

[REDACTED]

[REDACTED]

[REDACTED]

February 13, 2012

[REDACTED]

Re: House inspection at [REDACTED] Old St. James Road, Rolla, MO

Dear [REDACTED]

At your request, I inspected the above referenced house on February 10, 2012. Attached is a copy of the checklist utilized for the conduct of this inspection.

A summary of the results of the inspection is as follows:

1. The roof sewer vent boot is split and in need of repair.
2. The sliding screen door screen is torn.
3. The back deck is set on pads on top of the ground.
4. There is no deck stair handrail.
5. The steel brick lintels are rusted and are in need of painting.
6. The upstairs bedroom and dining room floors are unlevel due to uplift from the weight of the front exterior wall from the cantilevered floor joists, and the framing of the floor joists and the girders.
7. There is a chip in the fiberglass finish of one bathtub.
8. One toilet is loosely anchored to the floor.
9. The laundry tub is not anchored adequately and is loose.
10. There are stained drop ceiling tiles.

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11. There is stained carpet.
12. The range top finish is damaged.
13. The dishwasher is not functional.

With the noted exceptions the house is well maintained, and is in general compliance with established building codes.

If you have any questions, please feel free to call me at [REDACTED]

Sincerely,

[REDACTED]

Att.

[REDACTED]

<p><b>LIMITATIONS</b></p> <p><input checked="" type="checkbox"/> TYPICAL  <input checked="" type="checkbox"/> RESTRICTED</p> <p><input type="checkbox"/> No Access  <input type="checkbox"/> Too Steep  <input checked="" type="checkbox"/> Snow and <u>Ice</u>  <input type="checkbox"/> Moisture or Fungus  <input checked="" type="checkbox"/> Hazardous</p>	<p><b>ROOF AS SEEN FROM:</b></p> <p><input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Eaves  <input type="checkbox"/> Walked  <input type="checkbox"/> Binoculars  <input type="checkbox"/> None (Not Seen)</p>	<p><b>STYLES</b></p> <p><input checked="" type="checkbox"/> Gable  <input type="checkbox"/> Hip  <input type="checkbox"/> Shed  <input type="checkbox"/> Gambrel  <input type="checkbox"/> Mansard  <input type="checkbox"/> Flat  <input type="checkbox"/> Combination</p>	<p><b>GENERAL</b></p> <p>System Inspected <u>YN</u>          Estimated Age <u>210 YRS</u>          Number of Layers <u>1</u>          Estimated Remaining Life <u>210 YRS</u>          Prior Leaks (Cured) <u>Y</u> <u>N</u>          Active Leaks <u>Y</u> <u>N</u>          Flashing Leaks <u>Y</u> <u>N</u>          Amateur Workmanship <u>Y</u> <u>N</u>          Subjective Rating <u>EMA</u> M F</p>
<p><b>ROOFING MATERIALS</b></p> <p><input checked="" type="checkbox"/> ASPHALT  <input type="checkbox"/> Felt Matrix Shingles  <input checked="" type="checkbox"/> Fiberglass Matrix Shingles  <input type="checkbox"/> Roll Roofing  <input type="checkbox"/> WOODEN  <input type="checkbox"/> Shingles  <input type="checkbox"/> Shakes  <input type="checkbox"/> SLATE OR TILE  <input type="checkbox"/> Vermont or Buckingham  <input type="checkbox"/> Bangor  <input type="checkbox"/> Clay Tile  <input type="checkbox"/> Cement Tile  <input type="checkbox"/> Asbestos Cement Shingles</p> <p><input type="checkbox"/> BUILT-UP  <input type="checkbox"/> 3 or 4 Ply with Gravel  <input type="checkbox"/> 3 or 4 Ply Smooth  <input type="checkbox"/> Other  <input type="checkbox"/> METAL  <input type="checkbox"/> Flat Seam  <input type="checkbox"/> Standing Seam  <input type="checkbox"/> Corrugated Tin  <input type="checkbox"/> Copper  <input type="checkbox"/> Aluminum  <input type="checkbox"/> SINGLE MEMBRANE</p>		<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input type="checkbox"/> Blisters or Bubbles  <input type="checkbox"/> Cupping or Curling  <input type="checkbox"/> Erosion  <input type="checkbox"/> Small Fissures  <input type="checkbox"/> Cracked Ridge  <input type="checkbox"/> Premature Aging  <input type="checkbox"/> Physical Damage  <input type="checkbox"/> Exposed or Lifted Nails  <input type="checkbox"/> Moss or Mildew  <input type="checkbox"/> Wet Rot  <input type="checkbox"/> Improperly Installed</p> <p><input type="checkbox"/> Too Flat  <input type="checkbox"/> Ice Damming  <input type="checkbox"/> Slates or Tiles Missing  <input type="checkbox"/> Slates or Tiles Broken  <input type="checkbox"/> Ridge Seal Leaking  <input type="checkbox"/> Poorly Patched  <input type="checkbox"/> Exposed Felt  <input type="checkbox"/> Ponding  <input type="checkbox"/> Alligating  <input type="checkbox"/> Bitumen (Tar) on Metal  <input type="checkbox"/> Painted  <input type="checkbox"/> Paint Failing  <input type="checkbox"/> Rusted</p>	
<p><b>FLASHING AND JOINT MATERIAL</b></p> <p><input type="checkbox"/> Galvanized Iron or Tin  <input checked="" type="checkbox"/> Aluminum  <input type="checkbox"/> Copper  <input type="checkbox"/> Lead</p> <p><input type="checkbox"/> Tar  <input checked="" type="checkbox"/> Neoprene (Rubber)  <input checked="" type="checkbox"/> Roofing Material  <input type="checkbox"/> None</p>		<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input type="checkbox"/> Exposed or Lifted Nails  <input type="checkbox"/> Rusted</p> <p><input checked="" type="checkbox"/> Split or Separated <u>At Boot</u>  <input type="checkbox"/> Tar on Flashing  <input type="checkbox"/> Leaking at Valley  <input type="checkbox"/> Leaking at Dormer  <input type="checkbox"/> Flashing Omitted</p>	
<p><b>GUTTERS AND DOWNSPOUTS</b></p> <p><input type="checkbox"/> NONE  <input checked="" type="checkbox"/> ATTACHED  <input type="checkbox"/> Partial  <input checked="" type="checkbox"/> Full  <input type="checkbox"/> BUILT-IN</p> <p><input checked="" type="checkbox"/> GUTTER MATERIAL  <input checked="" type="checkbox"/> Aluminum  <input type="checkbox"/> Galvanized Iron or Tin  <input type="checkbox"/> Copper  <input type="checkbox"/> Vinyl or Plastic  <input type="checkbox"/> Wood  <input type="checkbox"/> SPLASHBOCKS  <input type="checkbox"/> DRAINTILE</p>		<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input type="checkbox"/> Physical Damage  <input type="checkbox"/> Rusted  <input type="checkbox"/> Rotting Gutters  <input type="checkbox"/> Split or Separated</p> <p><input type="checkbox"/> Sagging  <input type="checkbox"/> Debris  <input type="checkbox"/> Leaking  <input type="checkbox"/> Open Joints  <input type="checkbox"/> Rot/Damaged Wood</p>	
<p><b>VENTILATION</b></p> <p><input checked="" type="checkbox"/> Gable  <input checked="" type="checkbox"/> Soffitt  <input checked="" type="checkbox"/> Ridge  <input type="checkbox"/> Turbines</p> <p><input type="checkbox"/> Roof  <input type="checkbox"/> Window or Fan  <input type="checkbox"/> None  <input type="checkbox"/> Box Vents</p>		<p><b>OBSERVATIONS</b></p> <p><input type="checkbox"/> Physical Damage  <input checked="" type="checkbox"/> Adequate  <input type="checkbox"/> Minimal  <input type="checkbox"/> Inadequate</p> <p><input type="checkbox"/> Condensation  <input type="checkbox"/> Mold/Mildew  <input type="checkbox"/> Rodent/Bird Damage</p>	
<p><b>MISCELLANEOUS</b></p> <p><input checked="" type="checkbox"/> SOFFITS AND FASCIAS  <input type="checkbox"/> ROOF MOUNTED EQUIP.</p> <p><input type="checkbox"/> SKYLIGHTS  <input type="checkbox"/> Plastic  <input type="checkbox"/> Glass  <input type="checkbox"/> Operable</p>		<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input type="checkbox"/> Leaking  <input type="checkbox"/> Narrow or No Overhang  <input type="checkbox"/> Fogged Thermal Skylight</p> <p><input type="checkbox"/> Leaking Skylight  <input type="checkbox"/> Cracked Glass  <input type="checkbox"/> Leaking at Other  <input type="checkbox"/> Roof Equipment</p>	

