

## Definitions

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

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

## General Information

### Property Information

Property Address 1234 School House Road  
City Yourtown State US Zip 12345  
Contact Name Ima Goodagent  
Phone (111)-111-1111 Fax (111)-111-1111

### Client Information

Client Name Bob Smith  
Client Address 3212 Homestead Dr.  
City Yourtown State US Zip 12345  
Phone (111)-111-1234 Fax (111)-111-23456  
E-Mail buyer@usedhouse.com

### Inspection Company

Inspector Name Jim Johnson  
Company Name Ace Home Inspections of Upstate New York  
Company Address 15 Shannon Ave.  
City Cohoes State NY Zip 12047  
Phone (111)111-2111 Fax (111)111-2111  
E-Mail inspections@inspector.com  
File Number 22222  
Amount Received \$350.00

### Conditions

Others Present Buyer's Agent and Buyer Property Occupied Occupied  
Estimated Age 15 Entrance Faces Northwest  
Inspection Date 4/15/06  
Start Time 10:00am End Time 1:00pm  
Electric On  Yes  No  Not Applicable  
Gas/Oil On  Yes  No  Not Applicable  
Water On  Yes  No  Not Applicable  
Temperature 70 degrees  
Weather Partly cloudy Soil Conditions Dry  
Space Below Grade Basement  
Building Type Single family Garage Detached  
Sewage Disposal City How Verified Visual Inspection  
Water Source City How Verified Visual Inspection  
Additions/Modifications Upgraded electrical service  
Permits Obtained Electrical How Verified Multiple Listing Service

## Lots and Grounds

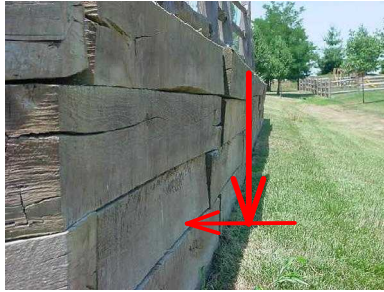
**Note: Wood sidings should be a minimum of 6" above ground. Detection of the presence of concealed moisture, mold or wood decay present behind exterior finishes is beyond the scope of this inspection. Promote positive (+) drainage away from foundation and extend runoff from roofing and downspouts a minimum 10 ft from foundation.**

- |    | A                                   | NP                       | NI                       | M                        | D                                   |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Walks: Concrete  
 Steps/Stoops: Concrete  
 Patio: Pebble top  
 Deck: Treated wood The deck has been built below acceptable building standards and is not safe in its current state. Recommend further evaluation and estimate to bring deck up to an acceptable building standard.

- |    |                                     |                          |                          |                                     |                          |
|----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Balcony: Concrete  
 Porch: Concrete  
 Vegetation: Shrubs with some weeds  
 Retaining Walls: Railroad ties The wall is showing signs of movement, but appears to be stable at this time. A qualified contractor is recommended to evaluate and estimate repairs to maintain the wall.



- |     |                                     |                          |                          |                          |                                     |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Basement Stairwell: Concrete  
 Grading: Moderate slope The grade and landscaping materials are too high and extend above the window well at the Northeast rear of the home. Recommend that the grade be reduced or the metal window well soil retainer be replaced with a taller unit to keep the mulch and soil beds from washing into the well.



- |     |                                     |                          |                          |                          |                          |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Swale: Adequate slope and depth for drainage  
 Window Wells: Drain present  
 Bsmt. Stairwell Drain: Surface drain  
 Exterior Surface Drain: Not present  
 Driveway: Concrete  
 Fences: Split rail  
 Lawn Sprinklers: Front and back yard

## Exterior Surface and Components

A NP NI M D

### Front Elevation Exterior Surface

1.      Type: Brick veneer Loose half brick at front door. Remove and tuckpoint back in place.



### 2nd Floor rear dormer Exterior Surface

2.      Type: Vinyl siding  
 3.      Trim: Composite material Note: Damaged wood areas should be checked while doing the repair and replaced if wood rot is present.

1. Water damage to trim wood at either side of garage door from moisture wicking into the finished particle board. The surface is starting to delaminate. Recommend repair/replacement of the trim boards and silicone seal wood that is in contact with concrete to prevent wicking.

2. The wood window boxes have water damage and will require repair/replacement. The wood has started to separate at the supports and at the corners of the window boxes.

3. The trim board at the southwest corner of the porch has water damage due to water penetration and will require repair/replacement of the wood. The trim board extends out creating a ledge allowing water to collect on the top edge of the board and cause the wood to rot.

