

# A-Z Tech

*Home Inspections, Inc.*

**The Most Advanced Home Inspection In The World**

36 E. Tacoma Ave  
Latrobe, PA 15650  
(724)836-0328  
(724)836-1842

**One Call Does It All**

## Home Inspection Report

Computerized for the most complete and comprehensive report available

PREPARED EXCLUSIVELY FOR:

**Property:**



Only an ASHI inspector can provide you with a professional inspection that combines 42 years of nationally recognized technical standards along with a code of ethics and the very best in customer service, education and satisfaction.

[WWW.ASHI.ORG](http://WWW.ASHI.ORG)

### ASHI Inspector

#263647


Christopher A. Thomas

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**Basic Information**

**This report contains confidential information and is supplied solely for use by**

Client Information:	
Showing Agent	Listing Agent
 Christopher A. Thomas	Property:
Date	

**Weather:**  
**Order Number:**

## Scope of Inspection Services

**YOU ARE ADVISED TO READ THIS SCOPE OF INSPECTION SERVICES CAREFULLY. IF YOU HAVE ANY QUESTIONS, YOU SHOULD CONTACT THIS INSPECTION SERVICE IMMEDIATELY.**

### 1. Scope of Inspection:

The scope of this inspection ("Scope") is limited to the visual examination of the safety and readily accessible portions of the structure and permanently attached kitchen appliance systems and components. No other systems, items or appliances are included in this inspection. The inspection performed is not intended as a substitute for a seller's disclosure statement.

NOTE: THE INSPECTOR IS NOT REQUIRED TO MOVE FURNITURE, CARPETING, INSULATION, OR OTHER MATERIALS OR BELONGINGS IN ORDER TO PERFORM THE INSPECTION. THIS INSPECTION DOES NOT COVER ITEMS OR CONDITIONS THAT MAY BE DISCOVERED ONLY BY INVASIVE METHODS. NO REMOVAL OF MATERIALS OR DISMANTLING OF SYSTEMS SHALL BE PERFORMED UNDER THIS INSPECTION.

2. The following is not within the scope of this inspection:

- a) Building code or zoning ordinance violations
- b) Structural integrity
- c) Geological stability or ground condition of site
- d) System design problems, functional adequacy, operational capacity, quality or suitability for a particular use of items inspected
- e) Termites, wood destroying insects and dry rot
- f) Engineering, scientific or specialized technician tests or readings or evaluations
- g) Fireplace draft
- h) Asbestos, radon, lead, mold or other environmental hazards
- i) Cosmetic items such as minor scratches, scrapes, dents, cracks, stains, soiled or faded surfaces
- j) Home warranties, system warranties and component warranties

Inspection by invasive means and reports covering some of the items (a) through (j) above, are available through this inspection service under separate direction and contract.

## Inspection Standards

### 1. Inspection Standards:

This inspection report expresses the professional opinion of the inspector who prepared this report. The purpose of the inspection is for the customer to be informed of as many conditions as possible within the brief periods of time allotted for the inspection. Customer has no expectation of being notified of all conditions, which are not reported. This inspection service is not responsible for any condition affecting any system or component, which occurs subsequent to the inspection or is intermittent and not detectable during the inspection. This report is based on the standards of the American Society of Home Inspectors (ASHI). A copy of these standards may be obtained from this inspection service.

### 2. Exclusions:

Excluded is any inspection of any systems or items not included in the Inspection Report including, but not limited to, the following: any information pertaining to manufacturers' recalls of any component, detached buildings or equipment, low voltage systems, swimming pools, saunas, spa, whirlpool, and hot tub systems, electrostatic precipitators or electronic air cleaners or filters, septic systems, any component or system which is underground, private water systems or equipment, wells and well pumps, cisterns, fountains, water quality or volume, water conditioning systems, central vacuum systems, landscaping, irrigation systems, active and passive solar systems, soils or soil contaminations, security systems, and any inspection or testing for any toxic or dangerous substances including asbestos, lead or gases, radon and formaldehyde, other than gases typically used as fuel for home heating systems, or any system or item not included in the Inspection Report.

### 3. Report Prepared For The Customer Exclusively:

The Inspection Report is not intended for use by anyone other than the client. No third party shall have any right arising from the Inspection Report. The Client's request that this Inspection Service release copies of the Inspection Report shall be at Client's risk with respect to the contents of this paragraph. In consideration of the furnishing of the Inspection

Property:

Report to third parties, the Client shall agree to indemnify and hold harmless the Inspection Company and its inspectors for all costs, expenses, legal fees, awards, settlements and judgments in any legal proceeding brought by any third party who claims that he/she relied on representations made in such Inspection Report and was damaged thereby.

### Explanation of Terms

It is important to have a clear understanding of the terms used in this inspection report. The HOME CONDITION ANALYSIS is conducted with the age of the home and the comparable condition of the neighborhood homes taken into consideration.

#### TERMS:

- ◇ ACCEPTABLE: Any item marked, as Acceptable appears to be in usable condition. Cosmetic blemishes and minor damage that does not significantly affect the use of the item or system may be classified as Acceptable.
- ◇ MAINTENANCE: The inspector has determined that the inspected system / item is in need of maintenance in order to prevent further damage or deterioration. Maintenance may be required to provide correct function.
- ◇ REPAIR: Items marked Repair - appear to be in need of immediate attention. Delay in maintenance or repair of the said items may result in a dramatic shortening of the life expectancy of the item, have immediate negative effect on other related systems, or be a potential safety hazard. Often action is advisable on these items prior to or shortly after moving into the home.
- ◇ N/A: Items marked N/A are not covered by this inspection report. N/A does not necessarily indicate the item does not exist, but if it exists the inspector did not or was unable to conduct any inspection of the item at this time. N/A may also indicate not accessible, not available, not addressed, not appropriate or not applicable.

### Not A Warranty

There are Home Warranty programs offered through many vendors. We suggest that you discuss these options with your agent.

**THIS REPORT IS NOT A WARRANTY. THIS INSPECTION SERVICE ONLY WARRANTS THAT ITS INSPECTION SERVICES WILL BE PERFORMED IN ACCORDANCE WITH THE SCOPE AND THE STANDARDS OF PRACTICE OF THE NATIONAL ASSOCIATION OF HOME INSPECTORS AND THE AMERICAN SOCIETY OF HOME INSPECTORS ONLY. THIS IS A LIMITED AND NON-TRANSFERABLE WARRANTY AND IS THE ONLY WARRANTY GIVEN BY INSPECTION COMPANY. INSPECTION COMPANY MAKES AND CLIENT RECEIVES NO OTHER WARRANTY, EXPRESS OR IMPLIED. ALL OTHER WARRANTIES, INCLUDING WARRANTIES OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY EXCLUDED. THIS STATED EXPRESS WARRANTY IS IN LIEU OF ALL LIABILITIES OR OBLIGATIONS OF INSPECTION PERFORMANCE OF THE INSPECTION AND ANY DELIVERY AND USE OF AND RELIANCE ON THE INSPECTION REPORT. CLIENT WAIVES ANY CLAIM FOR CONSEQUENTIAL, EXEMPLARY OR INCIDENTAL DAMAGES, EVEN IF INSPECTION COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.**

Any dispute, controversy or claim arising out of, or relating to, this agreement or breach thereof shall be submitted to final binding arbitration under the Expedited Arbitration Rules of the National Academy of Conciliators. The decision of the arbitrator appointed there under shall be final and binding and judgment on the award may be entered in any court of competent jurisdiction.

### Mine Subsidence

Mine subsidence is a fact of life in Western Pennsylvania and is not covered by this inspection. Please contact the PA Department of Mines for an evaluation as to whether mine subsidence insurance is applicable for this property.

This Form is recommended and approved for, but not restricted to use by, the members of the Pennsylvania Home Inspectors Coalition and the Pennsylvania Association of REALTORS®. Users are authorized to reproduce unaltered copies of this Home Inspector Compliance Statement for personal or business use in connection with the performance of a home inspection.

For more information about how to obtain additional copies of this form please contact your local REALTOR® or home inspector.

## PENNSYLVANIA HOME INSPECTORS COMPLIANCE STATEMENT

### CLIENT INFORMATION

Client Name(s): \_\_\_\_\_

Inspection Property Address: \_\_\_\_\_

### INSPECTOR ACKNOWLEDGMENT

(This portion to be filled out by the home inspector)

I represent that (check one):

I am full member in good standing of a national home inspection association\* and that I will conduct a home inspection of the above property in accordance with the ethical standards and code of conduct or practice of the association and the Pennsylvania Home Inspection Law.

**OR**

I have not yet attained full membership in a national home inspectors association \*, but will be supervised by a full member in good standing who agrees to be responsible for the home inspection report by signing the report, and that I will conduct a home inspection of the property in accordance with the ethical standards and code of conduct of practice of that association and the Pennsylvania Home Inspection Law.

\_\_\_\_\_  
Signature 

Date

Christopher A. Thomas

Inspector Name

American Society of Home Inspectors ASHI **263647**

Association in which membership is held

Member No.

Bruce R. Thomas 203847

Supervising Inspector's Name & Member No. (if applicable)

Date

A-Z Tech Home Inspections, Inc.

Inspection Co.

17 Fosterville Road, Greensburg PA 15601

Address

(724)836-0328 / (724)836-1842

Phone / FAX

A national home inspection association is one that: 1) is operated on a not-for-profit basis and is not operated as a franchise; 2) has members in more than 10 states; 3) requires that a person may not become a full member unless the person has performed or participated in more than 100 home inspections and has passed a recognized or accredited examination testing knowledge of the proper procedures for conducting a home inspection; and 4) requires that its members comply with a code of conduct and attend continuing professional educational classes as an ongoing condition of membership.

## Inspection Findings

### Note:

Any indication of repair, service or maintenance revealed in this report or verbally at the time of the inspection should be reevaluated by a qualified contractor prior to any final date as indicated in any Real Estate sales agreement. Since this inspection company does not dismantle equipment or perform invasive inspections the contractors subsequent examination may reveal additional required repairs.

### Services

Home inspection  WDI  Radon  Well Flow  Septic dye  Bacteria  HUD water test  
 Special request

### Kitchen

1) Location	Rear			
2) Floor Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
	The floor covering in the kitchen area appears to be providing adequate protection and serviceability.			
3) Under Sink Insp.	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
4) Drains Appear Clear	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
5) Stove Exhaust Fan	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
6) Stove	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas		<input type="checkbox"/> N/A
7) All Elements Work	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
8) Controls	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
9) Microwave Built in	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
10) Microwave Operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A
11) Oven	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas		<input type="checkbox"/> N/A
12) Oven Operational	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
13) Oven Self Cleaning	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
14) Built in Unit	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
15) Oven Door Fit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
16) Oven Ventilation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance		<input type="checkbox"/> N/A
17) Counter Tops	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance		<input type="checkbox"/> N/A
18) Garbage Disposal	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
19) Woodwork	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance		<input type="checkbox"/> N/A
20) Drawers/Doors	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
21) Dishwasher	<input checked="" type="checkbox"/> Operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Operational
	The dishwasher appears to be working. An on/off check of the dishwasher was performed to determine if it is operational. A full cycle check is often not possible in the time allotted for this inspection; therefore, we cannot comment on the full extent of its functions.			
22) Trash Compactor	<input type="checkbox"/> Operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Operational
	<input type="checkbox"/>			<input checked="" type="checkbox"/> N/A

### Bathroom

1) Location	Main / Upper floor			
2) Floor Cover	<input type="checkbox"/>	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair
				<input type="checkbox"/> N/A
3) Basin (s)		<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
4) Basin Fixtures		<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
5) Basin Drain		<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6) Under Sink Inspection		<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair
				<input type="checkbox"/> N/A

Property:



7) Shower Tub Shower	<input checked="" type="checkbox"/> Shower / Tub	<input type="checkbox"/> Tub only	<input type="checkbox"/> Stand alone	<input type="checkbox"/> N/A
8) Shower Faucets	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
9) Shower Head	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
10) Shower/Tub Enclosure	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
11) Water Resist Wall Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
12) Caulking Water Exposed Area	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
13) Tub	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
14) Tub Fixtures	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
15) Tub/Shower Drain	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
16) Toilet Bowl	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Loose	<input type="checkbox"/> N/A
17) Toilet Tank	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
18) Mildew	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
19) Ventilation	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> None	<input type="checkbox"/> N/A

This bath area is not properly ventilated. Proper ventilation is necessary to prevent mildew and to protect walls and ceilings from condensation damage.

**Bathroom**

1) Location	Basement	<input type="checkbox"/>		
2) Floor Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
3) Basin (s)	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
4) Basin Fixtures	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
5) Basin Drain	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
6) Under Sink Inspection	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
7) Shower Tub Shower	<input checked="" type="checkbox"/> Shower / Tub	<input type="checkbox"/> Tub only	<input type="checkbox"/> Stand alone	<input type="checkbox"/> N/A
8) Shower Faucets	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
9) Shower Head	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
10) Shower/Tub Enclosure	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
11) Water Resist Wall Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
12) Caulking Water Exposed Area	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
13) Tub	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
14) Tub Fixtures	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
15) Tub/Shower Drain	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
16) Toilet Bowl	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Loose	<input type="checkbox"/> N/A
17) Toilet Tank	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
18) Mildew	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
19) Ventilation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A

**Windows**

1) Window Wells	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
2) Glaze / Caulking Window Pane	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
3) Window Glass	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Broken / Cracked		<input type="checkbox"/> N/A
4) Windows Screens	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> Missing <input type="checkbox"/> N/A
5) Dbl. Pane Seals / Insulating Windows	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A

A visual inspection of the windows may not disclose a deficiency which may only be evident under certain climatic conditions. At the time of this inspection all thermal window seals appeared to be acceptable. Due to the conditions which may effect these types of windows we can not determine actual condition.

6) Storm Windows	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input checked="" type="checkbox"/> N/A
7) Windows Latches/Locks	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A

Property:

8) Number of Windows Tested All Available

### Attic

1) Access Location	Hallway				
2) Access Size	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> None	<input type="checkbox"/> N/A	
3) Attic Area	<input checked="" type="checkbox"/> Crawl Through	<input type="checkbox"/> Finished	<input type="checkbox"/> Storage	<input type="checkbox"/> N/A	
4) Type roof structure	<input checked="" type="checkbox"/> Rafter	<input type="checkbox"/> Truss	<input type="checkbox"/> Post & Beam	<input type="checkbox"/> Panel	<input type="checkbox"/> Other.
5) Ventilation	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A	
Attic areas should be vented with half of the ventilating area near the high point of the roof and the other half near the eaves. It will be necessary to make modifications in the existing attic ventilation system in this home in order to achieve maximum desired ventilation.					
6) Structural Wood	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A	
7) Screens	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A	
8) Insulation	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Maintenance	<input type="checkbox"/> None	<input type="checkbox"/> N/A	
There is insulation in the attic. However, it appears that it may not be sufficient to provide the desired effect. Insulation limits the visibility of the structural components.					
9) Inaccessible Areas	<input type="checkbox"/> Clearance	<input type="checkbox"/> Cavities	<input type="checkbox"/> Cavities/Clearance	<input type="checkbox"/> None	<input checked="" type="checkbox"/> N/A
10) Duct Work and Piping	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
11) Attic Evaluated By	<input type="checkbox"/> Entrance	<input checked="" type="checkbox"/> Head-Shoulder		<input type="checkbox"/> N/A	

### Garage

1) Type	<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	<input type="checkbox"/> Carport	<input checked="" type="checkbox"/> Integral	<input type="checkbox"/> N/A
2) Size	<input checked="" type="checkbox"/> 1 Car	<input type="checkbox"/> 2 Car	<input type="checkbox"/> 3 Car	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
3) Garage Doors	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
4) Automatic Opener	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> None	<input type="checkbox"/> N/A
5) Door Springs / Mounts	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
6) Spring Safety Cable	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> None		<input type="checkbox"/> N/A
7) Safety Operation, Opener	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Repair / Adjust		<input checked="" type="checkbox"/> N/A
8) Floor	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
9) Plumbing	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
10) Electrical Services	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None		<input type="checkbox"/> N/A
11) Heat	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			<input type="checkbox"/> N/A
12) Windows	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
13) Rafters / Beams	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
14) Foundation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
15) Fire Wall / Ceiling / Board	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None		<input type="checkbox"/> N/A
16) Fire Door	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> N/A

### Basement Foundation

1) Foundation Type / Material	<input checked="" type="checkbox"/> Block	<input type="checkbox"/> Stone	<input type="checkbox"/> Tile	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
2) Access (Stairs)	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
3) Cracks 1/4" Separation	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			<input type="checkbox"/> N/A
4) Moisture / Dampness	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Minor	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
Although the basement appeared to be dry at the time of inspection, condensation and water penetration are always a possibility. The use of a dehumidifier at a minimum is recommended.					
5) Crawl Space Evaluated by	<input type="checkbox"/> Full entry	<input type="checkbox"/> Head shoulders	<input type="checkbox"/> No access	<input type="checkbox"/> Limited Access	<input type="checkbox"/> None <input checked="" type="checkbox"/> N/A

Property:



6) Crawl space condition	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Debris	<input type="checkbox"/> Moisture	<input type="checkbox"/> Ventilation	<input checked="" type="checkbox"/> N/A
7) Exposed Ducts / Piping	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None		<input type="checkbox"/> N/A
8) Sump / Drain Pump	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not tested	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input checked="" type="checkbox"/> N/A
9) Living Area	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> N/A
10) Doors / Windows	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A

**Laundry**

1) Washer Hookup	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
2) Dryer Hookup	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
3) Gas Service	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A
There is no gas dryer service in the laundry at this time arrangements and installation must be made in order to use a gas dryer.				
4) Dryer Electrical Service 220V	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
5) Floor Drain	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6) Laundry Basin	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
7) Dryer Ventilation System	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
8) Floor Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
9) Area Ventilation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A