Comments:

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<p><b>LIMITATIONS</b></p> <p><input checked="" type="checkbox"/> TYPICAL      <input type="checkbox"/> Topography/Site  <input type="checkbox"/> RESTRICTED      <input type="checkbox"/> Attached or less  <input type="checkbox"/> Vegetation      <input type="checkbox"/> 3 ft. Clearance  <input type="checkbox"/> Vines      <input type="checkbox"/> Personal Property  <input type="checkbox"/> Shrubbery</p>		<p>System Inspected <input checked="" type="checkbox"/> Y      <input type="checkbox"/> N  Clues/Tell tales <input type="checkbox"/> Y      <input checked="" type="checkbox"/> N  Alert to Toxins <input type="checkbox"/> Y      <input checked="" type="checkbox"/> N  Major Defects <input type="checkbox"/> Y      <input checked="" type="checkbox"/> N  Site <input checked="" type="checkbox"/> Y      <input type="checkbox"/> N</p>		<p><b>GENERAL</b>      <i>SPLIT LEVEL</i>  Style <i>1 STORY W/BSMT</i>  Walls Plumb <input type="checkbox"/> Y      <input checked="" type="checkbox"/> N  Amateur Workmanship <input type="checkbox"/> Y      <input checked="" type="checkbox"/> N  Subjective Rating <i>(E) (A) M F</i></p>	
<p><b>EXTERIOR SIDING MATERIALS</b></p> <p><input checked="" type="checkbox"/> MASONRY      <input type="checkbox"/> Plywood  <input checked="" type="checkbox"/> Brick      <input checked="" type="checkbox"/> Brick Veneer  <input type="checkbox"/> Stone      <input checked="" type="checkbox"/> Vinyl/Aluminum  <input type="checkbox"/> Block      <input type="checkbox"/> Stucco  <input type="checkbox"/> Adobe      <input type="checkbox"/> Cement Asbestos  <input type="checkbox"/> FRAME      <input type="checkbox"/> EIFS  <input type="checkbox"/> Hardboard  <input type="checkbox"/> Wood  <input type="checkbox"/> Shingle</p>			<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound      <input type="checkbox"/> Wicking  <input checked="" type="checkbox"/> Typical      <input type="checkbox"/> Too Low  <input type="checkbox"/> Buckling      <input type="checkbox"/> Cracked  <input type="checkbox"/> Paint Failing      <input type="checkbox"/> Spalling  <input type="checkbox"/> Rot or Splash      <input type="checkbox"/> Movement  <input type="checkbox"/> Attachment      <input type="checkbox"/> Mortar Damage  <input type="checkbox"/> Vines      <input type="checkbox"/> Efflorescence  <input type="checkbox"/> Delaminate      <input type="checkbox"/> Mildew  <input type="checkbox"/> Loose</p>		
<p><b>EXTERIOR TRIM</b></p> <p><input type="checkbox"/> Wood  <input checked="" type="checkbox"/> Vinyl and/or Aluminum</p>		<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound      <input type="checkbox"/> Attachment      <input type="checkbox"/> Too Low  <input checked="" type="checkbox"/> Typical      <input type="checkbox"/> Vines      <input type="checkbox"/> Post or Column  <input type="checkbox"/> Paint Failing      <input type="checkbox"/> Loose      <input type="checkbox"/> Flashing Omitted  <input type="checkbox"/> Rot or Splash</p>			
<p><b>PRIMARY WINDOWS</b></p> <p><input checked="" type="checkbox"/> MATERIAL      <input type="checkbox"/> Fixed  <input type="checkbox"/> Wood      <input type="checkbox"/> Jalousie  <input type="checkbox"/> Aluminum      <input checked="" type="checkbox"/> GLAZING  <input type="checkbox"/> Steel      <input type="checkbox"/> Single Glass  <input checked="" type="checkbox"/> Plastic or Vinyl      <input checked="" type="checkbox"/> Insulated Glass  <input type="checkbox"/> Clad      <input type="checkbox"/> Triple Glass  <input checked="" type="checkbox"/> TYPE      <input checked="" type="checkbox"/> SCREENS  <input checked="" type="checkbox"/> Double Hung      <input type="checkbox"/> Storm Windows      N/P/A/D  <input type="checkbox"/> Casement      <input type="checkbox"/> Storm Panels      N/P/A/D  <input checked="" type="checkbox"/> Sliding      <input checked="" type="checkbox"/> Screens      N/P/A/D  <input type="checkbox"/> Awning</p>			<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound      <input type="checkbox"/> Glazing Failing  <input checked="" type="checkbox"/> Typical      <input type="checkbox"/> Delayed Maintenance  <input type="checkbox"/> Paint Failing      <input type="checkbox"/> Rusted  <input type="checkbox"/> Rot or Splash      <input type="checkbox"/> Physical Damage  <input type="checkbox"/> Vines      <input checked="" type="checkbox"/> Functional  <input type="checkbox"/> Too Low  <input type="checkbox"/> Cracked  <input type="checkbox"/> Flashing Omitted  <input type="checkbox"/> Broken or Missing  <input type="checkbox"/> Lost Seal</p>		
<p><b>EXTERIOR DOORS</b></p> <p><input checked="" type="checkbox"/> ENTRY      <input checked="" type="checkbox"/> Metal  <input type="checkbox"/> Wood      <input type="checkbox"/> Fiberglass  <input checked="" type="checkbox"/> Metal      <input checked="" type="checkbox"/> TYPE  <input checked="" type="checkbox"/> SLIDING      <input checked="" type="checkbox"/> Overhead  <input type="checkbox"/> Wood      <input type="checkbox"/> Hinged  <input checked="" type="checkbox"/> Aluminum/Vinyl      <input type="checkbox"/> Rolling  <input type="checkbox"/> FRENCH/ATRIUM      <input checked="" type="checkbox"/> OPERATION  <input checked="" type="checkbox"/> GARAGE DOORS      <input type="checkbox"/> Manual  <input checked="" type="checkbox"/> MATERIAL      <input checked="" type="checkbox"/> Automatic  <input type="checkbox"/> Wood</p>			<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound      <input type="checkbox"/> Misalignment  <input checked="" type="checkbox"/> Typical      <input type="checkbox"/> None or Damaged  <input type="checkbox"/> Paint Failing      <input type="checkbox"/> Weatherstripping  <input type="checkbox"/> Rot or Splash      <input type="checkbox"/> Opener Failure  <input type="checkbox"/> Delaminate  <input type="checkbox"/> Flashing Omitted  <input type="checkbox"/> Lost Seal  <input type="checkbox"/> Rusted  <input checked="" type="checkbox"/> Physical Damage</p> <p><i>TORN SLIDING DOOR SCREEN</i></p>		
<p><b>PORCHES AND DECKS</b></p> <p><input type="checkbox"/> Wooden Porches      <input type="checkbox"/> Screened Porches  <input checked="" type="checkbox"/> Masonry Stoops      <input checked="" type="checkbox"/> Patio  <input checked="" type="checkbox"/> Decks</p>		<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound      <input type="checkbox"/> Too Low      <input type="checkbox"/> Flashing Omitted  <input checked="" type="checkbox"/> Typical      <input type="checkbox"/> Movement      <input type="checkbox"/> Settlement  <input type="checkbox"/> Paint Failing      <input checked="" type="checkbox"/> Post or Column      <input type="checkbox"/> or Rotation  <input type="checkbox"/> Rot or Splash</p> <p><i>SET ON PAWS ON TOP OF GD</i></p>			
<p><b>STEPS AND RAILS</b></p> <p><input type="checkbox"/> Masonry Steps      <input type="checkbox"/> Metal Rails  <input checked="" type="checkbox"/> Wood Steps      <input checked="" type="checkbox"/> Wood Rails  <input type="checkbox"/> Vinyl Rails</p>		<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound      <input type="checkbox"/> Attachment      <input type="checkbox"/> Settlement  <input checked="" type="checkbox"/> Typical      <input type="checkbox"/> Loose      <input type="checkbox"/> or Rotation  <input type="checkbox"/> Paint Failing      <input type="checkbox"/> Too Low      <input checked="" type="checkbox"/> No Rails      <i>DECK</i>  <input type="checkbox"/> Rot or Splash      <input type="checkbox"/> Rusted      <i>STAIR HANDRAIL</i></p>			
<p><b>GARAGES AND CARPORTS</b></p> <p><input type="checkbox"/> Detached      <input type="checkbox"/> Detached Buildings  <input checked="" type="checkbox"/> Attached</p>		<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound      <input type="checkbox"/> No Firewall      <input type="checkbox"/> Not Inspected  <input checked="" type="checkbox"/> Typical      <input type="checkbox"/> None Present</p>			
<p><b>FIRE ESCAPES</b></p> <p><input type="checkbox"/> None  <input type="checkbox"/> Exterior</p>		<p><b>OBSERVATIONS</b></p> <p><input type="checkbox"/> Sound      <input type="checkbox"/> Attachment      <input type="checkbox"/> Rusted  <input checked="" type="checkbox"/> Typical      <input type="checkbox"/> Physical Damage</p>			

Comments:

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<p align="center"><b>LIMITATIONS</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>TYPICAL</b>  <input type="checkbox"/> <b>RESTRICTED</b>  <input type="checkbox"/> Access Too Small  <input type="checkbox"/> Too Low                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Wet/Hazardous Inaccessible  <input type="checkbox"/> Vermin or Insects  <input type="checkbox"/> Personal Possessions/Debris  <input type="checkbox"/> Lower Level  <input type="checkbox"/> _____% Finished                 </td> </tr> </table>		<input checked="" type="checkbox"/> <b>TYPICAL</b> <input type="checkbox"/> <b>RESTRICTED</b> <input type="checkbox"/> Access Too Small <input type="checkbox"/> Too Low	<input type="checkbox"/> Wet/Hazardous Inaccessible <input type="checkbox"/> Vermin or Insects <input type="checkbox"/> Personal Possessions/Debris <input type="checkbox"/> Lower Level <input type="checkbox"/> _____% Finished	<p align="center"><b>GENERAL</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;">                 System Inspected                  Evidence of Prior Water                  Evidence of Wood Eating Insects                  Evidence of Structural Distress                  Amateur Workmanship                  Subjective Rating             </td> <td style="width:50%; vertical-align: top;"> <table style="width:100%;"> <tr> <td style="text-align: center;">(Y)</td> <td style="text-align: center;">N</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">(N)</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">(N)</td> </tr> <tr> <td style="text-align: center;">(Y)</td> <td style="text-align: center;">N</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">(N)</td> </tr> <tr> <td style="text-align: center;">E (A) M F</td> <td></td> </tr> </table> </td> </tr> </table>		System Inspected Evidence of Prior Water Evidence of Wood Eating Insects Evidence of Structural Distress Amateur Workmanship Subjective Rating	<table style="width:100%;"> <tr> <td style="text-align: center;">(Y)</td> <td style="text-align: center;">N</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">(N)</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">(N)</td> </tr> <tr> <td style="text-align: center;">(Y)</td> <td style="text-align: center;">N</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">(N)</td> </tr> <tr> <td style="text-align: center;">E (A) M F</td> <td></td> </tr> </table>	(Y)	N	Y	(N)	Y	(N)	(Y)	N	Y	(N)	E (A) M F	
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Y	(N)																		
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<p align="center"><b>FOUNDATION</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>TYPE</b>  <input type="checkbox"/> Crawlspace  <input checked="" type="checkbox"/> Basement  <input type="checkbox"/> Slab  <input type="checkbox"/> Combination  <input type="checkbox"/> Piers                 </td> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>MATERIAL</b>  <input type="checkbox"/> Brick  <input type="checkbox"/> Block  <input type="checkbox"/> Brick and Block  <input type="checkbox"/> Stone  <input checked="" type="checkbox"/> Concrete  <input type="checkbox"/> Wood  <input type="checkbox"/> Terra Cotta                 </td> </tr> </table>		<input checked="" type="checkbox"/> <b>TYPE</b> <input type="checkbox"/> Crawlspace <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Combination <input type="checkbox"/> Piers	<input checked="" type="checkbox"/> <b>MATERIAL</b> <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Brick and Block <input type="checkbox"/> Stone <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Terra Cotta	<p align="center"><b>OBSERVATIONS</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input type="checkbox"/> Exterior Cracked  <input type="checkbox"/> Evidence of Settlement  <input checked="" type="checkbox"/> No Settlement Noted  <input type="checkbox"/> Unstable Soil  <input type="checkbox"/> Basement Wall Cracked  <input type="checkbox"/> Basement Wall Buckling                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Pier or Column Damage  <input type="checkbox"/> Undermining  <input type="checkbox"/> Site Slippage or Drainage                 </td> </tr> </table>		<input checked="" type="checkbox"/> Sound <input checked="" type="checkbox"/> Typical <input type="checkbox"/> Exterior Cracked <input type="checkbox"/> Evidence of Settlement <input checked="" type="checkbox"/> No Settlement Noted <input type="checkbox"/> Unstable Soil <input type="checkbox"/> Basement Wall Cracked <input type="checkbox"/> Basement Wall Buckling	<input type="checkbox"/> Pier or Column Damage <input type="checkbox"/> Undermining <input type="checkbox"/> Site Slippage or Drainage												
<input checked="" type="checkbox"/> <b>TYPE</b> <input type="checkbox"/> Crawlspace <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Combination <input type="checkbox"/> Piers	<input checked="" type="checkbox"/> <b>MATERIAL</b> <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Brick and Block <input type="checkbox"/> Stone <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Terra Cotta																		
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<p align="center"><b>STRUCTURE AND MATERIALS</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>MASONRY</b>  <input checked="" type="checkbox"/> Brick  <input type="checkbox"/> Block  <input type="checkbox"/> Brick and Block  <input type="checkbox"/> Stone  <input checked="" type="checkbox"/> <b>FRAME</b>  <input checked="" type="checkbox"/> Wood  <input checked="" type="checkbox"/> Sill  <input checked="" type="checkbox"/> Band  <input checked="" type="checkbox"/> Joists  <input checked="" type="checkbox"/> Girders  <input checked="" type="checkbox"/> Rafters  <input checked="" type="checkbox"/> Columns  <input type="checkbox"/> Trusses                 </td> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>STEEL</b>  <input type="checkbox"/> Girders  <input type="checkbox"/> Columns  <input checked="" type="checkbox"/> Lintels                 </td> </tr> </table>		<input checked="" type="checkbox"/> <b>MASONRY</b> <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Brick and Block <input type="checkbox"/> Stone <input checked="" type="checkbox"/> <b>FRAME</b> <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Sill <input checked="" type="checkbox"/> Band <input checked="" type="checkbox"/> Joists <input checked="" type="checkbox"/> Girders <input checked="" type="checkbox"/> Rafters <input checked="" type="checkbox"/> Columns <input type="checkbox"/> Trusses	<input checked="" type="checkbox"/> <b>STEEL</b> <input type="checkbox"/> Girders <input type="checkbox"/> Columns <input checked="" type="checkbox"/> Lintels	<p align="center"><b>OBSERVATIONS</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input type="checkbox"/> Exterior Cracked  <input type="checkbox"/> Evidence of Settlement  <input checked="" type="checkbox"/> Rusted or Damaged Lintel  <input type="checkbox"/> Failing Arches  <input type="checkbox"/> Damaged Parapet Wall  <input type="checkbox"/> Freeze/Thaw Damage  <input type="checkbox"/> Bulging or Unplumb  <input type="checkbox"/> Failing Mortar  <input type="checkbox"/> Cracked or Failing Slab  <input type="checkbox"/> Unrepaired Rot  <input type="checkbox"/> Repaired Rot Damage  <input type="checkbox"/> Unrepaired Termite Damage  <input type="checkbox"/> Repaired Termite Damage                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Trades Damage  <input checked="" type="checkbox"/> Undersized or Sagging Girder  <input checked="" type="checkbox"/> Undersized or Sagging Joists  <input type="checkbox"/> Amateur Workmanship  <input type="checkbox"/> Cut or Unrepaired Element  <input type="checkbox"/> Cut or Damaged Trusses  <input type="checkbox"/> Rot Damage Roof Substructure  <input type="checkbox"/> Rot Damage Roof Sheeting  <input type="checkbox"/> Delaminating Sheet  <input checked="" type="checkbox"/> Marginal or Undersized Framing  <input type="checkbox"/> Fire Damage  <input type="checkbox"/> Rusted Columns  <input type="checkbox"/> Temporary Supports  <input type="checkbox"/> Poor Bearing                 </td> </tr> </table>		<input checked="" type="checkbox"/> Sound <input checked="" type="checkbox"/> Typical <input type="checkbox"/> Exterior Cracked <input type="checkbox"/> Evidence of Settlement <input checked="" type="checkbox"/> Rusted or Damaged Lintel <input type="checkbox"/> Failing Arches <input type="checkbox"/> Damaged Parapet Wall <input type="checkbox"/> Freeze/Thaw Damage <input type="checkbox"/> Bulging or Unplumb <input type="checkbox"/> Failing Mortar <input type="checkbox"/> Cracked or Failing Slab <input type="checkbox"/> Unrepaired Rot <input type="checkbox"/> Repaired Rot Damage <input type="checkbox"/> Unrepaired Termite Damage <input type="checkbox"/> Repaired Termite Damage	<input type="checkbox"/> Trades Damage <input checked="" type="checkbox"/> Undersized or Sagging Girder <input checked="" type="checkbox"/> Undersized or Sagging Joists <input type="checkbox"/> Amateur Workmanship <input type="checkbox"/> Cut or Unrepaired Element <input type="checkbox"/> Cut or Damaged Trusses <input type="checkbox"/> Rot Damage Roof Substructure <input type="checkbox"/> Rot Damage Roof Sheeting <input type="checkbox"/> Delaminating Sheet <input checked="" type="checkbox"/> Marginal or Undersized Framing <input type="checkbox"/> Fire Damage <input type="checkbox"/> Rusted Columns <input type="checkbox"/> Temporary Supports <input type="checkbox"/> Poor Bearing												
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<p align="center"><b>VENTILATION</b></p> <input type="checkbox"/> Foundation Vents <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door(s)		<p align="center"><b>OBSERVATIONS</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input type="checkbox"/> Foundation Unventilated  <input type="checkbox"/> Under Ventilated  <input type="checkbox"/> Vents Damaged  <input type="checkbox"/> Basement Windows  <input type="checkbox"/> Broken/Damaged/Inoperable  <input type="checkbox"/> Crawl Space Wet or Damp                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Standing Water  <input type="checkbox"/> Basement Wet or Damp  <input type="checkbox"/> Efflorescence  <input type="checkbox"/> Condensation or Sweating  <input type="checkbox"/> Musty Odor  <input type="checkbox"/> Dehumidifier  <input type="checkbox"/> Mold or Mildew                 </td> </tr> </table>		<input checked="" type="checkbox"/> Sound <input checked="" type="checkbox"/> Typical <input type="checkbox"/> Foundation Unventilated <input type="checkbox"/> Under Ventilated <input type="checkbox"/> Vents Damaged <input type="checkbox"/> Basement Windows <input type="checkbox"/> Broken/Damaged/Inoperable <input type="checkbox"/> Crawl Space Wet or Damp	<input type="checkbox"/> Standing Water <input type="checkbox"/> Basement Wet or Damp <input type="checkbox"/> Efflorescence <input type="checkbox"/> Condensation or Sweating <input type="checkbox"/> Musty Odor <input type="checkbox"/> Dehumidifier <input type="checkbox"/> Mold or Mildew														
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<p align="center"><b>INTERIOR DRAINAGE</b></p> <input type="checkbox"/> Sump Pump <input type="checkbox"/> Floor Drains <input type="checkbox"/> Drain Tile <input checked="" type="checkbox"/> Vapor Barrier (Ext) <input type="checkbox"/> None		<p align="center"><b>OBSERVATIONS</b></p> <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Floor Drain Blocked Damaged <input type="checkbox"/> Sump Pump Inoperable <input type="checkbox"/> Sump Pump Damaged or Improperly Installed <input type="checkbox"/> Sump Dry <input type="checkbox"/> Water on Top Vapor Barrier <input type="checkbox"/> Install Proper Vapor Barrier																	
<p align="center"><b>EXTERIOR DRAINAGE</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>SITE</b>  <input type="checkbox"/> Level  <input checked="" type="checkbox"/> Sloping                 </td> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>IMPROVEMENTS</b>  <input checked="" type="checkbox"/> Swales  <input type="checkbox"/> Ditches  <input type="checkbox"/> Terraces  <input checked="" type="checkbox"/> Retaining Wall  <input type="checkbox"/> Drain Tile  <input type="checkbox"/> Window Wells                 </td> </tr> </table>		<input checked="" type="checkbox"/> <b>SITE</b> <input type="checkbox"/> Level <input checked="" type="checkbox"/> Sloping	<input checked="" type="checkbox"/> <b>IMPROVEMENTS</b> <input checked="" type="checkbox"/> Swales <input type="checkbox"/> Ditches <input type="checkbox"/> Terraces <input checked="" type="checkbox"/> Retaining Wall <input type="checkbox"/> Drain Tile <input type="checkbox"/> Window Wells	<p align="center"><b>OBSERVATIONS</b></p> <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Negative Drainage <input type="checkbox"/> Neutral Drainage <input type="checkbox"/> Mixed Drainage <input type="checkbox"/> Needs Swale(s) <input type="checkbox"/> Freeze Thaw Damage <input type="checkbox"/> Leaning/Over Turning Retaining Walls															
<input checked="" type="checkbox"/> <b>SITE</b> <input type="checkbox"/> Level <input checked="" type="checkbox"/> Sloping	<input checked="" type="checkbox"/> <b>IMPROVEMENTS</b> <input checked="" type="checkbox"/> Swales <input type="checkbox"/> Ditches <input type="checkbox"/> Terraces <input checked="" type="checkbox"/> Retaining Wall <input type="checkbox"/> Drain Tile <input type="checkbox"/> Window Wells																		

Comments:

Example of our competitor's report

<p><b>LIMITATIONS</b></p> <p><input checked="" type="checkbox"/> TYPICAL</p> <p><input checked="" type="checkbox"/> RESTRICTED</p> <p><input type="checkbox"/> Crawlspace Inaccessible</p> <p><input type="checkbox"/> Attic Inaccessible</p> <p><input checked="" type="checkbox"/> House Unoccupied</p>	<p><b>GENERAL</b></p> <p>System Inspected <span style="float:right">Y</span> <span style="float:right">N</span></p> <p>Water on <span style="float:right">Y</span> <span style="float:right">N</span></p> <p>Amateur Workmanship <span style="float:right">Y</span> <span style="float:right">N</span></p> <p>Supply Private <span style="float:right">Y</span> <span style="float:right">N</span></p> <p>Waste Private <span style="float:right">Y</span> <span style="float:right">N</span></p> <p>Shut off location <span style="float:right">Y</span> <span style="float:right">N</span></p> <p>Estimated Age Water Heater <span style="float:right">Y</span> <span style="float:right">N</span></p> <p>Active Leaks <span style="float:right">Y</span> <span style="float:right">N</span></p> <p>Subjective Rating <span style="float:right">E A M F</span></p> <p style="text-align: center;"><i>BASEMENT NOISES</i></p>
<p><b>MAIN SUPPLY LINE AND SHUT OFF</b></p> <p><b>MATERIAL</b></p> <p><input checked="" type="checkbox"/> Copper</p> <p><input type="checkbox"/> Lead</p> <p><input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Iron</p> <p><b>SHUT OFF VALVE</b></p> <p><input checked="" type="checkbox"/> Crawlspace</p> <p><input checked="" type="checkbox"/> Basement</p> <p><input type="checkbox"/> Outside</p> <p><input type="checkbox"/> Meter</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> Mechanical Damage</p> <p><input type="checkbox"/> Temporary Repairs</p> <p><input type="checkbox"/> Corrosion</p> <p><input type="checkbox"/> Drips or Leaks</p> <p><input type="checkbox"/> No Valve or Inaccessible</p> <p><input checked="" type="checkbox"/> Pressure Reducing Valve</p>
<p><b>INTERIOR PLUMBING LINE MATERIALS</b></p> <p><b>SUPPLY PIPING</b></p> <p><input checked="" type="checkbox"/> Copper</p> <p><input type="checkbox"/> Galvanized</p> <p><input type="checkbox"/> Brass</p> <p><input type="checkbox"/> Lead</p> <p><input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> PVC</p> <p><input type="checkbox"/> CPVC</p> <p><input type="checkbox"/> PB</p> <p><input type="checkbox"/> PEX</p> <p><input type="checkbox"/> Other</p> <p><b>WASTE PIPING</b></p> <p><input type="checkbox"/> Cast Iron</p> <p><input type="checkbox"/> Galvanized</p> <p><input type="checkbox"/> Copper</p> <p><input checked="" type="checkbox"/> Plastic</p> <p><input type="checkbox"/> ABS</p> <p><input checked="" type="checkbox"/> PVC</p> <p><input type="checkbox"/> Lead</p> <p><input type="checkbox"/> Clay</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> INSULATED OR UNINSULATED</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> Mechanical Damage</p> <p><input type="checkbox"/> Temporary Repairs</p> <p><input type="checkbox"/> Corrosion</p> <p><input type="checkbox"/> Unsupported</p> <p><input type="checkbox"/> Possible Asbestos</p> <p><input type="checkbox"/> Hot and Cold Too Close</p> <p><input type="checkbox"/> Runs off</p> <p><input type="checkbox"/> Abandoned Piping</p> <p><input type="checkbox"/> Failed Pressure Tank or Booster Pump</p> <p><input type="checkbox"/> Hanger Damage</p> <p><input type="checkbox"/> Improper Pitch</p> <p><input type="checkbox"/> Improper Traps</p> <p><input type="checkbox"/> Lack of Vacuum Breakers</p> <p><input type="checkbox"/> Sealed or Damaged Clean Outs</p> <p><input type="checkbox"/> Unvented</p> <p><input type="checkbox"/> Rain Leader into City Sewer</p> <p><input type="checkbox"/> Wet Venting</p> <p><input type="checkbox"/> Sewer Ejector</p> <p><input type="checkbox"/> Fixture Below Outlet</p> <p><input type="checkbox"/> Mixed Metal/Plastics</p> <p><input type="checkbox"/> Freeze Damage or Danger</p>
<p><b>WATER PRESSURE AND DRAINAGE FLOW</b></p> <p><b>SUPPLY</b></p> <p><input checked="" type="checkbox"/> Functional Flow</p> <p><input checked="" type="checkbox"/> Adequate Flow</p> <p><b>WASTE</b></p> <p><input checked="" type="checkbox"/> Functional</p> <p><input type="checkbox"/> Non Functional</p> <p><b>VENTING</b></p> <p><input checked="" type="checkbox"/> Vented to Atmosphere</p> <p><input checked="" type="checkbox"/> Traps</p>	<p><b>OBSERVATIONS</b></p> <p><input type="checkbox"/> Drips or Leaks</p> <p><input type="checkbox"/> Improper Traps</p> <p><input checked="" type="checkbox"/> Adequate</p> <p><input checked="" type="checkbox"/> Functional</p> <p><input type="checkbox"/> Non Functional Supply</p> <p><input type="checkbox"/> Non Adequate Supply</p> <p><input type="checkbox"/> Non Functional Drainage</p> <p><input type="checkbox"/> Noisy</p> <p><input type="checkbox"/> Water Hammer</p> <p><input type="checkbox"/> Water Running Sound</p> <p><input type="checkbox"/> Sweating</p> <p><input type="checkbox"/> Sewage Odor</p> <p><input type="checkbox"/> Open or Improper Vent</p>
<p><b>FIXTURES AND FAUCETS</b></p> <p><b>FIXTURE MATERIAL</b></p> <p><input checked="" type="checkbox"/> Cast Iron</p> <p><input type="checkbox"/> Steel</p> <p><input checked="" type="checkbox"/> Plastic</p> <p><input checked="" type="checkbox"/> Fiberglass</p> <p><input checked="" type="checkbox"/> China</p> <p><input type="checkbox"/> Marble</p> <p><input type="checkbox"/> Stainless Steel</p> <p><b>FAUCETS</b></p> <p><input checked="" type="checkbox"/> Material</p> <p><input checked="" type="checkbox"/> Brass</p> <p><input type="checkbox"/> Plastic</p> <p><input checked="" type="checkbox"/> Type</p> <p><input checked="" type="checkbox"/> Washer</p> <p><input checked="" type="checkbox"/> Washerless</p> <p><b>TUBS</b></p> <p><input checked="" type="checkbox"/> SINKS</p> <p><input checked="" type="checkbox"/> TOILETS</p> <p><input checked="" type="checkbox"/> SHOWERS</p> <p><input checked="" type="checkbox"/> WHIRLPOOL TUBS</p> <p><input type="checkbox"/> STEAM BATH OR SAUNA</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> Temporary Repairs</p> <p><input checked="" type="checkbox"/> Finish Damage <i>CHIP IN TUB</i></p> <p><input type="checkbox"/> Sinks Loose</p> <p><input type="checkbox"/> Spray Hose</p> <p><input type="checkbox"/> Faucets Loose</p> <p><input type="checkbox"/> Faucets Drip or Leak</p> <p><input type="checkbox"/> Physical Damage to Faucets</p> <p><input type="checkbox"/> Trap Leak</p> <p><input checked="" type="checkbox"/> Toilet Loose or Wet on Floor</p> <p><input type="checkbox"/> Toilet Damaged</p> <p><input type="checkbox"/> Toilet Unused</p> <p><input type="checkbox"/> Fails to Flush</p> <p><input type="checkbox"/> Shower Pan Leak</p> <p><input type="checkbox"/> S-traps</p>
<p><b>HOT WATER SOURCE</b></p> <p><b>TYPE</b></p> <p><input checked="" type="checkbox"/> Electric</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Domestic Coil</p> <p><input type="checkbox"/> Other</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> Mechanical Damage</p> <p><input type="checkbox"/> Temporary Repairs</p> <p><input checked="" type="checkbox"/> Corrosion</p> <p><input type="checkbox"/> Drips or Leaks</p> <p><input type="checkbox"/> Possible Asbestos</p> <p><input type="checkbox"/> No Pressure Relief</p> <p><input type="checkbox"/> Power or Fuel Off</p> <p><input type="checkbox"/> Fuel Leaks</p> <p><input type="checkbox"/> Element Failed</p> <p><input type="checkbox"/> Damaged Burner or Controls</p>
<p><b>PRIVATE SYSTEMS</b></p> <p><input type="checkbox"/> Supply Equipment</p> <p><input type="checkbox"/> Waste Disposal</p>	<p><b>OBSERVATIONS</b></p> <p>* Wells, springs, drain fields, cesspools, and other private supply and Waste Disposal Systems are not inspected.</p>