Recommend estimate/repairs by a qualified contractor.



4.      Fascia: Composite material  
 5.      Soffits: Composite material  
 6.      Door Bell: Hard wired  
 7.      Entry Doors: Metal  
 8.      Patio Door: Vinyl sliding  
 9.      Windows: Vinyl  
 10.      Storm Windows:  
 11.      Window Screens:  
 12.      Basement Windows: Aluminum slider  
 13.      Exterior Lighting: Surface mounted lamps front and rear  
 14.      Exterior Electric Outlets: 110 VAC GFCI  
 15.      Hose Bibs: Frost Free  
 16.      Gas Meter: Exterior surface mount at side of home  
 17.      Main Gas Valve: Located at main line

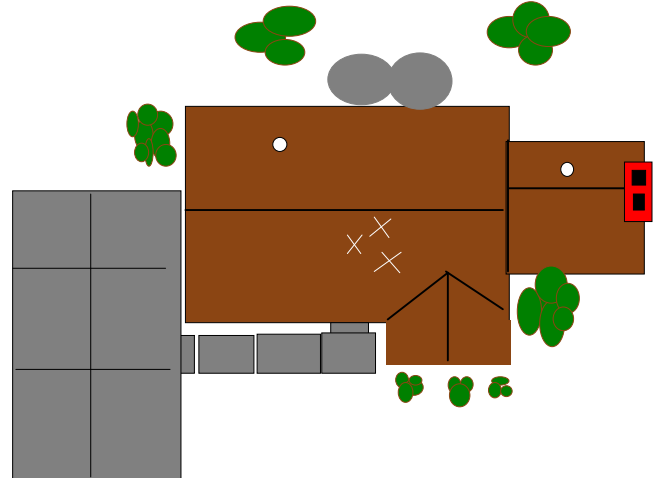
## Outbuilding

	A	NP	NI	M	D	
<b>East corner of lot Outbuilding</b>						
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Surface: Vinyl siding
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof: Fiberglass shingle
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Structure: Wood truss
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling: Drywall
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls: Drywall
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor: Concrete
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation: Poured slab
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors: Steel
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows: Vinyl double hung
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: 110 VAC outlets and lighting circuits
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing: Copper
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC Source: Convection baseboard
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gutters: Aluminum
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downspouts: Aluminum
15.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leader/Extension: Missing

## Roof

Chimney flue inspection is limited due to height. The inspection covers only the visible portion of the flue.

	A	NP	NI	M	D	
<b>Main Roof Surface</b>						
1.	Method of Inspection: On the roof					
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to Inspect: 30% Height of the roof
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Material: Fiberglass shingle <span style="color: red;">Missing roof shingles from wind damage as marked "x" in diagram. Repairs are required.</span>
4.	Type: Gable					



5.	Approx Age: 7					
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing: Aluminum
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valleys: Preformed metal
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skylights:
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Vents: PVC
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Mast: Underground utilities
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gutters: Aluminum

## Roof (Continued)

12.      Downspouts: Aluminum  
 13.      Leader/Extension: Underground conductors Reconnect to downspout where pulling loose.



**Southeast Chimney**

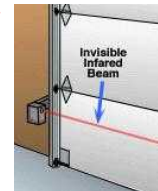
14.      Chimney: Aluminum siding & frame covered 3 wall pipe  
 15.      Flue/Flue Cap: Metal  
 16.      Chimney Flashing: Aluminum

## Garage/Carport

A NP NI M D

**Left Elevation Garage**

1. Type of Structure: Tuck under Car Spaces: 2  
 2.      Garage Doors: Insulated aluminum  
 3.      Door Operation: Mechanized  
 4.      Door Opener: Lift Master The door contact safety switch is out of adjustment and does not reverse the door operation when the door comes in contact with an object in its path. Recommend adjustment of door contact switch. Note: The light beam safety is operative.  
 5.      Service Doors: Metal  
 6.      Ceiling: Drywall  
 7.      Walls: Drywall  
 8.      Floor/Foundation: Poured concrete Cracked with minor displacement  
 9.      Hose Bibs: Frost Free  
 10.      Electrical: 110 VAC outlets and lighting circuits  
 11.      Smoke Detector: Hard wired with battery backup  
 12.      Heating: Air exchange ventilation  
 13.      Windows: Vinyl double hung



## Electrical

Testing of smoke detectors or alarms, timers, low voltage circuits such as door bells, security, and pet containment systems are beyond the scope of this inspection. Smoke detectors are recommended to be located in each Bedroom and one per floor level. Smoke alarms should be tested monthly and replaced per manufacturers guidelines or every ten years. Recommend grounded and GFCI protected outlets be installed at all Exterior, Kitchen, Wet Bar, Garage and Unfinished Basement outlet locations.