**Water Heater**

1) Location / Approx. Age	Basement /			
2) Type	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric		<input type="checkbox"/> N/A
It is recommended that water heaters be drained periodically to remove sediment buildup from the tank.				
3) Size Main / Aux. (gal)	40			
4) Evidence of Leaks	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
5) Safety Valve	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6) Safety Valve Drain Pipe	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> None	<input type="checkbox"/> N/A
7) Installation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> N/A

**Heating System**

1) System Type / Location	Oil Forced Air			
2) Manufacturers Information				
3) Thermostat Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
Verification of accurate temperature calibration of the thermostat is not within the scope of this inspection.				
4) On / Off Check	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
Verification of the operation of the heating system safety control switches is not within the scope of this inspection.				
5) Operation Noise	<input checked="" type="checkbox"/> Acceptable		<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6) Filter Condition	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Cleaning	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
The heat system filters are in need of changing or cleaning.				
7) Electronic Filter System	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> N/A
There is an electronic filter system which will provide years of increased service. Electronic filters must be cleaned. Contact the manufacturer for cleaning procedures and scheduling. Verification of the operation of this system is not within the scope of this inspection.				
8) Vents / Returns	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
9) Ducts	<input checked="" type="checkbox"/> Acceptable		<input type="checkbox"/> Repair	<input type="checkbox"/> N/A

Property:

10) Insulation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> None	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
11) Non-Heated Living Area	None			
12) Service Notes / Filter Size				
13) Condition	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Evaluate	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> Service <input type="checkbox"/> N/A.
All heating systems should be cleaned and "tuned" at least once every year. This system is in need of annual maintenance. <b>Please see "Note" above.</b>				
<input type="checkbox"/>				

### Air Conditioning

1) System Type / # of Units / Location	Compressor /1 / Rear			
2) Manufacturer Specifications / Size				
3) Systems Operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Tested	<input type="checkbox"/> N/A
4) Service Records Noted	None			
5) Areas Not Serviced	None			
6) Ambient Temp at Time of Insp.				
7) Air Temp. At Outlet				
<input type="checkbox"/>				

### Electrical Service

1) Service Size (Amps)	<input type="checkbox"/> Under 80	<input type="checkbox"/> 80 to 100	<input checked="" type="checkbox"/> 100 to 200	<input type="checkbox"/> Over 200	<input type="checkbox"/> N/A
2) Service Voltage	<input checked="" type="checkbox"/> 110-220	<input type="checkbox"/> 110 only	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
3) Over Current Devices	<input checked="" type="checkbox"/> Breakers	<input type="checkbox"/> Fuse	<input type="checkbox"/> Fuse & Breakers	<input type="checkbox"/> N/A	
Overload protection is provided by breakers for this structure.					
4) Service to Panel	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Alum.	<input type="checkbox"/> Copper/Alum.	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
5) Panel to Structure	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Alum.	<input type="checkbox"/> Copper/Alum.	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6) Panel Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A	
7) Panel Cover Removed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
The face plate of the electrical panel was removed at one or more of the electrical panels to provide the inspector visual access for verification of existing conditions.					
8) Panel Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A	
9) Panel / Sub Panel Location	Utility room				
10) Type of wire	<input checked="" type="checkbox"/> Romex	<input type="checkbox"/> BX	<input type="checkbox"/> Knob & Tube	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other <input type="checkbox"/> N/A
11) Wire - Over Current Compatibility	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Evaluate	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A	
The wiring and the over current protection devices appear to be compatible as seen from the panel (s) inspected.					
12) Proper Receptacle Grounding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
The inspector has spot checked the three-prong female 110 volt electrical outlets throughout the structure, and has not found any that were not correctly grounded. Note! This is not a warranty and an undiscovered condition may exist.					
13) G.F.I Outlets	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Pre-Date	<input type="checkbox"/> Test OK	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
Current electrical code requires that ground fault interrupters (G.F.I.) be located in areas where there is a potential danger of electrical shock. This property has G.F.I. outlets.					
14) Service Ground Verified	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
The main ground to the service has been verified.					
15) Bare (metal) Wires Visible	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A		
16) Improper Splices / Junctions	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A		
17) Improper Wire Protection / Routing	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A		
18) Double taps	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A		
19) Uncovered Splice Boxes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A		
20) Hot Neutral Reversed	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/A		

Property:

There are one or more receptacles with "hot, neutral reversed" in this home. In short the receptacle is wired backwards. This condition can cause problems with some sensitive electronic equipment and increases shock hazard. I suggest a qualified electrician be consulted.

### Plumbing

1) Size Service to Structure	<input type="checkbox"/> 3/4 inch	<input type="checkbox"/> 1 inch	<input checked="" type="checkbox"/> 1/2 inch	<input type="checkbox"/> N/A
2) Structure Pipe Material	<input type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> N/A
3) Waste Pipe Material	<input type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> N/A
4) Plumbing Vent Material	<input type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> N/A
5) Plumbing Vent Condition	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
6) Pipe Rumble Noise	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> N/A
7) Surge Bangs	<input checked="" type="checkbox"/> No <input type="checkbox"/> Minor <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
8) Encrustation Evident	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> N/A
9) Hot Water Pipe Insulation	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> N/A
10) Evidence of Supply Leaks	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> N/A
11) Evidence of Drain Leaks	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> N/A
12) Faucets Leak	<input checked="" type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> More			<input type="checkbox"/> N/A
13) Main Water shut off Location	Meter			
14) Interior Water Flow	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
15) Exterior Water Flow	<input type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input checked="" type="checkbox"/> N/A

### Utility Services

1) Electrical Service	<input type="checkbox"/> Under Ground	<input checked="" type="checkbox"/> Overhead	<input type="checkbox"/> N/A	
2) Gas Service	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Natural	<input type="checkbox"/> Other <input type="checkbox"/> N/A	
3) Gas Odors	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
4) Main Gas shut off Location	N/A			
5) Overhead Service Lines	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
6) Fuel Storage Tank	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A
7) Fuel Storage Underground	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Exposed <input type="checkbox"/> Unknown			<input type="checkbox"/> N/A
	Undetected leaks may exist			
8) Fuel in Tank	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Determinable			<input type="checkbox"/> N/A
9) Fuel Tank Condition	<input type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Leaking <input checked="" type="checkbox"/> Unknown			<input type="checkbox"/> N/A
10) Fuel Tank Plumbing	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Leaking			<input type="checkbox"/> N/A

### Fire Place / Wood Stove

1) Fire Place (s) Wood Stoves (s)	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Cleaning <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
	There is a solid-fuel heating system/fireplace (s) in this home that appears to be in Acceptable condition. This inspection does not cover code clearances and improper installation. If additional information and certification is desired, contact this inspection service.			
2) Exterior Chimney (s) Condition	<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
	Inspection has revealed that the chimney requires some preventive maintenance to insure proper condition.			
3) Type Fireplace	<input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Metal insert <input type="checkbox"/> Wood stove <input type="checkbox"/> Other			<input type="checkbox"/> N/A
4) Flue Dampers	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
5) Flue Condition	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Cleaning <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
	All of the flue is not visible using visual inspection protocols. Contact a qualified chimney specialist for further details.			

Property:

6) Spark Arrester  Acceptable  Maintenance  Repair  None  
 The cement chimney caps on both chimneys are beginning to crack and deteriorate. It is recommended they be evaluated by qualified masonry or chimney contractor.

**Environmental Survey**

1) Asbestos Warning (1930-1980)  No  Yes  N/A  
 Based on the age of this home, there is a possibility this structure may contain asbestos. Asbestos was used in hundreds of products incorporated in residential construction. Your inspection service will be glad to provide additional services and information on identifying and testing possible asbestos containing materials in accordance with the E.P.A. guidelines for this type of structure.

2) Visual Material Suspect Asbestos  No  Yes  N/A

3) Suspect Samples Taken  No  Yes  N/A

4) Describe Possible Asbestos Material/Location

5) Mold, Mildew, Fungus  Not visible  Visible  N/A  
 Even though mold, mildew and fungus may not be visible under current conditions, spores are always present. Under certain conditions the spores can grow.

6) Radon Warning  Yes  N/A  
**Radon gas is naturally occurring in our environment in harmless quantities. The danger occurs when the gas percolates through the ground and enters a tightly enclosed structure through fissures or cracks in a foundation. The gas can become concentrated, due to lack of ventilation. The Environmental Protection Agency and the Surgeon General recommend all homes be tested for radon. Your inspection service can provide additional information and testing in accordance with Environmental Protection Agency protocols.**

7) Lead in Material Warning (Prior 1978)  No  Yes  N/A  
 Lead base paint was in common use until about 1974, the warning is in effect for homes built prior to 1978. According to the Federal Department of Housing and Urban Development, a lead hazard can be present in a house of this age from old paint. It is believed that the primary danger would be to small children who may somehow ingest chips of lead-based paint. Your inspection service may provide additional information and test paint samples in this structure for lead contaminate.

8) Lead in Water Warning  No  Yes  N/A

**Building Perimeter Exterior**

1) Visible Cracks  Yes - Cracks are visible in the foundation system. Most cracks are normal and not a structural concern, due to the curing process of concrete.

2) Evidence of Separation over 1/4"  No  Yes  N/A

3) Evidence of Differential Drift  No  Minor  Repair  N/A

4) Site Drainage  Acceptable  Maintenance  Repair  N/A

5) Evidence of Erosion  No  Minor  Repair  N/A

6) Proper Clearance Earth to Wood  Yes  No  N/A

7) Vegetation Clear from Structure  Yes  No  N/A

8) Retaining Walls  Acceptable  Maintenance  Repair  N/A  
 The retaining walls will require maintenance to insure their proper condition.

9) Driveway Material  Concrete  Asphalt  Gravel  Other  N/A

10) Driveway Condition  Acceptable  Maintenance  Repair  N/A

11) Walkway Material  Concrete  Gravel  Masonry  Other  N/A

Property:

12) Walkway Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
13) Steps Material	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	<input type="checkbox"/> Other <input type="checkbox"/> N/A
14) Steps Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
15) Flat Surface Material	Brick			
16) Siding Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
17) Painted Surfaces	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
18) Caulking Structure	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
19) Eave / Soffit Areas	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
20) Fascia Boards	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
21) Trim	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
22) Exterior Doors	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A

### Patios / Decking / Porches

1) Deck / Porch Material	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
2) Wood Deck	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> N/A
3) Deck / Porch Railings	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> Not Needed <input checked="" type="checkbox"/> N/A
4) Steps / Handrails	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair / None	<input type="checkbox"/> Not Needed <input type="checkbox"/> N/A
5) Deck / Porch Foundation	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> N/A
6) Wood Post / Pillars	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
7) Concrete Slab	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
8) Masonry Patio	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> N/A

### Roof

1) Cover Location / Material	<input checked="" type="checkbox"/> Shingle	<input type="checkbox"/> Slate	<input type="checkbox"/> Composition	<input type="checkbox"/> Tile	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
2) Type	<input checked="" type="checkbox"/> Pitched	<input type="checkbox"/> Combination	<input type="checkbox"/> Other		<input type="checkbox"/> N/A	
3) Moss / Mildew	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
4) Debris on Roof	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
5) Cover	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2		<input type="checkbox"/> N/A	
6) Cover Material Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace		<input type="checkbox"/> N/A	
7) Ridges	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
8) Valleys	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
9) Flashing / Caulking	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
10) Vents / Covers	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
11) Gutters	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
12) Gutter Material	<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Plastic	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
13) Down Spouts	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
14) Drains Splash Blocks	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A	
15) Roof Inspect From Underside	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A		
16) Exposed Rafters / Sheathing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A		
17) Light through	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> N/A		
18) Indications of Leaking	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> N/A	
19) Soft Spots	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> N/A	
20) Skylight	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input checked="" type="checkbox"/> N/A	
21) Estimated Roof Life Expectancy With Proper Care & Maintenance.	10 yrs + <input type="checkbox"/>					
22) Evaluated By	<input type="checkbox"/> Walk Surface <input checked="" type="checkbox"/> Roof Edge <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Not Visible <input type="checkbox"/> N/A The roof cover was evaluated from the ground, using visual aid. The roof cover was evaluated at the roof edge.					

Property:

**Structure**

1) Description	Ranch
2) Date Built	1972
3) Type Construction	<input checked="" type="checkbox"/> Frame <input checked="" type="checkbox"/> Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Combination <input type="checkbox"/> Other
4) Floor Construction	<input checked="" type="checkbox"/> Dimensional Joist <input type="checkbox"/> Truss <input type="checkbox"/> Wood I beam <input type="checkbox"/> Concrete <input type="checkbox"/> Other
5) Wall Construction	<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other
6) Ceiling Construction	<input checked="" type="checkbox"/> Dimensional Joist <input type="checkbox"/> Truss <input type="checkbox"/> Wood I beam <input type="checkbox"/> Concrete <input type="checkbox"/> Other
7) Interior Stairs	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> N/A
8) Stair Rails	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair / Missing <input type="checkbox"/> N/A
9) Remodel/Modernization Evident	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
10) Repairs Evident	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
11) Insulating Rating Evident	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
12) Insulation type	None visible
13) Smoke Detectors	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Repair <input type="checkbox"/> None <input type="checkbox"/> N/A Smoke detectors should be tested once each month.
14) Alarm/Security System	<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> N/A
15) Exterior Chimney (s) Condition	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> N/A
16) Type Chimney	<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> N/A
17) Chimney liner	<input checked="" type="checkbox"/> Clay tile <input type="checkbox"/> Metal <input type="checkbox"/> Unlined Masonry <input type="checkbox"/> Undetermined <input type="checkbox"/> Other <input type="checkbox"/> N/A
18) Furniture/Storage	<input type="checkbox"/> Average <input type="checkbox"/> Light <input checked="" type="checkbox"/> Vacant <input type="checkbox"/> Heavy <input type="checkbox"/> N/A The home was empty of furniture and/or storage items at the time of inspection.

**General remarks and suggestions:**

Property:



# Wood Destroying Insect Inspection Report

Notice: Please read important consumer information

on page 2.

## Section I. General Information

Inspection Company, Address, & Phone  
**A-Z Tech Home Inspections, Inc.**  
**36 E. Tacoma Ave**  
**Latrobe, PA 15650 (724)836-0328**

Company's Business Lic. No.  
**BU8021**

Date of Inspection

Address of Property Inspected

Inspector's Name, Signature & Certification, Registration, or Lic. #402716  
 Bruce R. Thomas



Structure(s) inspected:  
**Single Home**

## Section II. Inspection Findings

This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestation or defects. **Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:**

- A. No Visible** evidence of a wood destroying insect infestation was observed.  
 **B. Visible** evidence of a wood destroying insect infestation was observed as follows:

1. Live insects: (description & location): \_\_\_\_\_

2. Dead Insect, insect parts, frass, shelter tubes, exit holes, or staining (description & location): \_\_\_\_\_

3. Visible damage from wood destroying insects was noted as follows (description and location): \_\_\_\_\_

**Note: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present.** If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes  No  It appears the structure (s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

## Section III Recommendations

No treatment recommended: (explain if box B in Section II is checked) \_\_\_\_\_

Recommend treatment for the control of: \_\_\_\_\_

## Section IV. Obstructions & Inaccessible Areas

The Following areas of the structure(s) inspected were obstructed or inaccessible:

Basement **1,3,4,9**

Crawl Space \_\_\_\_\_

Main Level **1,3,4,6,9**

Attic **10**

Garage **1,3**

Exterior **17**

Porch \_\_\_\_\_

Addition \_\_\_\_\_

Other \_\_\_\_\_

The inspector may write out obstructions or use the following optional key:

- |                         |   |
|-------------------------|---|
| 1. Fixed ceiling        | 13. Only visual access                  |
| 2. Suspended ceiling    | 14. Cluttered conditions                |
| 3. Fixed wall covering  | 15. standing water                      |
| 4. Floor covering       | 16. dense vegetation                    |
| 5. Insulation           | 17. exterior siding                     |
| 6. Cabinets or shelving | 18. Window well covers                  |
| 7. Stored items         | 19. wood pile                           |
| 8. Furnishings          | 20. snow                                |
| 9. Appliances           | 21. unsafe conditions                   |
| 10. No access or entry  | 22. Rigid foam board                    |
| 11. Limited access      | 23. Synthetic stucco                    |
| 12. No access beneath   | 24. Duct work, plumbing and / or wiring |

## Section V Additional Comments and Attachments (these are an integral part of the report)

### Attachments

**Signature of Seller(s)** or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I infestation, damage, repair and treatment history has been disclosed to the buyer.

X

**Signature of Buyer.** The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

X

# Important Consumer Information Regarding the Scope and Limitations of the Inspection

Please read this entire page as it is part of this report. This report is not a guarantee or warranty as to the absence of wood destroying insects nor is it a structural integrity report. The inspector's training and experience do not qualify the inspector in damage evaluation or any other building construction technology and/or repair.

- About the inspection:** A visible inspection was conducted in the readily accessible areas of the structure(s) indicated (See Page 1) including attics and crawlspaces which permitted entry during the inspection. The inspection included probing and/or sounding of unobstructed and accessible areas to determine the presence or absence of visual evidence of wood destroying insects. The WDI inspection firm is not responsible to repair any damage or treat any infestation at the structure(s) inspected, except as may be provided by separate contract. Also wood destroying insect infestation and/or damage may exist in concealed or inaccessible areas. The inspection firm cannot guarantee that any wood destroying insect infestation and/or damage disclosed by this inspection represents all of the wood destroying insect infestation and/or damage which may exist as of the date of the inspection. **For purposes of this inspection, wood destroying insects include: termites, carpenter ants, carpenter bees and reinfesting wood boring beetles. This inspection does not include mold, mildew or noninsect wood destroying organisms.** This report shall be considered in valid for purposes of securing a mortgage and/or settlement of property transfer if not used within ninety (90) days from the date of inspection. **This shall not be construed as a 90-day warranty.** There is no warranty, expressed or implied, related to this report unless disclosed as required by state regulations or a written warranty or service agreement is attached.
- Treatment Recommendation Guidelines regarding Subterranean Termites:** FHA and VA require treatment when any active infestation of subterranean termites is found. If signs of subterranean termites --- but no activity --- are found in a structure that shows no evidence of having been treated for subterranean termites in the past, then a treatment should be recommended. A treatment may also be recommended for a previously treated structure showing evidence of subterranean termites – but no activity – if there is no documentation of a liquid treatment by a licensed pest control company within the previous five years unless the structure is presently under warranty or covered by a service agreement with a licensed pest control company.
- Obstruction and Inaccessible Areas:** No inspection was made in areas which required the breaking apart or into, dismantling, removal of any object, including but not limited to: moldings, floor coverings, wall coverings, siding, fixed ceilings, insulation furniture, appliances, and/or personal possessions, nor were areas inspected which were obstructed or inaccessible for physical access on the date of the inspection. Your inspector may write out inaccessible areas or use the key in Section IV. Crawl spaces, attics, and/or other areas may be deemed inaccessible if the opening to the area is not large enough to provide physical access for the inspector or if the ladder was required for access. Crawl spaces (or portions thereof) may also be deemed inaccessible if there is less than 24 inches of clearance from the bottom of the floor joists to the surface below. If any area which has been reported as inaccessible is made accessible, the inspection company may be contacted for another inspection. An additional fee may apply.
- Consumer Maintenance Advisory Regarding Integrated Pest Management for Prevention of Wood Destroying Insects.** Any structure can be attacked by wood destroying insects. Homeowners should be aware of and try to eliminate conditions which promote insect infestation in and around their structure(s). Factors which may lead to wood destroying insect infestation include: earth to wood contact, foam insulation at foundation in contact with soil, faulty grade, improper grading, firewood against structure(s), insufficient ventilation, moisture, wood debris in crawlspace, wood mulch or ground cover in contact with the structure, tree branches touching structure(s), landscape timbers and wood decay. Should these or other conditions exist, corrective measures should be taken in order to reduce the chances of infestation by wood destroying insects and the need for treatment.
- Neither the inspecting company nor the inspector has had, presently has, or contemplates having any interest in the property inspected.**

## Well flow Test Report

**This report contains confidential information and is supplied solely for use by**

Client Information:	Property:
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Criteria: The flow readings were taken from The septic system test was conducted at the same time as the water flow test. The tests were started at M and continued as follows:

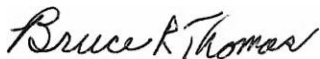
Beginning Meter Reading: **1895**

Time On	Time Off	Meter Reading	Gallons	Flow Time	GPM
<b>14:02</b>	<b>14:17</b>	<b>1962</b>	<b>67</b>	<b>15</b>	<b>4.47</b>
<b>14:27</b>	<b>14:42</b>	<b>2075</b>	<b>113</b>	<b>15</b>	<b>7.53</b>
<b>14:52</b>	<b>15:13</b>	<b>2201</b>	<b>126</b>	<b>21</b>	<b>6.00</b>
<b>15:23</b>	<b>15:40</b>	<b>2322</b>	<b>121</b>	<b>17</b>	<b>7.12</b>
<b>15:53</b>	<b>16:09</b>	<b>2443</b>	<b>121</b>	<b>16</b>	<b>7.56</b>
			Total Gallons	Total Flow Time in Minutes	Average Gallons Per Minute
			<b>548</b>	<b>84</b>	<b>6.54</b>

The flow of any well depends a great deal on the type of pump, depth of the well, size of the plumbing as well as the amount of flow into the well.

The results of this test are valid for the date and time of the test only. There is no warranty either expressed or implied.

Respectfully,




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Bruce R. Thomas  
President

## PRIVATE WASTE DISPOSAL SYSTEM INSPECTION CHECKLIST

Name: \_\_\_\_\_

### INTERVIEW WITH OWNER

Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Address: \_\_\_\_\_

Age Of House: 46 No. Of Bedrooms: 3 Age Of System: 46 Size Of Tank: UNK

When Was The System Last Cleaned? UNK By Whom? \_\_\_\_\_

Number Of Occupants: 0 Adults: 0 Children: 0 Number Of Toilets 2

Bath Tubs / Showers: 2 Do The Drains Empty Slowly: NO

Was There Ever A Backup: UNK Type Of System:  Septic Tank  Sand Mound  Other

Location Of System: UNK

Condition Of The Leach Field UNK

Any Odors From The System: UNK Where: UNK

Do You Know Of Any Changes That Could Affect The Operation Of The System: UNK

Are You Satisfied With The Functioning Of Your System: UNK

Was The Property Vacant At The Time Of Inspection: YES

If Yes, Estimate Length Of Time: UNK Is There A Garbage Disposal: NO

**The above information was gathered from a credible source but is not guaranteed. The information below is provided by the inspector.**

Observations: **No dye or septic breakout was observed during this inspection.**

Dye Test Administered: Yes Time: 1400 Amount Of Water: 548 gals

Location Of Breakout: N/A

Recommendations: Cleaning:  Repairs:

Other: \_\_\_\_\_

OWNER / OCCUPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

INSPECTOR: Bruce K Thomas DATE: \_\_\_\_\_

**A septic system dye test is only intended to assess the viability and function of the leach field. Maintenance is required for any septic system regardless of the design or installation. Additional information is available from this inspection company upon request of from your local Penn State Extension office or PA DEP.**

\*\*\*\* The inspection and report are not intended or to be used as a guarantee or warranty, expressed or implied, regarding the adequacy, performance or condition of any inspected structure, item or system. This inspection does not include or cover buried or inaccessible components of the inspected system(s). The inspection and report are valid only for the time and date the inspections were performed. \*\*\*\*

## Your Notes

## Summary of Potential Concerns

In the opinion of the inspector the following items may be of concern to you in the future. This section of the report is not intended to fulfill any Real Estate agreement requirements since I have not seen and do not consult on such agreements. If you have any question as to whether the items below are a concern with respect to your agreement, please consult your Real Estate agent or Attorney.