Comments: LAUNDRY TUB NOT ANCHORED ADEQUATELY

Example of our competitor's report

<p><b>LIMITATIONS</b></p> <p><input checked="" type="checkbox"/> TYPICAL</p> <p><input type="checkbox"/> RESTRICTED</p> <p><input type="checkbox"/> Crawlspace Inaccessible</p> <p><input type="checkbox"/> Attic Inaccessible</p> <p><input type="checkbox"/> Equipment Inaccessible</p>	<p><b>GENERAL</b></p> <p>System Inspected <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Power On <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Amateur Workmanship <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Main Panel Rating</p> <p>1 Panel</p> <p>200 Amps</p> <p>240 Volts</p> <p>Aluminum Wire/General <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Shock Hazard <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Room For Future Expansion <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Subjective Rating <input checked="" type="checkbox"/> E A M F</p>
<p><b>EXTERIOR SERVICE AND METER</b></p> <p><input type="checkbox"/> Overhead Service (No. of Conductors _____)</p> <p><input checked="" type="checkbox"/> Underground Service</p> <p><input type="checkbox"/> Meter and Meter Base</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> Obstruction/Damage Loose Missing Low</p> <p><input type="checkbox"/> Mast Damaged</p> <p><input type="checkbox"/> Seal Broken</p> <p><input type="checkbox"/> Weather Head Loose Missing Low</p> <p><input type="checkbox"/> Not Supported</p> <p><input type="checkbox"/> Conduit Rusted/ Damaged</p> <p><input type="checkbox"/> Abandoned Equip./Wiring</p> <p><input type="checkbox"/> Cabinet Loose Rusted Damaged</p>
<p><b>MAIN PANEL/SUBPANELS</b></p> <p><input type="checkbox"/> FUSE PANEL</p> <p><input checked="" type="checkbox"/> BREAKER PANEL</p> <p><input checked="" type="checkbox"/> Main Breaker</p> <p><input type="checkbox"/> Split Buss</p> <p><input type="checkbox"/> SUBPANELS</p> <p><input type="checkbox"/> Fuse</p> <p><input type="checkbox"/> Breaker</p> <p><input type="checkbox"/> OVERFUSING</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> Cabinet Loose Rusted Damaged</p> <p><input type="checkbox"/> Interior Physical Damage</p> <p><input type="checkbox"/> Crowded</p> <p><input type="checkbox"/> Double Tap</p> <p><input type="checkbox"/> Mixed Metals</p> <p><input type="checkbox"/> Over Fusing</p> <p><input type="checkbox"/> Service Undersized</p>
<p><b>WIRING</b></p> <p><input type="checkbox"/> SERVICE DROP/LATERAL</p> <p><input checked="" type="checkbox"/> SERVICE ENTRANCE</p> <p><input checked="" type="checkbox"/> MATERIAL</p> <p><input type="checkbox"/> Copper</p> <p><input checked="" type="checkbox"/> Aluminum</p> <p><input type="checkbox"/> Copper Clad</p> <p><input checked="" type="checkbox"/> AMPACITY</p> <p><input checked="" type="checkbox"/> Over Current Device</p> <p><input checked="" type="checkbox"/> Wiring</p> <p><input checked="" type="checkbox"/> Compatibility</p> <p><input checked="" type="checkbox"/> GROUNDING &amp; BONDING</p> <p><input checked="" type="checkbox"/> Grounding</p> <p><input type="checkbox"/> Bonding</p> <p><input checked="" type="checkbox"/> TYPE</p> <p><input checked="" type="checkbox"/> Romex</p> <p><input type="checkbox"/> Metallic</p> <p><input type="checkbox"/> Knob and Tube</p> <p><input type="checkbox"/> Conduit</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> Unsupported</p> <p><input type="checkbox"/> Conduit Rusted/Damaged</p> <p><input type="checkbox"/> Abandoned Equip./Wiring</p> <p><input type="checkbox"/> Unenclosed Splices</p> <p><input type="checkbox"/> Loose/Damaged/Spliced Ground</p> <p><input type="checkbox"/> No Ground/Bond</p> <p><input type="checkbox"/> Grounded/Bonded to Gas Piping</p> <p><input type="checkbox"/> Unbonded Service Equipment</p> <p><input type="checkbox"/> Damaged/Frayed Wiring</p> <p><input type="checkbox"/> Exposed Wiring</p> <p><input type="checkbox"/> Aluminum Wiring in 120 Volt Branch Circuits</p> <p><input type="checkbox"/> Metallic Cable</p> <p><input type="checkbox"/> Knob and Tubing Wiring</p>
<p><b>INTERIOR COMPONENTS</b></p> <p><input checked="" type="checkbox"/> Receptacles</p> <p><input checked="" type="checkbox"/> Switches</p> <p><input checked="" type="checkbox"/> Light Fixtures</p> <p><input checked="" type="checkbox"/> GFCI</p> <p><input type="checkbox"/> AFCI</p> <p><input checked="" type="checkbox"/> Smoke Detector</p> <p><input type="checkbox"/> Devices</p> <p><input checked="" type="checkbox"/> CLOSET LIGHTS</p> <p><input type="checkbox"/> Pull Chain</p> <p><input type="checkbox"/> Recessed</p> <p><input type="checkbox"/> None</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> No Ground/Bond</p> <p><input type="checkbox"/> Loose/Damaged Receptacles</p> <p><input type="checkbox"/> Improper Wired Receptacles</p> <p><input type="checkbox"/> Damaged/Broken Switches</p> <p><input type="checkbox"/> Damaged/Missing Fixtures</p> <p><input type="checkbox"/> Improper Fixtures</p> <p><input type="checkbox"/> No GFCI</p> <p><input type="checkbox"/> GFCI Broken</p> <p><input type="checkbox"/> No Smoke Detector</p> <p><input type="checkbox"/> Smoke Detector Broken</p> <p><input type="checkbox"/> Lack of Cover Plates</p>
<p><b>EXTERIOR COMPONENTS</b></p> <p><input checked="" type="checkbox"/> Receptacles</p> <p><input type="checkbox"/> Switches</p> <p><input checked="" type="checkbox"/> Light Fixtures</p> <p><input type="checkbox"/> Devices</p> <p><input type="checkbox"/> Lightning Rods</p>	<p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Typical</p> <p><input type="checkbox"/> No Ground/Bond</p> <p><input type="checkbox"/> Loose/Damaged Receptacles</p> <p><input type="checkbox"/> Improper Wired Receptacles</p> <p><input type="checkbox"/> Damaged/Broken Switches</p> <p><input type="checkbox"/> Damaged/Missing Fixtures</p> <p><input type="checkbox"/> Improper Fixtures</p> <p><input type="checkbox"/> No GFCI</p> <p><input type="checkbox"/> GFCI Broken</p> <p><input type="checkbox"/> Lack of Cover Plates</p> <p><input type="checkbox"/> Damaged Lighting System</p> <p><input type="checkbox"/> Contact Hazard</p> <p><input type="checkbox"/> Inappropriate Wire</p>

Comments:

Example of our competitor's report



# AIR CONDITIONING

7

\*Please note there are two sections on this page\*

SECTION

<p><b>LIMITS ON THE INSPECTION</b></p> <p><input checked="" type="checkbox"/> TYPICAL  <input checked="" type="checkbox"/> RESTRICTED</p> <p><input type="checkbox"/> Electricity Off/24 Hours  <input checked="" type="checkbox"/> Weather Too Cool  <input type="checkbox"/> Failed to Respond  <input type="checkbox"/> Hazardous  <input type="checkbox"/> Non Inspected Accessories  <input type="checkbox"/> Equipment Inaccessible  <input checked="" type="checkbox"/> Not Tested As AC  <input type="checkbox"/> Crawspace Inaccessible</p>	<p><b>EQUIPMENT LOCATION</b></p> <p style="text-align: center;">OUTSIDE</p> <p><b>THERMOSTAT TYPE</b></p> <p><input checked="" type="checkbox"/> Electronic    <input type="checkbox"/> Simultaneous  <input type="checkbox"/> Mechanical    <input type="checkbox"/> Multiple</p> <p><b>THERMOSTAT LOCATION</b></p> <p style="text-align: center;">HALL</p> <p><b>THERMOSTAT CONDITION</b></p> <p><input checked="" type="checkbox"/> Functional    <input type="checkbox"/> Damaged  <input type="checkbox"/> Loose    <input type="checkbox"/> Non-Functional</p>	<p><b>GENERAL</b></p> <p>System Inspected    <input checked="" type="checkbox"/> Y    <input type="checkbox"/> N          Estimated Age    N 10 YRS          # of Zones/Systems    1          Estimated Remaining Life    INDEF          Condensate Leaks    Y          Air Leaks    Y          Rooms Without AC    Y          Capacity    3 TONS          Temperature Drop          Outdoor Temperature    30°F          Amateur Workmanship    Y          Subjective Rating    <input checked="" type="checkbox"/> E    <input type="checkbox"/> A    <input type="checkbox"/> M    <input type="checkbox"/> F</p>
<p><b>EQUIPMENT TYPE</b></p> <p><input checked="" type="checkbox"/> Central Electric    <input type="checkbox"/> Gas Chiller  <input type="checkbox"/> Heat Pump    <input type="checkbox"/> Water Source  <input type="checkbox"/> Through the Wall  <input type="checkbox"/> Window Units</p> <p><b>DUCTWORK TYPE</b></p> <p><input checked="" type="checkbox"/> Insulated    <input checked="" type="checkbox"/> Metal  <input checked="" type="checkbox"/> Uninsulated    <input checked="" type="checkbox"/> Flexible Duct  <input type="checkbox"/> Transite    <input type="checkbox"/> Ductboard</p> <p><b>REGISTERS/GRILLS</b></p> <p><b>FILTERS</b></p> <p><input checked="" type="checkbox"/> Disposable    <input type="checkbox"/> Electronic  <input type="checkbox"/> Washable</p>	<p><b>OBSERVATIONS</b></p> <p><input type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input checked="" type="checkbox"/> Clean  <input type="checkbox"/> Coil Dirty  <input checked="" type="checkbox"/> Coil Not Seen  <input type="checkbox"/> Fan Vibrates  <input type="checkbox"/> Fan Belt Aging  <input type="checkbox"/> No Filter  <input type="checkbox"/> Dirty filter  <input type="checkbox"/> Loose Filter  <input type="checkbox"/> Doors Not Undercut  <input type="checkbox"/> Ductwork Damaged  <input type="checkbox"/> Insulation Damaged  <input type="checkbox"/> No Vapor Barrier</p> <p><input type="checkbox"/> Undersized Ductwork  <input type="checkbox"/> Poor Layout  <input type="checkbox"/> Possible Asbestos  <input type="checkbox"/> Cabinet Damage  <input type="checkbox"/> Too Small  <input type="checkbox"/> Drip Pan Absent  <input type="checkbox"/> Water In Drip Pan  <input type="checkbox"/> Condensation Drain Not Functional  <input type="checkbox"/> Equipment Aging  <input type="checkbox"/> Equipment Old or Worn Out  <input type="checkbox"/> Not Functional</p>	

