING	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Signs of leaks <input type="checkbox"/> Excessively corroded pipes <input type="checkbox"/> N/A
STUCTURAL	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Structural components damaged or compromised

Remarks:

HEATING

FUEL TYPE	<input type="checkbox"/> Public <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Oil MAIN FUEL SUPPLY SHUTOFF LOCATION:
HEATING SYSTEM	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unit functional but old and near end of useful life <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Hot Water Boiler <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Steam Boiler <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other Unit 1 Approx. age: Size: Unit 2 Approx age: Size Unit 3 Approx age: Size
HEAT DISTRIBUTION	<input type="checkbox"/> Ductwork <input type="checkbox"/> Radiators <input type="checkbox"/> Radiant Heat source in each room: <input type="checkbox"/> Yes <input type="checkbox"/> No
FILTER	<input type="checkbox"/> Disposable <input type="checkbox"/> Washable <input type="checkbox"/> Electrostatic <input type="checkbox"/> Other: <input type="checkbox"/> N/A
OTHER HEAT	Type: Location:
HUMIDIFIER	<input type="checkbox"/> Humidifiers are not inspected. <input type="checkbox"/> N/A
<input type="checkbox"/> *All noted heating or cooling problems need to be reviewed and corrected by a licensed HVAC pro.	

Remarks:

AIR CONDITIONING

TYPE	<input type="checkbox"/> Central air <input type="checkbox"/> Through wall <input type="checkbox"/> Window units <input type="checkbox"/> N/A
UNITS	#1 Size: Approx. age: <input type="checkbox"/> Unit was cooling during inspection #2 Size: Approx. age: <input type="checkbox"/> Unit was cooling during inspection #3 Size: Approx. age: <input type="checkbox"/> Unit was cooling during inspection
OPERATION	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unit functional but old and at end of useful life <input type="checkbox"/> Due to low outside temps., the AC could not be safely tested. If the outside temperature has not been at least 65° F for 24 hours, operation may damage the compressor.

Remarks:

BATHROOMS

①	Location: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> GFCI needed <input type="checkbox"/> Tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower/Tub wall: <input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____ Room floor: <input type="checkbox"/> Ceramic <input type="checkbox"/> Resilient <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plumbing leaks <input type="checkbox"/> Floor problems <input type="checkbox"/> Wall problems <input type="checkbox"/> None observed
②	Location: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> GFCI needed <input type="checkbox"/> Tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower/Tub wall: <input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____ Room floor: <input type="checkbox"/> Ceramic <input type="checkbox"/> Resilient <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plumbing leaks <input type="checkbox"/> Floor problems <input type="checkbox"/> Wall problems <input type="checkbox"/> None observed
③	Location: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> GFCI needed <input type="checkbox"/> Tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower/Tub wall: <input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____ Room floor: <input type="checkbox"/> Ceramic <input type="checkbox"/> Resilient <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plumbing leaks <input type="checkbox"/> Floor problems <input type="checkbox"/> Wall problems <input type="checkbox"/> None observed
④	Location: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> GFCI needed <input type="checkbox"/> Tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower/Tub wall: <input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____ Room floor: <input type="checkbox"/> Ceramic <input type="checkbox"/> Resilient <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plumbing leaks <input type="checkbox"/> Floor problems <input type="checkbox"/> Wall problems <input type="checkbox"/> None observed
⑤	Location: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> GFCI needed <input type="checkbox"/> Tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower/Tub wall: <input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____ Room floor: <input type="checkbox"/> Ceramic <input type="checkbox"/> Resilient <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plumbing leaks <input type="checkbox"/> Floor problems <input type="checkbox"/> Wall problems <input type="checkbox"/> None observed

Remarks:

KITCHEN & LAUNDRY

CABINETS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged or distressed condition
COUNTERS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged or distressed condition
SINK	<input type="checkbox"/> Satisfactory Plumbing leaks @ <input type="checkbox"/> Sink drain <input type="checkbox"/> Sink fixture
DISPOSAL	<input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> N/A
DISHWASHER	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Unit is functional but old and past expected life <input type="checkbox"/> N/A
COOKING APPLIANCES	<input type="checkbox"/> Range <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Satisfactory <input type="checkbox"/> Cooktop <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Satisfactory <input type="checkbox"/> Wall oven <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged or distressed condition _____ <input type="checkbox"/> Unit is functional but old and past expected life <input type="checkbox"/> N/A
REFRIGERATOR	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged or distressed condition <input type="checkbox"/> Unit is functional but old and past expected life <input type="checkbox"/> N/A
VENTILATION	<input type="checkbox"/> Exhaust fan Vented to: <input type="checkbox"/> Outside <input type="checkbox"/> Not known <input type="checkbox"/> Ductless <input type="checkbox"/> N/A
FLOOR	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Resilient <input type="checkbox"/> Sheet goods <input type="checkbox"/> Ceramic <input type="checkbox"/> Wood <input type="checkbox"/> Laminate <input type="checkbox"/> Other: _____ <input type="checkbox"/> Damaged or distressed condition
CLOTHES WASHER	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not operating <input type="checkbox"/> N/A <input type="checkbox"/> Unit is functional but old and past expected life
CLOTHES DRYER*	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not operating <input type="checkbox"/> N/A Vented to: <input type="checkbox"/> Outside <input type="checkbox"/> Not known <input type="checkbox"/> Duct not viewable <input type="checkbox"/> Unit is functional but old and past expected life <input type="checkbox"/> Plastic or foil ducts are dangerous. Change dryer transition duct to solid or semi-rigid metal. Read the manufacturer's instructions

*Note: Clothes dryers can be a fire and carbon monoxide hazard. Consult the manufacturer's safety instructions.

Remarks:

INTERIOR

GENERAL	<input type="checkbox"/> Building occupied <input type="checkbox"/> Normal furniture and storage conditions <input type="checkbox"/> Vacant <input type="checkbox"/> Excessive storage/clutter @
FLOORS	<input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient <input type="checkbox"/> Laminate <input type="checkbox"/> Satisfactory
WALLS	<input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Paneling <input type="checkbox"/> Other:
CEILINGS	<input type="checkbox"/> Drywall <input type="checkbox"/> Plaster <input type="checkbox"/> Suspended <input type="checkbox"/> Other
STAIRS & RAILINGS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Flimsy railing <input type="checkbox"/> Handrails missing <input type="checkbox"/> N/A <input type="checkbox"/> Wide gaps in rail balusters are dangerous for crawling babies and toddlers.
WINDOWS, SKYLIGHTS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Insulated glass <input type="checkbox"/> Single pane glass <input type="checkbox"/> Storm windows <input type="checkbox"/> Roof windows and skylights <input type="checkbox"/> Defective thermal seal(s) <input type="checkbox"/> Some inoperable or in poor condition. <input type="checkbox"/> Replacement recommended
DOORS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Defective knobs or latches <input type="checkbox"/> Distressed or damaged
FIREPLACE	<input type="checkbox"/> Flue liner partially observed <input type="checkbox"/> Damper <input type="checkbox"/> N/A <input type="checkbox"/> Wood burning <input type="checkbox"/> Gas <input type="checkbox"/> Ventless <input type="checkbox"/> Needs cleaning * <input type="checkbox"/> Your home inspector does NOT light fires of any kind. The seller or their agents should demonstrate the operability of fireplaces. It is also recommended that a licensed chimney sweep perform an NFPA Level II inspection which may require fishing a camera up the chimney to see what the condition of the liner is. This is beyond what your inspector does.

Remarks:

ATTIC

ACCESS	<input type="checkbox"/> Scuttlehole <input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown stairs <input type="checkbox"/> No access.
METHOD	<input type="checkbox"/> Crawled <input type="checkbox"/> Viewed from access hole <input type="checkbox"/> Not inspected <input type="checkbox"/> Walked <input type="checkbox"/> Not crawled because of obstructions, limited room, and/or unsafe conditions: <input type="checkbox"/> N/A
SIGNS OF MOISTURE	<input type="checkbox"/> None observed <input type="checkbox"/> Some signs <input type="checkbox"/> Dry during inspection <input type="checkbox"/> Active water problems <input type="checkbox"/> Signs of mold
INSULATION	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Additional insulation recommended. Type: <input type="checkbox"/> Loose/blown <input type="checkbox"/> Batts <input type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> Vemiculite <input type="checkbox"/> Type not known <input type="checkbox"/> Other: Approximate inches: Installed in: <input type="checkbox"/> Floor <input type="checkbox"/> Rafters
VENTILATION	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Additional attic ventilation recommended <input type="checkbox"/> Roof vents <input type="checkbox"/> Soffit vents <input type="checkbox"/> Ridge vent <input type="checkbox"/> Turbine <input type="checkbox"/> Gable end louvers <input type="checkbox"/> Windows <input type="checkbox"/> Whole house fan <input type="checkbox"/> Attic fan

Remarks: