

Lighthouse Home Inspection Report

The main purpose of the Lighthouse home inspection is to provide clients with a better understanding as to the general condition of the home. A visual inspection of the building and its immediate grounds has been conducted in accordance with the pre-inspection agreement and the standards of practice in the home inspection industry. The facing pages outline general information and the Lighthouse standard of practice. This information forms an integral component of the inspection results and should be reviewed thoroughly in conjunction with the personalized sections of the report. The home inspection report is confidential and was prepared for the exclusive use of the client as identified in the agreement.

Summary

Address of Inspection: 5 Hunter St. Toronto
Date of Inspection: Oct. 31/16 Approximate start time: 11:00 A.M. P.M. (circle) stop time 2:10 A.M. P.M. (circle)
Recent WEATHER conditions: overcast + rainy Rain past 3 days: ☒ Yes ☐ Light ☐ No
Weather at start of inspection: clear sunny Ground Condition ☒ Wet ☐ Dry ☐ Snow
Approximate outside temperature during the inspection 5 C. & prior to inspection 2 C.
Front of Building facing: ☒ North ☐ South ☐ East ☐ West In Attendance: ☒ Client ☐ Homeowner ☒ Other realtor
General Accessibility: ☐ Excessive storage ☐ Construction in progress ☐ Systems winterized
☐ Utilities turned off ☐ Occupied room or section ☐ Access denied ☐ Other _____

Reference: Item & Page Number

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Please note some deficiencies in the home may not be included on this summary page. Items that do not pose immediate safety hazards may be observed and omitted from this page.

The overall, general habitability of this home, taking into account the entire report, is in the opinion of the inspector:

Great solid home, excellent shape. Some typical maintenance issues.

If you have any questions, we encourage you to contact your inspector at

General Structure & Roofing

Building Style	Roofing
<input type="checkbox"/> Detached <input checked="" type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium / Apartment <input type="checkbox"/> Bungalow <input checked="" type="checkbox"/> 2 Storey <input type="checkbox"/> Split Level <input type="checkbox"/> 2nd floor extends out beyond 1st floor	Roof Style(s) <input checked="" type="checkbox"/> Gable <input type="checkbox"/> Shed <input type="checkbox"/> Hip <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Gambrel <input type="checkbox"/> Ridge <input type="checkbox"/> Pitched
	Roof Covering(s) <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Rolled <input type="checkbox"/> Slate / Clay Tiles <input type="checkbox"/> Rubberized Membrane
Estimated Age: <input type="checkbox"/> Under 10 years <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-60 <input type="checkbox"/> 60+ <input checked="" type="checkbox"/> over 70 years	Estimated life span: <input type="checkbox"/> Younger <input checked="" type="checkbox"/> Mid-life <input type="checkbox"/> Older or End of useful life Number of layers <u>1</u>
Occupancy: <input checked="" type="checkbox"/> Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Staged	Inspection Method: <input checked="" type="checkbox"/> From ground with binoculars <input type="checkbox"/> from a window <input checked="" type="checkbox"/> from roof edge
General Construction: <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry	Identified the following conditions: <input type="checkbox"/> lifting / clawing / cupping / curling <input type="checkbox"/> bubbling <input type="checkbox"/> dirty <input type="checkbox"/> particulate releasing <input checked="" type="checkbox"/> dried, brittle / crumbling <input type="checkbox"/> broken / missing parts <input type="checkbox"/> other roof covering deterioration <input type="checkbox"/> excessive moss or mold growing on roof <input type="checkbox"/> waves and dips noted between structural members, see ATTIC section of report
Flashing Material <input type="checkbox"/> None noted <input type="checkbox"/> unknown metal <input checked="" type="checkbox"/> Rubberized membrane <input type="checkbox"/> Galvanized <input type="checkbox"/> Material not determined Defects: <input type="checkbox"/> Appears to be patched <input type="checkbox"/> Pieces damaged / loose <input type="checkbox"/> Pieces missing <input type="checkbox"/> From interior, stains or wet spots indicate possible leaking at or near flashing Limitations: _____ % not visible Course of Action: _____ _____	Younger roof covering indicators: <input type="checkbox"/> clean <input type="checkbox"/> fresh colour <input type="checkbox"/> laying smooth Inspection Limitations: The _____ portion of roof was not visible to the inspector and should be inspected by a roofing contractor to determine condition <input type="checkbox"/> Roofing is mostly snow covered <input checked="" type="checkbox"/> Flat roof is covered by decking and could not be inspected
Skylights & Roof Windows <input checked="" type="checkbox"/> None noted on exterior of house # of units noted <u>4</u> Type: <input checked="" type="checkbox"/> Domed <input type="checkbox"/> Flush <input type="checkbox"/> Roof Curb identified Material: <input type="checkbox"/> glass <input checked="" type="checkbox"/> plastic <input type="checkbox"/> unknown material <input type="checkbox"/> Patching noted around unit on roof <input type="checkbox"/> Evidence of condensation noted Caulking around unit: <input type="checkbox"/> appears adequate <input type="checkbox"/> missing or damaged, recommend repair Defects noted: <input type="checkbox"/> Cracked Glazing: <input checked="" type="checkbox"/> double or triple <input type="checkbox"/> single, requires repair <i>Skylights and Roof Windows are also identified on Interior section of report.</i>	Leaks see Moisture and water penetration in ATTIC section of report. Course of Action <input type="checkbox"/> Recommend roofing contractor reroof <input type="checkbox"/> Recommend roofer _____
Additional Comments or Issues:	Soffit & Fascia Soffit: <input type="checkbox"/> aluminum <input checked="" type="checkbox"/> wood <input type="checkbox"/> plastic <input checked="" type="checkbox"/> Painted <input checked="" type="checkbox"/> Paint deteriorated <input type="checkbox"/> Mould <input type="checkbox"/> Rotted <input type="checkbox"/> loose <input type="checkbox"/> evidence of leaks <input type="checkbox"/> rust <input type="checkbox"/> corrosion Fascia: <input checked="" type="checkbox"/> aluminum <input checked="" type="checkbox"/> wood <input type="checkbox"/> plastic <i>deteriorated spot</i> <input checked="" type="checkbox"/> Painted <input checked="" type="checkbox"/> Paint deteriorated <input type="checkbox"/> Mould <input type="checkbox"/> Rotted <input type="checkbox"/> loose <input type="checkbox"/> evidence of leaks <input type="checkbox"/> rust <input type="checkbox"/> corrosion <u>maintenance + painting needed at soffit + fascia</u>

Course of Action: Have a roofing or other appropriate contractor repair any deficiencies noted above.

Chimneys & Roof Drainage

Chimney

☐ Brick ☐ Block ☐ Stone ☐ Metal
☐ Chimney is covered, limiting inspection
☐ Clearance sufficient above roof
☐ Decommissioned chimney; non-standard, have removed/sealed
☐ Chimney saddle on roof above chimney

Number of chimney(s) 0

☒ High Efficiency exhaust

☐ Missing or loose mortar ☐ Cracks

Flue liner ☐ observed ☐ cracked ☐ missing

Clean-out: located ☐

☐ operable ☐ Unable to operate, have repaired

Clean-out ☐ Dirty ☐ Damaged ☐ Blocked

Chimney cap / wash ☐ observed ☐ Broken / damaged

☐ Cap overhanging to protect brick ☐ None noted

☐ Rain Cap / Spark Arrester ☐ None noted

Defects Observed:

☐ Cracked ☐ Loose ☐ Damaged

☐ Deteriorated ☐ not visible

Flashing at chimney ☐ secure

☐ Loose ☐ Damaged, repair / reseal / replace

☐ BEFORE USE, have chimney sweep clean, further evaluate & repair as needed.

☐ Temporary / non-standard repair observed, recommend mason evaluate and repair as needed.

Course of Action: ☐

Exterior Ventilation

Types: ☐ Gable End Vents ☐ Ridge Vent ☐ Soffit Vent

☐ Windows ☐ Attic fan(s) ☐ Roof vents ☐ Turbines

☐ Self opening & closing louvered vents.

Side Walls:

☒ No evidence noted to indicate need to increase ventilation

☐ Spalling brick ☐ Mould/mildew spores

☐ Peeling or stained paint on exterior siding seems to indicate more ventilation is needed in side walls for the house to breathe better

Course of Action:

☐ Recommend adding ventilation

Drainage

☐ Nothing noted to direct roof run off

☐ On roof diverters were noted

Gutters and Downspouts

Material: ☒ Aluminum ☐ Copper ☐ Plastic ☐ Other metal

Defects:

☐ Loose ☐ Broken ☐ Out of adjustment

☐ Remove debris which is sticking out of system

☐ Stains over outer gutter edge indicate overflow, system may be clogged or undersized

Leaking observed at:

☐ Drains ☐ Downspouts ☐ Corners of gutters

Discharge:

☒ Discharges onto ground

☐ Discharge extended 6 feet from foundation

☐ Discharges into pipe or hole in ground

☐ Did ☐ Did not determine where pipe exits

☐ Recommend change to ground discharge

☒ Sufficient number of downspouts

Add downspout at: ☐ Front ☐ Rear ☐ Left ☐ Right side

☐ Downspouts blocked

Gutters:

☐ Rusty ☐ Holding water (adjust)

☐ Clean gutters

Course of Action:

☐ Recommend add / adjust splash blocks

☐ Recommend add extensions to downspouts to direct water farther away from foundation

☐ Recommend redirect water discharge off lower roof – connect with lower gutters or direct to ground discharge

☐ Downspout missing, re-install

☐ Water penetration noted, make appropriate repairs

☐ Have the appropriate type of contractor make repairs as needed to the above components

Additional Comments or Issues:

Course of Action: Have a roofing, masonry, or other appropriate contractor evaluate and repair as needed.

Vehicle Parking

Driveway	Garage
<input checked="" type="checkbox"/> None noted <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Stone or gravel <input type="checkbox"/> Interlock <input type="checkbox"/>	<input checked="" type="checkbox"/> None Noted
Defects noted: <input type="checkbox"/> Depressions or holes pose a trip or safety hazard and should be corrected. <input type="checkbox"/> Slope to building directing water to building or into garage, should be corrected. <input type="checkbox"/> Trench drain should be added across width of garage <input type="checkbox"/> Crumbled/damaged surface may indicate water damage from under driveway surface. Course of Action: _____ _____	Estimated Size: _____ Car(s) Bays are: _____ side by side _____ tandem <input type="checkbox"/> Attached _____ living space above <input type="checkbox"/> Semi-detached _____ Detached Interior accessed: <input type="checkbox"/> Yes <input type="checkbox"/> No because _____ Visibility limited by: _____ Parked car _____ Storage Floor: _____ Concrete _____ Asphalt _____ Dirt _____ normal condition Defects: _____ Cracks _____ Depressions _____ Oil stained _____ Deteriorated surfaces Walls: _____ Masonry _____ Wood framed Framing _____ exposed to view _____ blocked by storage / walls finished _____ Exterior finishes deteriorated, replace Automobile doors: _____ Overhead _____ Swinging Number: _____ such doors _____ Operated _____ Not-operated, because _____ Electric opener _____ noted _____ operated _____ not operated, because _____ Applied resistance and door _____ did _____ did not stop or reverse, as expected. _____ Adjust sensor _____ Missing safety cables inside of overhead garage doors springs, have contractor install. Man doors: _____ into house _____ to exterior # _____ doors _____ operated _____ Replace weather seal _____ Requires proper step(s) Self Closing door? _____ Yes _____ No _____ Add _____ Not operated, because _____ Results: _____ Windows: _____ None _____ fixed _____ operational _____ Not tested, because _____ Results: _____ Roof underside: _____ Framing and sheathing exposed to view from inside _____ Drywall _____ Stored items restrict viewing _____ Enclosed attic: _____ Access _____ No access Entered _____ Yes _____ No Water Penetration: _____ Water stains noted _____ Water leaking through _____ Damaged members Gas-Proofing: _____ Seal any openings in the finishing materials to minimize the potential for gas entry into the home
Other Parking Area <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Not determined <input type="checkbox"/> On street <input type="checkbox"/> Off street <input type="checkbox"/> Common parking area	
Carport <input checked="" type="checkbox"/> None Noted Size: _____ Car(s) <input type="checkbox"/> Attached _____ Semi-detached _____ Detached <input type="checkbox"/> Visibility clear <input type="checkbox"/> Visibility obstructed by: _____ Parked car _____ Storage Floor: _____ Concrete _____ Asphalt _____ Dirt _____ _____ Normal condition Defects: _____ Cracks _____ Depressions _____ Oil Stained _____ Deteriorate surfaces Walls: _____ Vertical supports only _____ Open to weather _____ Enclosed on # _____ sides Roof underside: _____ Framing and sheathing exposed to view from inside _____ Stored items restrict viewing Water Penetration: _____ Water stains _____ Water leaking through _____ Damaged members Attic: _____ Enclosed attic: _____ Access _____ No access Entered _____ Yes _____ No Course of Action: _____ _____	
Additional Comments or Issues: 	

Course of Action: Have a home improvement or other appropriate contractor evaluate and repair as needed.

Exterior

Wall Finishes	Foundation Walls
Location: <input type="checkbox"/> All <input type="checkbox"/> Main Floor <input type="checkbox"/> Upper floor <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input checked="" type="checkbox"/> Brick / Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum/Vinyl <input type="checkbox"/> Stucco <input type="checkbox"/> Cement board <input type="checkbox"/> EIFS (Exterior Insulation and Finish System) Evidence of Condensation present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No General Condition <input checked="" type="checkbox"/> Typical <input checked="" type="checkbox"/> deteriorated <i>front brick columns</i> <input type="checkbox"/> Repairs Required Location: <input type="checkbox"/> All <input type="checkbox"/> Main Floor <input type="checkbox"/> Upper floor <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> Side <i>Insul/brick</i> <input type="checkbox"/> Brick / Masonry <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Aluminum/Vinyl <input checked="" type="checkbox"/> Stucco <input type="checkbox"/> Cement board <input type="checkbox"/> EIFS Evidence of Condensation present <input type="checkbox"/> Yes <input type="checkbox"/> No General Condition <input checked="" type="checkbox"/> Typical <input checked="" type="checkbox"/> deteriorated <i>paint</i> <input checked="" type="checkbox"/> Repairs Required <i>repair</i> <input checked="" type="checkbox"/> Finish too close to grade, repair Vines, shrubs, trees or other planting obscuring the view of the wall finish. These plantings will restrict the inspection scope and may be hiding significant defects.	<input type="checkbox"/> Poured Concrete <input type="checkbox"/> Block & Mortar <input type="checkbox"/> Stone & Mortar <input checked="" type="checkbox"/> Brick & Mortar <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Stucco over <i>unknown</i> Defects: <i>(mostly not visible)</i> <input checked="" type="checkbox"/> Cracks observed were smaller, monitor over time <input type="checkbox"/> Larger cracks were observed, recommend repair Vines, shrubs, trees or other planting obscuring the view of the foundation. These plantings will restrict the inspection scope and may be hiding significant defects.
Windows <input type="checkbox"/> Normal condition for age of house <input checked="" type="checkbox"/> Upgraded <input type="checkbox"/> Storms <input type="checkbox"/> Screens <input type="checkbox"/> Some may be missing <input type="checkbox"/> Loose or missing glazing should be replaced <input type="checkbox"/> Loose or missing caulk, have recaulked Trim, Observed: <input type="checkbox"/> Mould <input type="checkbox"/> Decay / rot <input type="checkbox"/> Re-seal sills <input checked="" type="checkbox"/> Maintenance / repairs required at window frames <i>re seal</i> Basement window(s): <input type="checkbox"/> None noted <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic Sash are located <input checked="" type="checkbox"/> high near ceiling and open <input type="checkbox"/> in <input type="checkbox"/> out <input checked="" type="checkbox"/> slide sideways	Doors <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Hollow core <input checked="" type="checkbox"/> French doors <input type="checkbox"/> Sliding glass <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> fiberglass / composite <input checked="" type="checkbox"/> Open & close as expected <input type="checkbox"/> Need adjustments to operate as expected <input type="checkbox"/> Broken door or parts need repairing/replacing <input type="checkbox"/> Missing/broken hardware to be installed/replaced/repared. <input checked="" type="checkbox"/> Reseal frames <i>add new seal at roof door</i> Storm doors Operated: <input type="checkbox"/> open & close as expected <input type="checkbox"/> Doors require adjustment to operate as expected Trim, Observed: <input type="checkbox"/> Mould <input type="checkbox"/> Decay / rot <i>(and handle)</i>
Window Wells <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Uncovered <input type="checkbox"/> Covered Defects: <input type="checkbox"/> Broken <input type="checkbox"/> Cracked <input type="checkbox"/> Crumbling <input type="checkbox"/> Flooded <input type="checkbox"/> Damaged cover <input type="checkbox"/> Water Stains inside windows indicating poor drainage Course of Action: <input checked="" type="checkbox"/> Recommend adding well for drainage <input type="checkbox"/> Cover should be installed/repared to keep water out. <input type="checkbox"/> Close down openings for safety <input type="checkbox"/> Re-secure to wall <input type="checkbox"/> Grade in well too high, lower	Wood to Soil Contact <input type="checkbox"/> was <input checked="" type="checkbox"/> was not observed Location: _____ Course of Action: _____ <input type="checkbox"/> Remove all decayed wood and raise any wood structure onto concrete pavers as possible
Additional Comments or Issues: <i>resecure + seal around exhaust vent cover</i>	Storage <input type="checkbox"/> Excessive storage at side of building, have removed <input type="checkbox"/> Wood piles against building, have removed, may provide home to animals and insects.

Course of Action: Have an engineer, Pest Control or other appropriate contractor rectify any deficiencies noted above

Additions

* close down open sections in railings at roof top terrace

* also reinforce lattice in railing system

<p>Main Entry</p> <p>Location: <u>front</u></p> <p><u>Concrete</u> <u>X</u> Porch of <u>X</u> wood <u>concrete</u> stone with steps <u>walls</u> enclose area Deteriorated/damaged steps / supports pose safety hazard # <u>3</u> steps down from porch <u>Step</u> rise(s) too high / uneven, adjust</p> <p>Handrails/guardrails: <u>None</u> noted <u>Recommend</u> add for safety <u>Loose</u> or unsafe, recommend repair for safety <u>Railings</u> too low by today's standards, add / adjust for safety</p>	<p>Deck and Balcony</p> <p><u>None</u> noted</p> <p>Location: <u>rear yard</u></p> <p><u>X</u> Wood <u>Metal</u> <u>Concrete</u></p> <p># <u>5</u> Steps to grade <u>Too</u> close to grade to look under <u>Close</u> to grade could only see under some sections <u>Sufficiently</u> above grade to get under and look <u>X</u> No access below: Blocked by <u>skirt</u> Stored items Plant growth <u>Elements</u> (Snow, ice, water)</p> <p>Defects: <u>Uneven</u> surfaces pose a trip hazard <u>No</u> bolts noted to attach to house <u>Bolt</u> to framing <u>Install</u> missing / additional joist supports <u>Support</u> columns not attached to foundation <u>Take</u> steps to reduce sway or deflection noted <u>Wooden</u> piles / supports below soil, raise above soil level <u>Wood</u> flooring and/or structure deteriorated <u>Improve</u> supports as required</p> <p>Handrails/guardrails: <u>None</u> noted <u>X</u> Recommend add for safety <u>Feel</u> loose <u>Broken</u> <u>X</u> Close down openings for safety <u>Railings</u> too low by today's standards, add / adjust for safety</p>
<p>Walkways</p> <p><u>None</u> noted</p> <p>To Main entry: <u>Concrete</u> <u>Asphalt</u> <u>Pavers</u> <u>X</u> Slate <u>Gravel</u> <u>Interlock</u> / brick <u>Uneven/broken</u> surfaces pose trip hazard</p> <p>Other walks: <u>X</u> Concrete <u>Asphalt</u> <u>X</u> Pavers <u>Slate</u> <u>X</u> Gravel <u>Interlock</u> / brick <u>X</u> Uneven/broken surfaces pose trip hazard</p>	<p>Patio</p> <p><u>None</u> noted</p> <p>Location: <u>rear yard</u></p> <p><u>Concrete</u> <u>Pavers</u> <u>X</u> Slate <u>Stone</u> <u>X</u> Interlock <u>Uneven/broken</u> surfaces noted which pose trip hazard</p>
<p>Secondary Entry</p> <p><u>X</u> None noted</p> <p>Location: <u>front</u></p> <p><u>Concrete</u> slab <u>Porch</u> of <u>wood</u> <u>concrete</u> stone with steps <u>walls</u> enclose area Deteriorated/damaged steps / supports pose safety hazard # <u>3</u> steps down from porch <u>Step</u> rise(s) too high / uneven, adjust <u>Exterior</u> below grade entry noted <u>requires</u> proper step(s) <u>Requires</u> proper drain</p> <p>Handrails/guardrails: <u>None</u> noted <u>Recommend</u> add for safety <u>Loose</u> or unsafe, recommend repair for safety <u>Railings</u> too low by today's standards, add / adjust for safety</p>	<p>Retaining Walls</p> <p><u>X</u> None noted / decorative only <u>Wooden:</u> <u>Pressure</u> treated <u>Unknown</u> if pressure treated <u>Appear</u> untreated <u>Concrete</u> <u>Block</u> <u>Stone</u> <u>Brick</u> <u>Mortar</u> joints observed</p> <p>Drainage holes to relieve water pressure from behind the wall <u>are</u> <u>are</u> not evident.</p> <p>Defects: <u>Buckling</u> <u>Bowing</u> <u>Cracking</u> <u>Leaning</u> <u>Differential</u> displacement <u>Other</u> displacement</p>
<p>Fences</p> <p><u>X</u> Wood <u>Metal</u> <u>Other</u> <u>secure</u> <u>loose</u> <u>weak</u> <u>Broken</u> sections <u>Yard</u> not fully fenced Gate: <u>X</u> operated <u>self-closer</u> <u>install</u> self-closer <u>X</u> Inspector does not know ownership</p>	<p>Additional Comments or Issues:</p> <p>add guardrails to ladder area on interior for getting to roof door</p>

Course of Action: Have the above noted deficiencies corrected by the appropriate contractor

Grounds & Air Conditioning

Grading

Within 6 feet of foundation:

- ☒ **Front** of house, slopes
_____ toward ☒ away from house _____ is relatively level,
_____ **Right** of house, slopes
_____ toward _____ away from house _____ is relatively level
☒ **Left** of house, slopes
_____ toward ☒ away from house _____ is relatively level
☒ **Rear** of house, slopes *N/A due to deck*
_____ toward _____ away from house _____ is relatively level.

Beyond 6 feet:

- _____ Entire lot is relatively level
☒ Slopes away from house, acceptable
_____ Slopes towards the house, should be graded away
☒ Recommend grading slope to direct water a minimum of 6 feet from foundation to minimize water penetration
_____ General grading should be addressed as larger depressions can pose a trip hazard
_____ Ravine lot, potential erosion concerns
Recommend the following negative effect on the building is addressed:
_____ General grading could not be assessed due to snow.

Trees, Shrubs, & Plantings

Trees, shrubs and other plantings near the home should allow the home to breathe

- ☒ None noted near house which appear to pose a possible hazard to the house at the present time.
_____ Planting(s) noted overhanging / touching / near to / climbing on house
These conditions should be corrected, usually involving cutting back, pruning or removal of the planting.
_____ Other plantings, away from house, should be inspected by client and attended to as needed

Environmental

Although not required as part of a Home Inspection, some evidence noticed by an inspector, which might indicate some environmental hazard, chemical or oil spills:

- _____ Dead foliage, out of season - looks unusual
_____ Dark stains on soil _____ Oil slick or stain on water
Abandoned _____ motor vehicle(s) _____ batteries _____ Paint cans
_____ Pipes into the ground may indicate buried storage tanks
_____ Out of use storage tanks
_____ Homes of this era may have additional environmental hazards/concerns.(i.e., lead, asbestos, etc.) that are not visible to the inspector

Course of Action:

_____ Recommend further evaluation by an appropriate contractor before any renovations of the property.

Additional Comments or Issues:

Air Conditioning

_____ None Noted

Location: roof top

Brand name on central unit: Keep Rite

Type: ☒ Central Air _____ Heat Pump _____ Gas Chiller
_____ Evaporative Cooler ☒ Electric Compressor
_____ Roof or attic mounted (or other) system
_____ Ductless Air Conditioning system
_____ Water cooling system, recommend replace

_____ In use during inspection _____ Operated

☒ Not operated
(see opposite page for testing limitations)

Visible portion of equipment appears to be
_____ Newer ☒ Midlife _____ Older (2001)
or Approximately _____ Years old

Central unit appears ☒ level _____ not level
Outdoor fan is: _____ obstructed
Outdoor grills are: _____ damaged _____ dirty
Have all debris removed before use
Compressor is _____ noisy

Ductwork

☒ in common with heating _____ independent from heating.

With unit running, house seemed to cool
_____ slowly _____ quickly _____ adequately _____ not at all

Course of Action: _____

Individual room units _____ observed
_____ operated _____ not operated
Results: _____ received cooling _____ did not receive cooling

Course of Action: _____

Course of Action: Have a heating / cooling or landscaping contractor evaluate and repair as needed.

Electrical

Main Service Entrance

Location: left side
Service Line: Underground ☒ Overhead wires
Overhead Contact Hazards observed:
obstructed / threatened / touched by tree / branches have hydro
or a tree surgeon correct situation before damage occurs

Meter

Service cable rated: 200 Amps
Rated 110/120 Volts ☒ 220/240 Volts
3 W (# wires in service)

Location: left side

Distribution

Outlets, switches, lighting as observed and evaluated, throughout the home. Random tested outlets, wall switches & installed lighting and found the following evidence:
no deficiencies were detected ☒ 3 holes (Says grounded)

Material

☒ Copper ☐ Aluminum ☐ Knob & Tube

*Please note that Aluminum and/or Knob and Tube wiring may exist within the homes' system and not be visible to the inspector or reported due to the limited nature of such an inspection. Inspector cannot determine percentage of older wiring.

Defects:

☐ Ungrounded outlets ☐ Reversed polarity bed room
☐ Hot Ground reversed ☒ Dead outlets
☐ Open ground ☐ Open neutral ☐ Open hot
☐ Open air connections
☐ Missing safety covers on switches, outlets and junction boxes
☐ Loose connections ☐ Loose boxes ☐ Loose receptacles
☐ Lights did not light, missing or broken bulbs ☐ Flickering lights
☐ Switches for which use not determined (frequently noted)
☐ Loose hanging wires / otherwise dangerous conditions.
☐ Bare bulbs near / touching storage items, possible fire hazard
☐ Move wires off heating ducts (secure)
☐ Lighting at staircases is not sufficient
☐ In staircases with 3 or more steps, switches are not located at both the top and bottom of staircase.
☐ Decora style switches and outlets noted throughout system, have checked for proper installation with aluminum wiring
☐ Outlets with 2 slots (Older ungrounded style)
☐ Non-standard electrical noted
☐ Interior grade wiring noted on exterior
☐ Improper use of electrical cords

Course of Action:

☐ Have an electrician check entire system and rectify deficiencies as needed.
☐ ESA certificate may be recommended or required due to aluminum or knob and tube wiring

Additional Comments or Issues:

Main Distribution Panel

Location: basement

Service Panel Rated 200 Amps

Main Disconnect: 200 Amps
☒ Circuit breaker ☐ Fuses ☐ Knife switch
Location ☒ Main panel box ☐ Other

Service Size 200 Amps ☒ Circuit Breaker ☐ Fuses
110-120 volt circuits: (number) 25 15A ☐ 20A ☐ 30A
220-240 volt circuits: (number) 22
4 20A 1 30A 2 40A ☐ 50A ☐ 60A ☐ 70A

Branch wiring

☒ Copper ☐ Aluminum ☐ Knob & Tube
☐ BX Cable (Metallic sheathed) ☒ Romex (Non-metallic sheathed) ☐ Not determined
As observed: ☒ inside panel box ☐ ☐ ☐
Circuits labeled? ☐ Yes ☐ No ☒ Some
☒ Panel has been upgraded from original

Sub Panels ☒ None noted ☐ # noted,
Panel Rated 200 Amps; Service Size 200 Amps
Location basement

Defects:

☒ More than one wire attached to a circuit protector, have evaluated for safety by electrician
☒ Abandoned wire(s)
☒ Connections in panel box
☐ Non-standard installation / upgrade, further evaluation
☐ Water stains ☐ Rust
☐ Dead insects, may indicate cable entry not sealed properly
☐ Unprotected panel openings, recommend closing down
☐ Overloaded circuits ☐ Overfused breakers / fuses
☐ Loose connections ☐ into the box ☐ within the box
☐ Damaged sheathing
☐ Discoloration of wires in panel, may indicate overloaded circuits
☐ Panel location non-conforming, needs to be addressed

Course of Action:

☐ Have an electrician install Arc Fault Interrupter (AFCI) protection
☐ Panel may be overloaded, have evaluated and repaired as needed
☐ Have an electrician check panel and rectify deficiencies as needed.

General Limitations

☒ Concealed electrical components cannot be inspected
☐ Main disconnect cover could not be removed, common
☐ Panel cover could not be removed due to accessibility, recommend correct Power off in ☐ some ☐ all areas
☐ No access to: basement

In most cases, grounding termination point is not visible.

Course of Action: Have an electrician evaluate and repair entire system as required

Plumbing

Water Supply	Waste System
Entry Location <input checked="" type="checkbox"/> Basement <u>front wall</u> <input checked="" type="checkbox"/> Public Meter Location <input checked="" type="checkbox"/> Basement _____ _____ Private Location of wellhead _____ Main Shutoff valve: <u>at entry</u> Supply Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____ Brass _____ Lead _____ Could not determine Conditions requiring attention: _____ Distribution Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____ Brass _____ Lead _____ Kitec _____ Unknown metal Conditions requiring attention: _____ Leaks in water supply system _____ None noted _____ Rust / Corrosion noted	Pipes: <input checked="" type="checkbox"/> ABS Plastic _____ Cast Iron _____ Copper _____ Lead _____ _____ Galvanized Steel _____ Brass _____ Not Visible Pipes observed <u>under sinks</u> Main waste line clean-outs _____ were _____ were not observed _____ Cheater vent(s) noted <u>(exterior)</u> Venting <input checked="" type="checkbox"/> was _____ was not observed extending through roof and _____ was _____ was not seen in attic _____ 'S' traps noted in drainage system, should be rectified _____ No 'P' traps visible Conditions requiring attention: <u>vent pipe on roof too high + loose (repair)</u> Leaks in waste system: <input checked="" type="checkbox"/> None noted _____ active leaks _____ dry leak type stains were observed _____ Odour noted at _____, have evaluated by plumber Discharge <input checked="" type="checkbox"/> Public _____ Private Reported by _____ Vendor _____ Realtor _____ Not Determined _____ Drain line exits at _____ Waste Ejectors <input checked="" type="checkbox"/> None Noted _____ Drain or waste ejector pumps were observed Location _____ When water was run the pump(s) _____ did _____ did not seem to pump out the water. _____ Slow drainage was noted. _____ Change ejector pipe to PVC/ABS
Hose Bibs Number <u>1</u> Noted <input checked="" type="checkbox"/> When turned on water came out, when turned off the water <input checked="" type="checkbox"/> did _____ did not shut off fully. _____ When turned on water did not come out _____ Not tested, because _____ Interior: _____ Hose bib shut off valve(s) located <input checked="" type="checkbox"/> Did not locate at <u>side</u> , locate and leave accessible _____ Frost protected, interior shutoff may not be required	Domestic Water Heater Location <input checked="" type="checkbox"/> basement _____ <input checked="" type="checkbox"/> Rental _____ Owned _____ unknown Estimated age / year <u>(2015)</u> Make: <u>Giant</u> <input checked="" type="checkbox"/> Gas _____ Electric _____ Oil _____ Propane _____ Water on Demand system _____ Integral with heating system Rated Capacity <u>189</u> gallons / Liters, which is generally ample for about <u>4</u> people, depending on usage. Safety pressure release valve <input checked="" type="checkbox"/> was _____ was not observed and <input checked="" type="checkbox"/> did _____ did not have safety extension down to floor. <input checked="" type="checkbox"/> No _____ Some _____ Extensive rust / corrosion / water noted at base of unit indicates unit is leaking. Vent Pipe: <input checked="" type="checkbox"/> does _____ does not slope or rise to exhaust _____ pipe loose _____ connection(s) loose _____ rusted or deteriorated _____ joint to exhaust in need of repair
Functional Flow <input checked="" type="checkbox"/> Tested _____ Not Tested because _____ Method: <input checked="" type="checkbox"/> With multiple fixtures running, flushed toilet(s) to over stress flow, observed decrease in flow: _____ minimal <input checked="" type="checkbox"/> acceptable _____ excessive	
Hot Water Output: Hot water <input checked="" type="checkbox"/> was _____ was not received at hot water faucets which were operated, in random testing, indicating the system <input checked="" type="checkbox"/> is _____ is not providing hot water to these faucets. After about <u>10</u> minutes of running hot water at <u>2nd floor</u> sink faucet, water coming from faucet was <input checked="" type="checkbox"/> hot _____ warm _____ cold.	
Additional Comments or Issues:	

Course of Action: Have a plumber or other appropriate contractor repair / replace items noted as needed.

Heating

General Heating System

Fuel:

☒ Gas ☐ Oil ☐ Electric ☐ Wood ☐ Propane

Type:

☒ Forced Air ☐ Electric Baseboard ☐ Electric Radiant
☐ Hot Water Radiant ☐ Boiler ☐ Steam Boiler ☐ Geothermal
☒ High efficiency ☐ mid-efficiency ☐ low efficiency
☐ Integral with water heater / water on demand system

Approximate age/year of system _____ as evidenced by:

exhaust pipes (08 or newer)
Brand Name: *York*

_____ Furnace not operated due to temperature (see opposite page for testing limitations)

Recommend ☒ Service ☒ Clean Furnace
_____ Remove filler pipes for previous heating system
_____ Improve clearance around furnace for safety and access
_____ Previous oil tank noted _____ Oil line noted below surface, recommend further evaluation. Estimated age of oil tank _____
_____ Add vent to furnace room
_____ Corrosion/rust/water noted in furnace, evaluate and repair

Controls

Heating System ☒ was _____ was not in use during inspection

Thermostat(s) were located *2nd* main floor

The system seems to be regulated by individual controls

_____ in each heated area _____ on the heating units themselves

When turned on by above thermostat(s)/control(s), units

☒ fired or gave heat _____ did not fire or give heat.

HRV control (s) located in _____

_____ A furnace electrical disconnect noted _____ above _____ the unit

_____ An automatic Shut-Off Safety Device(s) was noted
on the oil line at _____ tank _____ burner

Energy Supply

☒ Gas, believed to be public ☐ Electricity
_____ Oil tank in basement ☐ Fill pipes indicate possible buried oil tank
_____ Gas, onsite, evidenced by white storage tank
Entry Location *front*
_____ Gas meter location appears too close to vent/A/C, have checked
by HVAC technician _____ Bond gas line to proper ground
Fuel Leaks noted? ☒ No ☐ Yes

Flue Pipes

☒ Flue pipes were identified
☒ Do _____ Do not rise slightly to chimney / exhaust
_____ Joints appear loose _____ Rusted or deteriorated
_____ Connection to exhaust is loose or in need of repair
_____ Pipes too close to combustibles, recommend repair

Supplemental Heat

_____ None noted ☒ Some noted
Type, Location, and operation: *electric base board*
basement
(not working) (disconnected?)

Additional Comments or Issues:

Distribution

☒ Ductwork / Registers _____ Unobserved Radiant
_____ Baseboard heaters Thermostat(s) _____ on units _____ on wall
_____ Radiators _____ Bleed valves _____ Leaks / Corrosion
_____ Heat equal at both ends, indicates proper distribution within unit
_____ Boiler system: pressure release valve extension missing

Heat supply & return PIPES:

_____ Copper ☒ Galvanized Iron _____ Plastic _____ Unknown material
Observed in: _____ basement _____ crawlspace _____ attic
_____ some ☒ most pipes not visible

Heat Distribution:

☒ was _____ was not found in each room – add as needed

Distribution missing from: _____

_____ Heat Recovery Ventilator (HRV) noted: _____ working properly
_____ Recommend maintenance _____ Recommend service

Course of Action:

_____ Clean Ducts
_____ Insulation on heating pipes/vents, recommend test for asbestos
_____ Seal gaps/joints at ductwork and plenum to maximize the efficiency of distribution system.

Heat Exchanger

Heat exchanger is hidden from view, inside the unit, and therefore cannot be inspected.

_____ The following evidence suggests that the heat exchanger may be defective _____

Filters

☒ Air Filter in warm air heating/cooling unit.
_____ Washable ☒ Disposable _____ Electronic _____ HEPA
Location ☒ at furnace ☒ in return grill
_____ Not installed properly to correctly filter air
_____ None noted, have it located and evaluated or have installed by heating contractor.
_____ Heating contractor should rectify defects.
_____ Recommend non-allergy type filter
_____ Filter appears clogged/blocked replace/clean

Oil Line Filter:

Located _____ near entry into basement _____ near oil tank _____ near furnace
Oil filters should be serviced by a heating contractor annually along with the oil heating unit.

Humidifier

☒ None noted
Location: _____ return duct _____ heating duct
_____ Filter appears clean _____ Adjust water level
_____ Working _____ Not working _____ Disconnected
_____ Parts Missing _____ humidifier should be replaced
_____ Drum type humidifier, recommend replace with drip type
Humidistat Located: _____

Course of Action: Have a heating contractor rectify any defects noted above.

Basement & Crawl Space

Basement	Basement Ceilings
<p><u>100%</u> Percent of lowest level</p> <p><input checked="" type="checkbox"/> Finished <input type="checkbox"/> Partially finished</p> <p><u>Exterior access / egress</u> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Direct walk out</p> <p><input type="checkbox"/> Up exterior stairway bulkhead</p> <p>Foundation walls: <input checked="" type="checkbox"/> Covered <input type="checkbox"/> Visible</p> <p>Approximate percentage visible <u>0% (almost none)</u></p> <p>Limitations to a thorough inspection:</p> <p><input type="checkbox"/> Storage <input type="checkbox"/> Insulation <input checked="" type="checkbox"/> Walls finished / drywall / painted</p> <p>Visible areas: <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Brick & Mortar</p> <p><input type="checkbox"/> Stone & Mortar <input type="checkbox"/> Stucco over unknown</p> <p>Condition:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Evidence of previous wall repair</p> <p><input type="checkbox"/> Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak</p> <p>Defects noted:</p> <p><input type="checkbox"/> Settlement cracks <input type="checkbox"/> Minor <input type="checkbox"/> Monitor over time</p> <p><input type="checkbox"/> Significant, have a mason repair</p> <p><input type="checkbox"/> Have cracks / leaky areas repaired to prevent ongoing leakage</p>	<p><input type="checkbox"/> Exposed to view <input checked="" type="checkbox"/> Hidden from view <input type="checkbox"/> Partial view</p> <p>Ceilings finished? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak</p>
<p>Basement Floors</p> <p><input checked="" type="checkbox"/> concrete <input type="checkbox"/> dirt</p> <p>Covered with <input type="checkbox"/> tile <input type="checkbox"/> sheet goods <input checked="" type="checkbox"/> carpeting <input type="checkbox"/> painted</p> <p><input checked="" type="checkbox"/> Hardwood / softwood / laminated wood</p> <p>Limitations to a thorough inspection: <input checked="" type="checkbox"/> Storage</p> <p><input type="checkbox"/> Floors finished / covered <input type="checkbox"/> Excessive Furniture</p> <p>Approximate percentage visible <u>2% (only)</u></p> <p><input type="checkbox"/> Satisfactory</p> <p>Defects:</p> <p><input type="checkbox"/> Settlement Cracks in floor were noted which appear to be: <input type="checkbox"/> newer <input type="checkbox"/> older</p> <p><input type="checkbox"/> small, probably not major defects at this time, which should be monitored over time to see if they worsen</p> <p><input type="checkbox"/> larger major defects</p> <p><input type="checkbox"/> showing differential settlement <input type="checkbox"/> heaving</p> <p><input type="checkbox"/> Evidence suggests hollow under floor</p> <p><input type="checkbox"/> Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak</p> <p>Moisture Evidence: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Not noted</p> <p>Water Penetration Evidence: <input type="checkbox"/> noted <input checked="" type="checkbox"/> none noted</p>	<p>Crawl Space</p> <p><input checked="" type="checkbox"/> None noted <input type="checkbox"/> Percent of lowest level</p> <p><input type="checkbox"/> Accessible <input type="checkbox"/> Not Accessible</p> <p><input type="checkbox"/> Entered <input type="checkbox"/> Not Entered, because _____</p> <p>Floors: <input type="checkbox"/> concrete <input type="checkbox"/> dirt</p> <p>Ventilation: <input type="checkbox"/> noted <input type="checkbox"/> none noted (add Ventilation)</p> <p>Type: <input type="checkbox"/> wall vents <input type="checkbox"/> vents into basement</p> <p><input type="checkbox"/> Recommend adding ventilation to this area to prevent condensation / moisture problems</p> <p><input type="checkbox"/> Additional ventilation recommended</p> <p><input type="checkbox"/> Evidence of moisture; determine source and repair as needed</p> <p>Insulation observed: <input type="checkbox"/> Yes <input type="checkbox"/> No; Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vapour Barrier: <input type="checkbox"/> on warm side of insulation</p> <p><input type="checkbox"/> None noted <input type="checkbox"/> Installed improperly</p> <p>Moisture Evidence: <input type="checkbox"/> Present <input type="checkbox"/> Not noted</p> <p>Water Penetration Evidence: <input type="checkbox"/> noted <input type="checkbox"/> none noted</p>
<p>Exterior Support Piers</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p>Support columns of <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Brick</p> <p>were observed under the _____</p> <p>Support columns condition looked <input type="checkbox"/> Satisfactory</p>	<p>Slab on Grade</p> <p><input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Percent of lowest level</p> <p><input type="checkbox"/> concrete <input type="checkbox"/> wood <input type="checkbox"/> unknown / not visible</p> <p>slab: <input type="checkbox"/> at about grade level <input type="checkbox"/> slightly above/below grade</p> <p>The support system below grade is not observed and is unknown.</p> <p>The exterior perimeter of the slab, where visible, cracks <input type="checkbox"/> were <input type="checkbox"/> were not noted. <input type="checkbox"/> No areas visible</p> <p>Exposed interior floor coverings are of: <input type="checkbox"/> concrete <input type="checkbox"/> vinyl</p> <p><input type="checkbox"/> wall to wall carpet <input type="checkbox"/> hardwood <input type="checkbox"/> softwood</p> <p><input type="checkbox"/> carpet less than wall to wall in coverage</p> <p>Observed <input type="checkbox"/> broken <input type="checkbox"/> warped <input type="checkbox"/> rippled</p> <p><input type="checkbox"/> floor coverings, which may indicate cracks in the slab.</p>
<p>Additional Comments or Issues:</p>	<p>Floor Drainage</p> <p>Floor Drainage observed: <u>(none visible)</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> did <input type="checkbox"/> did not have protective perforated cover</p> <p>Trap primer noted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Evidence of trap cracked / broken</p> <p><input type="checkbox"/> Recommend install backflow preventer</p>
<p>Cold Room</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Install/replace weatherstripping at door</p> <p><input type="checkbox"/> Venting installed <input type="checkbox"/> venting blocked, open and leave active</p> <p><input type="checkbox"/> No venting, proper venting to be added</p> <p><input type="checkbox"/> It is not recommended to finish or partially finish a cold room.</p> <p>Revert area to original state.</p>	

Course of Action: Have a masonry or other appropriate contractor repair the above items as indicated.

Water Penetration & Internal Structure

Water Penetration

- ☒ No signs noted
☐ Evidence indicates a one time flooding
☐ Some ☐ extensive evidence of ongoing water penetration was observed

Evidence observed:

- Water stains on: _____
On walls, _____ at base of wall _____ floors
base of stairs _____ around furnace
Efflorescence _____ Rot
Microbial growth / mildew
Rust on nail heads/ baseboard heaters, etc.
Sump pump, see section
Wall board damaged
Damp or wet floor coverings
Lifting tile
Other _____

Limitations to inspection:

- ☒ Subfloor & carpet _____ Storage _____ Furniture _____

Course of Action:

- Overall, stains indicate previous flooding
Further evaluation necessary
Repair current leak issues noted
Further evaluation and testing for possible mould recommended
(and remediation work performed as required)

General Dampness

- ☒ None noted
☐ Feels damp _____ Smells damp
☐ Dehumidifier noted

Location:

- Dehumidifier was running during inspection
Evidence that dehumidifier running continuously
Recommend use of dehumidifier in basement

Basement Ventilation

- None noted

Type:

- Louvered wall vents
☒ Window
Area open to main and / or upper floors (open stairwell)
Exhaust fan
Air Exchanging unit
Other _____

Course of Action:

- Add additional ventilation to reduce condensation / moist air

Additional Comments or Issues:

Foundation Structure

Joists

- ☒ Not visible
☒ Wood _____ Steel _____

- Condition _____ good _____ defects noted, see below
Span and beams appear adequate

Defects Observed:

- Cracks / cuts that reduce effectiveness, repair
Joists span too large, add additional support
Rot on joists has reduced strength, repair
Evidence of sagging floors that is,
Minor / older, monitor over time for changes
Movement appears to be recent and/ or ongoing, add additional supports
Add (#) _____ joist hanger(s) _____

Columns

- ☒ Not visible
Wood _____ steel _____ poured concrete _____ block / brick
Appears to have been altered/removed have evaluated

Condition:

- Columns appear sufficient and in good condition
Columns appear to have shifted, repair immediately

Defects observed:

- Rot
Cracks have reduced strength, add additional support
Insect infestation appears to have compromised columns, repair immediately

Sump Pump

- ☒ None noted

Location:

- submersible _____ pedestal
Running continuously

- Activated _____ Not working
Could not test unit _____ No water in the hole
Not plugged in (Electrical)
Recommend backup system or alarm
Operating properly _____ Slow _____ Replace

Discharge

- Exterior _____ Storm drain _____ Unknown _____ Sewer connection

Course of Action:

- repair/replace
install sump pump
Redirect discharge
install check valve

Course of Action: All defects noted above should be corrected and/or monitored by an appropriate contractor

Laundry & Wet Bar

Laundry Area	Laundry Tub
<input type="checkbox"/> No laundry provisions noted Location: <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Main floor <input type="checkbox"/> Upper floor <input type="checkbox"/> In/near bedrooms <input type="checkbox"/> In bathroom <input type="checkbox"/> In/near kitchen	<input type="checkbox"/> None noted Tub <input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Tub damaged / cracked, replace
Appliances: Laundry <i>LD997312P</i> Clothes Washer <input type="checkbox"/> None noted <i>GE</i> Brand <i>GE</i> Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife <input checked="" type="checkbox"/> Connections for water & drain were noted <input type="checkbox"/> Connections not visible Condition of water hoses: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Replace Electrical Outlet <input checked="" type="checkbox"/> Grounded <input type="checkbox"/> Not grounded <input type="checkbox"/> Replace outlet <input type="checkbox"/> In use during inspection, performing normal cycles <input type="checkbox"/> Operated one cycle, heard water come in, splash, spin and pump out <input type="checkbox"/> Not operated Course of Action: Have an appliance repair contractor repair noted defects. Clothes Dryer <input type="checkbox"/> None noted <i>GE</i> Brand <i>GE</i> <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Connections were noted <input type="checkbox"/> Not Secure <input type="checkbox"/> Connections not visible Vented to: <input checked="" type="checkbox"/> Exterior <input type="checkbox"/> Not vented properly, redirect Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife <input checked="" type="checkbox"/> Unit checked for spin and drying heat <input type="checkbox"/> In use during inspection, performing major functions <input type="checkbox"/> Not operated Course of Action: <input type="checkbox"/> Change dryer vent to metal <input type="checkbox"/> Vent appears clogged / dirty, requires cleaning <i>(All dryer vents require regular maintenance, see preventative maintenance booklet for more information)</i> Have an appliance repair contractor repair noted defects.	Faucets: <input checked="" type="checkbox"/> Faucets hot and cold working properly <input type="checkbox"/> Faucets do not shut off fully <input type="checkbox"/> Hot and cold reversed, have a plumber repair <input checked="" type="checkbox"/> Drain secure <input type="checkbox"/> not secure <input checked="" type="checkbox"/> No leaks noted <input type="checkbox"/> Leaks noted at faucets <input type="checkbox"/> below tub <input type="checkbox"/> Leaks at water lines Wet Bar <input checked="" type="checkbox"/> None noted Location: _____ <input type="checkbox"/> Wet bar <input type="checkbox"/> Additional sink only <input type="checkbox"/> Other _____ Sink <input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete Drainage pipes <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized Steel Leaks noted <input type="checkbox"/> None noted <input type="checkbox"/> Above the sink <input type="checkbox"/> below the sink <input type="checkbox"/> At taps Counter top <input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Wood <input type="checkbox"/> are <input type="checkbox"/> are not secure <input type="checkbox"/> loose (unsafe) <input type="checkbox"/> missing <input type="checkbox"/> large areas heat scorched or damaged Stored items affecting visibility of counter tops at time of inspection <input type="checkbox"/> minimal <input type="checkbox"/> about normal <input type="checkbox"/> extensive
Electrical: Laundry <input type="checkbox"/> Ground Fault Interrupter <input checked="" type="checkbox"/> None Noted <input type="checkbox"/> Recommend add GFI's for safety	Electrical: Wet Bar <input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> None Noted <input type="checkbox"/> Recommend add GFI's for safety
Additional Comments or Issues:	

Course of Action: Have an appliance, plumber or other appropriate contractor evaluate and repair as needed.