A NP NI M D

1. Service Size Amps: 150 Volts: 110-240 VAC  
 2.      Service: Aluminum  
 3.      120 VAC Branch Circuits: Copper  
 4.      240 VAC Branch Circuits: Copper  
 5.      Aluminum Wiring: Not present  
 6.      Conductor Type: Romex  
 7.      Ground: Plumbing and rod in ground.

## Electrical (Continued)

8.      Smoke Detectors: Hard wired with battery backup Safety: Recommend replacing batteries every 6 months

**Basement Electric Panel**

9.      Manufacturer: General Double taps noted in panel at several breakers. Recommend corrections



10. Max Capacity: 150 Amps

11.      Main Breaker Size: 150 Amps

12.      Breakers: CU/AL

13.      Fuses: Not present

14.      AFCI 110 volt

15.      GFCI Basement, garage, kitchen, bathrooms

16. Is the panel bonded?  Yes  No

## Structure

A NP NI M D

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

## Attic

A NP NI M D

**Northeast Attic**

- 1. Method of Inspection: In the attic
- 2.      Unable to Inspect: 10% Cathedral or vaulted ceiling
- 3.      Roof Framing: 2x4 Truss
- 4.      Sheathing: Strand board
- 5.      Ventilation: Ridge and soffit vents
- 6.      Insulation: Fiberglass Insufficient insulation present at roof line above front bedroom closet. Add additional insulation below the roof line at the front of the home near the access cover. There is a small section of fiberglass batt insulation present that should be inserted in the open void above the closet framing. Additional insulation should be added in the 3 to 4 foot section to prevent condensation from forming due to heat loss.



## Attic (Continued)

- |     |                                     |                          |                          |                                     |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Insulation Depth: 12"                                  |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Vapor Barrier: Plastic                                 |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Attic Fan: Direct drive                                |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | House Fan: Direct drive with manual controls           |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Wiring/Lighting: 110 VAC lighting circuit              |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Moisture Penetration: Previous water penetration noted |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Bathroom Fan Venting: Electric fan                     |

## Basement

A NP NI M D

Main Basement

- |     |                                     |                                     |                                     |                          |                          |  |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: 20% Storage boxes, Storage shelves  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: Surface drain                             |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood                                     |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl slider                                  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI                               |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation                  |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: Fiberglass                                 |
| 8.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation:   |
| 9.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump:   |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Location: None found                          |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Bsmt Stairs/Railings: Wood stairs with metal handrails |

## Crawl Space

A NP NI M D

East Crawl Space

- |     |   |                          |                                     |                                     |                          |  |
|-----|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| 1.  | Method of Inspection: In the crawl space    |                          |                                     |                                     |                          |  |
| 2.  | <input type="checkbox"/>                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Unable to Inspect: 40% Insulation obstructed complete view of foundation walls                             |
| 3.  | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Access: Wood door  |
| 4.  | <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Moisture Penetration: Visible evidence Owner disclosed previous moisture concerns- see seller's disclosure |
| 5.  | Moisture Location: Wall crack-Previous leak |                          |                                     |                                     |                          |  |
| 6.  | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Moisture Barrier: Plastic under gravel   |
| 7.  | <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ventilation: Open to basement No ventilation to exterior present   |
| 8.  | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Insulation: Fiberglass   |
| 9.  | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Vapor Barrier: Plastic   |
| 10. | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Sump Pump: Submerged   |
| 11. | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Electrical: 110 VAC  |

## Air Conditioning

Mechanical equipment tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not determine balancing or sizing of system. The inspection covers only the visible components of the air conditioning system. Hidden problems may exist that are not documented in this report. Annual cleaning and servicing recommended for best performance and life expectancy.

A NP NI M D

### Main AC System

1.      A/C System Operation: Appears serviceable
2.      Condensate Removal: PVC
3.      Exterior Unit: Left side
4. Manufacturer: Lennox
5. Model Number: AA1CJ030-A Serial Number: 3-509859083
6. Area Served: Whole building Approximate Age: 7
7. Fuel Type: 220 VAC Temperature Differential: 22\*
8. Type: Central A/C Capacity: 2.5 Ton
9.      Visible Coil: Copper core with aluminum fins Coils require cleaning



10.      Refrigerant Lines: Low pressure and high pressure
11.      Electrical Disconnect: Breaker disconnect
12.      Exposed Ductwork: Metal
13.      Blower Fan/Filters: Direct drive with disposable filter
14.      Thermostats: Programmable

## Fireplace/Wood Stove

A NP NI M D

### Family Room Fireplace

1.      Freestanding Stove:
2.      Fireplace Construction: Stone
3. Type: Wood burning
4.      Fireplace Insert:
5.      Smoke Chamber: Brick
6.      Flue: Tile
7.      Damper: Metal
8.      Hearth: Raised



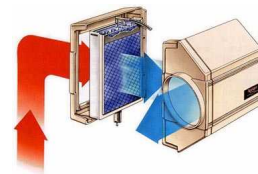
## Heating System

**Mechanical equipment tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not determine balancing or sizing of system. The inspection covers only the visible components of the heating system. Hidden problems may exist that are not documented in this report. Annual cleaning and servicing recommended for best performance and life expectancy.**

A NP NI M D

### Basement Heating System

1.      Heating System Operation: Appears functional
2. Manufacturer: Lennox
3. Model Number: 23495-320945 Serial Number: 43p93=24985=30
4. Type: Forced air Capacity: 100,000 BTUHR
5. Area Served: Whole Bldg Approximate Age: 7
6. Fuel Type: Natural gas
7.      Heat Exchanger: 5 Burner Recommend inspection by a qualified heating specialist
8. Unable to Inspect: 40%
9.      Blower Fan/Filter: Direct drive with disposable filter
10.      Distribution: Metal duct
11.      Circulator:
12.      Draft Control: Automatic
13.      Flue Pipe: Double wall
14.      Controls: Limit switch
15.      Devices:
16.      Humidifier: April-Aire Humidifier water panel has excessive buildup. Recommend cleaning periodically. See illustration for water panel location.



17.      Thermostats: Programmable
18.
19.      Suspected Asbestos: No

## Plumbing

**Water heater tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Approx. 200 gallons of water was pushed through sewer drain lines to verify functional drainage of public sewer or septic system. Water conditioning/filtering systems are not within the scope of this inspection. Recommended water pressure ranges 55-65 psi.**

A NP NI M D

1.      Service Line: Copper
  2.      Main Water Shutoff: Basement
  3.      Water Lines: Copper
  4.      Drain Pipes: PVC
  5.      Service Caps: Accessible
  6.      Vent Pipes: PVC
  7.      Gas Service Lines: Cast iron
- ### Basement Water Heater
8.      Water Heater Operation: Appeared servicable at time of inspection
  9. Manufacturer: State
  10. Model Number: PRV50 NBRTO Serial Number: J957470005
  11. Type: Natural gas Capacity: 50 Gal.
  12. Approximate Age: 7 Area Served: Whole building

## Plumbing (Continued)

- 13.      Flue Pipe: Single wall
- 14.      TPRV and Drain Tube: Missing drain tube Missing drain tube



## Bathroom

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

Master Bathroom Bathroom

- 1.      Closet: Large
- 2.      Ceiling: Drywall
- 3.      Walls: Drywall
- 4.      Floor: Carpet
- 5.      Doors: Hollow wood
- 6.      Windows: Vinyl double hung
- 7.      Electrical: 110 VAC outlets and lighting circuits
- 8.      Counter/Cabinet: Laminate and wood
- 9.      Sink/Basin: Corian
- 10.      Faucets/Traps: Moen fixtures with a PVC trap Leaking trap, repair required



- 11.      Tub/Surround: Fiberglass tub and ceramic tile surround
- 12.      Shower/Surround: Fiberglass pan and ceramic tile surround
- 13.      Spa Tub/Surround:
- 14.      Toilets: 3 Gallon Tank
- 15.      HVAC Source: Air exchange ventilation
- 16.      Ventilation: Electric ventilation fan and window

## Kitchen

Appliances are tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

1st Floor Kitchen

- |     |  |                          |                          |                                     |                                     |   |
|-----|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| 1.  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Cooking Appliances: General Electric  |
| 2.  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Ventilator: Air Care  |
| 3.  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Disposal: In-Sinkerator   |
| 4.  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Dishwasher: General Electric <span style="color: magenta;">SAFETY ISSUE- Hotpoint Dishwashers from 4/83 to 1/89, Slide - switch fire hazard, GSD500D, with S/N with 2nd letter of A. Contact GE at 1-800-599-2929 or <a href="http://www.geappliancerecall.com">www.geappliancerecall.com</a> for rebate info on replacement and/or supplemental rewiring option of existing unit.</span> |
| 5.  | Air Gap Present? <input checked="" type="radio"/> Yes <input type="radio"/> No Air gap hose improperly connected |                          |                          |                                     |                                     |   |
| 6.  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Trash Compactor: In-Sinkerator  |
| 7.  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Refrigerator: Frigidaire <span style="color: green;">Loose or damaged door seal</span>  |
| 8.  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Microwave: Amana  |
| 9.  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Sink: Porcelain   |
| 10. | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Electrical: 110 VAC GFCI  |
| 11. | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Plumbing/Fixtures: PVC <span style="color: red;">Hot/Cold water operation reversed</span>   |
| 12. | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Counter Tops: Laminate  |
| 13. | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Cabinets: Laminate and composite materials  |
| 14. | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Pantry: Large   |
| 15. | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Ceiling: Drywall  |
| 16. | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Walls: Drywall  |
| 17. | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Floor: Linoleum <span style="color: green;">Cuts or minor damage in flooring- repair/replace as required</span>   |
| 18. | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Doors: Hollow wood  |
| 19. | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Windows: Vinyl double hung <span style="color: green;">Hard operation-needs improvements for ease of operation</span>   |
| 20. | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | HVAC Source: Air exchange ventilation   |

## Bedroom

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

2nd Floor Bedroom

- |    |                                     |                          |                          |                          |                          |   |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Walk In                                   |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall                                  |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall                                    |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet                                     |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood                                |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung                        |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets and lighting circuits |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation             |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired with battery back up   |

## Living Space

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

Family Room Living Space

- |    | A                                   | NP                       | NI                       | M                        | D                        |   |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: None                                    |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall                                |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall                                  |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood                                 |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood                              |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung                      |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: Outlets, lighting and ceiling fan   |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation           |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired with battery back up |

## Laundry Room/Area

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

1st Floor Laundry Room/Area

- |     |                                     |                                     |                          |                                     |                          |   |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Closet: Single small  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Ceiling: Drywall  |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Walls: Drywall  |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Floors: Ceramic tile  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Doors: Hollow wood  |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Windows: Vinyl double hung  |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Electrical: 110 VAC/220 VAC   |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Smoke Detector: Air exchange ventilation  |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | HVAC Source: Air exchange ventilation   |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Laundry Tub: PVC  |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Laundry Tub Drain: PVC  |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Washer Hose Bib: Multi-port Washer hose worn/expanded and ready to burst, recommend hose replacement with burst-proof stainless steel braided hoses |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Washer and Dryer Electrical: 110-240 VAC  |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Dryer Vent: Rigid metal   |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Dryer Gas Line: Insulflex   |
| 16. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Washer Drain: Floor drain   |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Floor Drain: Surface drain  |



<b>Cost Estimate Summary</b>
------------------------------

Client Name: Bob Smith  
 Property Address: 1234 School House Road  
 Yourtown, US 12345

## Items Recommended for Repair

	<u>Low</u>	<u>High</u>
<u>Lots and Grounds</u>		
Deck: Correct structural issues to current standards	\$ 500	\$ 1500
Grading: Landscaping correction	\$ 50	\$ 150
<u>Roof</u>		
Material: Shingle repairs noted	\$ 100	\$ 200
<u>Electrical</u>		
Manufacturer: Correct double taps at 3 breakers	\$ 100	\$ 150
<u>Air Conditioning</u>		
Visible Coil: HVAC service/cleaning	\$ 125	\$ 180
<u>Plumbing</u>		
TPRV and Drain Tube: Drain tube replacement	\$ 50	\$ 100
<u>Kitchen</u>		
Dishwasher: <i>Safety Correction- slide switch fire hazard</i>	\$ 200	\$ 500
<b>Repair Total</b>	<b>\$ 1125</b>	<b>\$ 2780</b>

## Items Recommended for Replacement

	<u>Low</u>	<u>High</u>
<u>Exterior Surface and Components</u>		
Trim: Replace damaged areas as required	\$ 500	\$ 1000
<b>Replacement Total</b>	<b>\$ 500</b>	<b>\$ 1000</b>
<b>Cost Estimate Total</b>	<b>\$ 1625</b>	<b>\$ 3780</b>

## Marginal Summary

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

### Lots and Grounds

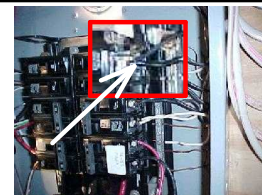
1. Vegetation: Shrubs with some weeds
2. Retaining Walls: Railroad ties The wall is showing signs of movement, but appears to be stable at this time. A qualified contractor is recommended to evaluate and estimate repairs to maintain the wall.