Comments:

# INSULATION

8

SECTION

<p><b>LIMITATIONS</b></p> <p><input checked="" type="checkbox"/> TYPICAL    <input type="checkbox"/> Crawspace Inaccessible  <input type="checkbox"/> RESTRICTED    <input type="checkbox"/> Attic Inaccessible</p> <p><b>TYPE</b></p> <p><input checked="" type="checkbox"/> FIBERGLASS    <input type="checkbox"/> ALUMINUM FOIL  <input checked="" type="checkbox"/> CELLULOSE    <input type="checkbox"/> CONCEALED  <input type="checkbox"/> ROCK WOOL  <input type="checkbox"/> FOAM  <input type="checkbox"/> EPS  <input type="checkbox"/> Polystyrene  <input type="checkbox"/> Urea Formaldehyde  <input type="checkbox"/> ISO Cyanurate  <input type="checkbox"/> Urethane</p>	<p><b>GENERAL</b></p> <p>System Inspected    <input checked="" type="checkbox"/> Y    <input type="checkbox"/> N          Subjective Rating    <input checked="" type="checkbox"/> E    <input type="checkbox"/> A    <input type="checkbox"/> M    <input type="checkbox"/> F</p> <p><b>OBSERVATIONS</b></p> <p><input checked="" type="checkbox"/> Sound  <input checked="" type="checkbox"/> Typical  <input type="checkbox"/> Falling/Collapsed  <input type="checkbox"/> Water Damaged  <input type="checkbox"/> Wind Damaged  <input type="checkbox"/> Physical Damage  <input type="checkbox"/> Unsupported  <input type="checkbox"/> None Seen  <input type="checkbox"/> Exposed</p>																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">TYPE</th> <th style="width:15%;">THICKNESS</th> <th style="width:15%;">R-VALUE</th> <th style="width:15%;">% INSPECTED</th> <th style="width:15%;">% INSULATED</th> <th style="width:20%;">RATING/OBSERVATIONS</th> </tr> </thead> <tbody> <tr> <td><b>CEILINGS</b></td> <td>N</td> <td>12"</td> <td>BLOWN CELLULOSE</td> <td>R-38</td> <td>CERT.</td> <td></td> </tr> <tr> <td><b>ROOF</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>FLOORS</b></td> <td>FINISHED</td> <td>BASEMENT</td> <td>R-13 TO 19</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>WALLS</b></td> <td>2x4</td> <td>WALLS</td> <td>PROB R-13</td> <td>BATT</td> <td>W/BRICK</td> <td>R-17</td> </tr> </tbody> </table>			TYPE	THICKNESS	R-VALUE	% INSPECTED	% INSULATED	RATING/OBSERVATIONS	<b>CEILINGS</b>	N	12"	BLOWN CELLULOSE	R-38	CERT.		<b>ROOF</b>							<b>FLOORS</b>	FINISHED	BASEMENT	R-13 TO 19				<b>WALLS</b>	2x4	WALLS	PROB R-13	BATT	W/BRICK	R-17
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Comments:

Example of our competitor's report

<p><b>LIMITATIONS</b></p> <p><input checked="" type="checkbox"/> TYPICAL</p> <p><input type="checkbox"/> RESTRICTED</p> <p><input type="checkbox"/> Interior Freshly Painted/Remodeled</p>	<p><b>APPLIANCES</b></p> <p><input checked="" type="checkbox"/> Dishwasher</p> <p><input checked="" type="checkbox"/> Range Burners</p> <p><input checked="" type="checkbox"/> Oven Elements</p> <p><input type="checkbox"/> Grills</p> <p><input checked="" type="checkbox"/> Hood Fans/Vents</p> <p><input type="checkbox"/> Microwave</p> <p><input checked="" type="checkbox"/> Garbage Disposer</p> <p><input type="checkbox"/> Trash Compactor</p>	<p><b>GENERAL</b></p> <p>Systems Inspected <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Clues/Tell Tale Signs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Indications of Contaminants <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Amateur Workmanship <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Subjective Rating <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><i>SUBJECTIVE RATING DEFINITIONS: E - EXCELLENT, A - AVERAGE, M - MARGINAL, F - FAILURE</i></p>
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**WALLS AND CEILING MATERIAL**

<input type="checkbox"/> PLASTER	<input checked="" type="checkbox"/> CERAMIC TILE
<input type="checkbox"/> Wood Lath	<input checked="" type="checkbox"/> Thin Set
<input type="checkbox"/> Rock Lath	<input type="checkbox"/> Mud Set
<input type="checkbox"/> Wire Lath	<input type="checkbox"/> BRICK AND STONES
<input type="checkbox"/> Plaster or Blue Board	
<input checked="" type="checkbox"/> DRYWALL	
<input type="checkbox"/> PANELING	
<input type="checkbox"/> Solid Wood	
<input type="checkbox"/> Plywood Paneling	
<input checked="" type="checkbox"/> ACOUSTIC CEILING	
<input type="checkbox"/> Tile (Block)	
<input checked="" type="checkbox"/> Dropped Grid	

**FINISHED FLOORS**

<input type="checkbox"/> WOOD	<input checked="" type="checkbox"/> HARD TILE
<input type="checkbox"/> Plank/Strip	<input checked="" type="checkbox"/> Ceramic
<input type="checkbox"/> Parquet	<input type="checkbox"/> Quarry
<input checked="" type="checkbox"/> CARPET	<input type="checkbox"/> Slate/Marble
<input checked="" type="checkbox"/> Wall to Wall	
<input type="checkbox"/> Loose Laid	
<input checked="" type="checkbox"/> SOFT TILE	
<input checked="" type="checkbox"/> Sheet Vinyl	
<input type="checkbox"/> Block Tile	

**RAILS AND STAIRS**

Handrails

Safety Rails

Steps

Balconies

**OBSERVATIONS**

Sound

Typical

Functional

Stained **CEILING TILES**

Cracked **FLOOR TILE**

Nail Pops

Settlement of **Sagging FLOORS**

Buckling

Holes

Mold or Mildew

Missing or Damaged

Unlevel **FLOORS**

Wood Rot

Lost Seals Insulated Glass

Stuck or Closed Tight

Cracked or Broken Panes

Missing Locks

Water Seeping

Misaligned

Failing Putty or Grout

Missing or Broken Trim

Wear and Tear

Burned or Damaged

Broken or Loose Rails

Peeling Paint

Sash Cord or Spring Balance

Loose Plaster

Loose Carpet **STAINED**

Truss Lift

Lead Paint

ITEM	GENERAL RATING	OBSERVATION
	E A M F	
WALLS		
CEILINGS		
FINISHED FLOORS		
INTERIOR TRIM		
EXTERIOR OF CABINETS		
SURFACE OF COUNTERTOPS		
INTERIOR DOORS		
HARDWARE		
INTERIOR OF WINDOWS		
INTERIOR RAILS/STAIRS		
KITCHEN APPLIANCES		

*SUBJECTIVE RATING DEFINITIONS: E - EXCELLENT, A - AVERAGE, M - MARGINAL, F - FAILURE*

Comments: RANGE TOP FINISH DAMAGED / DISHWASHER IN OP

Example of our competitor's report