These items are listed without reference or estimates for cost of repair.

This section is not a substitute for the rest of the report and may not contain an item that may be of concern to you that is explained further in the full report.

### Note:

**Any indication of repair, service or maintenance revealed in this report or verbally at the time of the inspection should be reevaluated by a qualified contractor prior to any final date as indicated in any Real Estate sales agreement. Since this inspection company does not dismantle equipment or perform invasive inspections the contractors subsequent examination may reveal additional required repairs.**

#### **Bathroom – Upper level**

##### Ventilation

**None - This bath area is not properly ventilated. Proper ventilation is necessary to prevent mildew and to protect walls and ceilings from condensation damage.**

#### **Attic**

##### Access Size

**None - An access for the attic area was not located or does not exist. Inspection of the attic is suggested. An access should be established if one does not exist. Access size should be a minimum of 14 inches x 22 inches.**

#### **Laundry**

##### Gas Service

**No - There is no gas dryer service in the laundry at this time arrangements and installation must be made in order to use a gas dryer.**

#### **Heating System**

##### Filter Condition

**Cleaning - The heat system filters are in need of changing or cleaning.**

#### **Heating System**

##### Condition

**Service - All heating systems should be cleaned and “tuned” at least once every year. This system is in need of annual maintenance. Please see “Note” above.**

#### **Electrical Service**

##### Hot Neutral Reversed

**There are one or more receptacles with “hot, neutral reversed” in this home. In short the receptacle is wired backwards. This condition can cause problems with some sensitive electronic equipment and increases shock hazard. I suggest a qualified electrician be consulted.**

#### **Environmental Survey**

##### Asbestos Warning (1930-1980)

**Yes -Based on the age of this home, there is a possibility this structure may contain asbestos. Asbestos was used in hundreds of products incorporated in residential construction. Your inspection service will be glad to provide additional services and information on identifying and testing possible asbestos containing materials in accordance with the E.P.A. guidelines for this type of structure.**

#### **Environmental Survey**

##### Radon Warning Geographical Indication



Yes -Radon gas is naturally occurring in our environment in harmless quantities. The danger occurs when the gas percolates through the ground and enters a tightly enclosed structure through fissures or cracks in a foundation. The gas can become concentrated, due to lack of ventilation. The Environmental Protection Agency and the Surgeon General recommend all homes be tested for radon. Your inspection service can provide additional information and testing in accordance with Environmental Protection Agency protocols.

**Environmental Survey**

**Lead in Material Warning (Prior 1978)**

**Yes -Lead base paint was in common use until about 1974, the warning is in effect for homes built prior to 1978. According to the Federal Department of Housing and Urban Development, a lead hazard can be present in a house of this age from old paint. It is believed that the primary danger would be to small children who may somehow ingest chips of lead-based paint. Your inspection service may provide additional information and test paint samples in this structure for lead contaminate.**

**Structure Perimeter Exterior**

**Retaining Walls**

**Maintenance - The retaining walls will require maintenance to insure their proper condition.**

**Fire Place / Wood Stove**

**Maintenance - Inspection has revealed that the chimney requires some preventive maintenance to insure proper condition.**

**Fire Place / Wood Stove**

**Comment**

The cement chimney caps on both chimneys are beginning to crack and deteriorate. It is recommended they be evaluated by qualified masonry or chimney contractor.

**Attic**

**Ventilation**

**Maintenance - Attic areas should be vented with half of the ventilating area near the high point of the roof and the other half near the eaves. It will be necessary to make modifications in the existing attic ventilation system in this home in order to achieve maximum desired ventilation.**

**Attic**

**Insulation**

**Maintenance - There is insulation in the attic. However, it appears that it may not be sufficient to provide the desired effect. Insulation limits the visibility of the structural components.**

**Sketch or Pictures**

May not be needed for this property.  
(Is not to scale)



Aerial view of the roof structure



Furnace chimney.



Basement fireplace chimney. It is recommended that both chimneys be evaluated by a qualified masonry or chimney contractor. The cement chimney caps are deteriorating. This can lead to water intrusion and damage to the bricks.



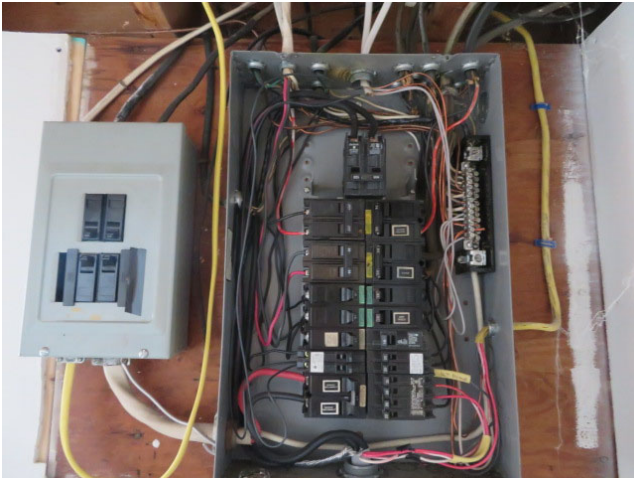
The attic hatch was nailed and painted shut making the attic inaccessible at the time of the inspection.

Property:



The light in the basement bathroom shower should have a water resistant cover installed prior to use of the shower.





Main electric panel.



Hot/ neutral reverse receptacle in the basement laundry area.



Electric meter.



Water heater and well pump equipment.



Well cistern.



Above ground well head cover.





Oil furnace. It is recommended the furnace be serviced by a qualified HVAC technician to maximize its economic life.



Furnace oil supply filter.



A/C Unit. The A/C unit should also undergo routine service to ensure that it is in full working order.



Underground oil tank fill tubes.



Walk out basement door. The retaining walls and roof around this entrance are in need of maintenance or repair.



Rear view of the home.





Reference photo of the attic structure.



Eave vents. It is recommended the insulation be pulled back from the eave vents to improve the ventilation of the attic.