### Garage/Carport

3. Left Elevation Garage Floor/Foundation: Poured concrete Cracked with minor displacement  
Electrical

4. Basement Electric Panel Manufacturer: General Double taps noted in panel at several breakers. Recommend corrections



### Attic

5. Northeast Attic Moisture Penetration: Previous water penetration noted  
Crawl Space

6. East Crawl Space Moisture Penetration: Visible evidence Owner disclosed previous moisture concerns- see seller's disclosure
7. East Crawl Space Ventilation: Open to basement No ventilation to exterior present

### Air Conditioning

8. Main AC System Visible Coil: Copper core with aluminum fins Coils require cleaning



### Kitchen

9. 1st Floor Kitchen Refrigerator: Frigidaire Loose or damaged door seal
10. 1st Floor Kitchen Floor: Linoleum Cuts or minor damage in flooring- repair/replace as required
11. 1st Floor Kitchen Windows: Vinyl double hung Hard operation-needs improvements for ease of operation

## Marginal Summary (Continued)

### Laundry Room/Area

12. 1st Floor Laundry Room/Area Washer Hose Bib: Multi-port Washer hose worn/expanded and ready to burst, recommend hose replacement with burst-proof stainless steel braided hoses



## Defective Summary

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

### Lots and Grounds

1. **Deck:** Treated wood The deck has been built below acceptable building standards and is not safe in its current state. Recommend further evaluation and estimate to bring deck up to an acceptable building standard.
2. **Grading:** Moderate slope The grade and landscaping materials are too high and extend above the window well at the Northeast rear of the home. Recommend that the grade be reduced or the metal window well soil retainer be replaced with a taller unit to keep the mulch and soil beds from washing into the well.



### Exterior Surface and Components

3. **Front Elevation Exterior Surface Type:** Brick veneer Loose half brick at front door. Remove and tuckpoint back in place.



4. **Trim:** Composite material Note: Damaged wood areas should be checked while doing the repair and replaced if wood rot is present.

1. Water damage to trim wood at either side of garage door from moisture wicking into the finished particle board. The surface is starting to delaminate. Recommend repair/replacement of the trim boards and silicone seal wood that is in contact with concrete to prevent wicking.

2. The wood window boxes have water damage and will require repair/replacement. The wood has started to separate at the supports and at the corners of the window boxes.

3. The trim board at the southwest corner of the porch has water damage due to water penetration and will require repair/replacement of the wood. The trim board extends out creating a ledge allowing water to collect on the top edge of the board and cause the wood to rot.

Recommend estimate/repairs by a qualified contractor.





## Defective Summary (Continued)

### Roof

5. Main Roof Surface Material: Fiberglass shingle Missing roof shingles from wind damage as marked "x" in diagram. Repairs are required.
6. Leader/Extension: Underground conductors Reconnect to downspout where pulling loose.



### Garage/Carport

7. Left Elevation Garage Door Opener: Lift Master The door contact safety switch is out of adjustment and does not reverse the door operation when the door comes in contact with an object in its path. Recommend adjustment of door contact switch. Note: The light beam safety is operative.



### Attic

8. Northeast Attic Insulation: Fiberglass Insufficient insulation present at roof line above front bedroom closet. Add additional insulation below the roof line at the front of the home near the access cover. There is a small section of fiberglass batt insulation present that should be inserted in the open void above the closet framing. Additional insulation should be added in the 3 to 4 foot section to prevent condensation from forming due to heat loss.



### Plumbing

9. Basement Water Heater TPRV and Drain Tube: Missing drain tube Missing drain tube



### Bathroom

10. Master Bathroom Bathroom Faucets/Traps: Moen fixtures with a PVC trap Leaking trap, repair required



### Kitchen

11. 1st Floor Kitchen Dishwasher: General Electric SAFETY ISSUE- Hotpoint Dishwashers from 4/83 to 1/89, Slide - switch fire hazard, GSD500D, with S/N with 2nd letter of A. Contact GE at 1-800-599-2929 or [www.geappliancerecall.com](http://www.geappliancerecall.com) for rebate info on replacement and/or supplemental rewiring option of existing unit.
12. 1st Floor Kitchen Plumbing/Fixtures: PVC Hot/Cold water operation reversed

Defective Summary (Continued)