Kitchen & Appliances

<p style="text-align: center;">Location</p> <p>___ Basement <input checked="" type="checkbox"/> Main floor ___ Upper floor</p>	<p style="text-align: center;">Range / Cooktop</p> <p>Brand: <u>Kitchen Aid</u> R60525702 Style: <input checked="" type="checkbox"/> Free Standing ___ Built in Fuel type: ___ Electric <input checked="" type="checkbox"/> Gas ___ Other ___ Age: <input checked="" type="checkbox"/> Newer ___ Older ___ Midlife ___ Not operated ___ In use during inspection, indicating portion being used is performing its major function <input checked="" type="checkbox"/> Operated and found that # <u>5</u> burners gave heat and # <u>0</u> did not give heat</p>
<p style="text-align: center;">Cabinets</p> <p><input checked="" type="checkbox"/> Wooden ___ Plastic Laminate ___ Other ___ Cabinets <input checked="" type="checkbox"/> are ___ are not secure ___ end of life Doors and drawers: <input checked="" type="checkbox"/> function as expected ___ loose cabinets ___ missing hardware ___ missing door or drawer fronts ___ broken drawers ___ warped doors ___ adjust doors Stored items affecting visibility as to condition at time of inspection were: ___ Minimal <input checked="" type="checkbox"/> Normal ___ Extensive</p>	<p style="text-align: center;">Oven</p> <p>Brand: ___ <input checked="" type="checkbox"/> Part of the stove ___ Built in Fuel Type: ___ Electric <input checked="" type="checkbox"/> Gas ___ Self cleaning(Not checked) Age: ___ Newer ___ Older ___ Midlife <input checked="" type="checkbox"/> See Stove ___ Not operated, ___ ___ In use during inspection, indicating the portion being used is performing its major function</p> <p>Bake and broil <input checked="" type="checkbox"/> did ___ did not give heat when turned on.</p>
<p style="text-align: center;">Counter Tops</p> <p>___ Plastic Laminate ___ Ceramic Tile <input checked="" type="checkbox"/> Granite/Marble/Corian ___ are ___ are not secure ___ loose (unsafe) ___ missing ___ large areas heat scorched or damaged Stored items affecting visibility of counter tops at time of inspection <input checked="" type="checkbox"/> minimal ___ about normal ___ extensive</p>	<p style="text-align: center;">Refrigerator</p> <p>Brand: <u>Kitchen Aid</u> K61102166 Age: <input checked="" type="checkbox"/> Newer ___ Older ___ Midlife <input checked="" type="checkbox"/> In use during inspection ___ Operated ___ Not operated <input checked="" type="checkbox"/> Items in cooling section felt cool, in freezer section felt frozen -indicates doing major functions Features: ___ Ice maker ___ Water & Ice through door <input checked="" type="checkbox"/> Frost Free Magnetic Seal: ___ Damaged / Broken</p>
<p style="text-align: center;">Sink</p> <p><input checked="" type="checkbox"/> Stainless Steel ___ Porcelain ___ Plastic ___ Undetermined material Ran the water and found leaks <input checked="" type="checkbox"/> None noted ___ Above the sink ___ below the sink. ___ Have leaks repaired by plumber Sink ___ chipped/cracked. Stopper/strainer <input checked="" type="checkbox"/> was ___ was not noted</p>	<p style="text-align: center;">Dishwasher</p> <p>Brand: <u>Kitchen Aid</u> F60849664 Age: <input checked="" type="checkbox"/> Newer ___ Older ___ Midlife <input checked="" type="checkbox"/> Operated ___ In use during inspection ___ Not operated ___ items/storage in machine <input checked="" type="checkbox"/> Heard ___ Did not hear water come in, splash and pump out, indicating that the appliance is doing its major functions ___ Recommend relocate drain to sink side of P trap ___ Recommend secure unit</p>
<p style="text-align: center;">Disposal</p> <p><input checked="" type="checkbox"/> None noted Brand ___ horsepower ___ Leaks noted? ___ Yes ___ No ___ Have leaks repaired by plumber ___ Tested unit, results: ___</p>	<p style="text-align: center;">Built in Microwave</p> <p><input checked="" type="checkbox"/> None noted Brand: ___ Age: ___ Newer ___ Older ___ Midlife ___ Heated container of water, indicating does major function ___ Too close to cooktop, repair as needed ___ Not operated, ___</p>
<p style="text-align: center;">Ventilation</p> <p>___ None Noted, other than doors and windows ___ Fan integral with a built-in Microwave or cooktop <input checked="" type="checkbox"/> Exhaust fan appears to vent to exterior ___ Recirculates air within the room <input checked="" type="checkbox"/> Light <input checked="" type="checkbox"/> When the components were turned on, they seemed to perform their major function. ___ Fan sounds excessively noisy Filters: <input checked="" type="checkbox"/> Observed ___ None Noted</p>	<p style="text-align: center;">Other Appliance</p> <p><input checked="" type="checkbox"/> None noted Brand: ___ ___ Operated ___ Not Operated</p>
<p style="text-align: center;">Electrical</p> <p>___ Ground Fault Interrupter <input checked="" type="checkbox"/> None Noted <input checked="" type="checkbox"/> Recommend add GFI's for safety ___ at sink ___ Inadequate number of electrical outlets</p>	
<p style="text-align: center;">Kitchen Floor</p> <p>___ Laminate ___ Vinyl Tile ___ Ceramic Tile <input checked="" type="checkbox"/> Wood ___ Carpet <input checked="" type="checkbox"/> Normal amount of bounce ___ excessive bounce noted ___ Have a flooring contractor correct any defects or deficiencies noted in floor.</p>	

Course of Action: Have an appliance repair or other appropriate contractor repair any deficiencies noted above.

Bathrooms

BATHROOM 1: <u>basement</u> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial Location <u>basement</u> Tub: <input checked="" type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input checked="" type="checkbox"/> None noted Shower: <input type="checkbox"/> with Tub <input checked="" type="checkbox"/> Stall Enclosure: <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Ceramic Seems adequately fastened to wall <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles Sink(s): # <u>1</u> <input checked="" type="checkbox"/> Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal Feels adequately fastened <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Toilet: <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bidet: <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Damage: <input checked="" type="checkbox"/> None Noted <input type="checkbox"/> Cracked / Chipped Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> Taps Floor: <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input type="checkbox"/> <input type="checkbox"/> Soft or weak spots noted in floor Vents: <input type="checkbox"/> Window <input checked="" type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted Caulking: Around tub/shower at walls and floor is <input type="checkbox"/> Loose <input type="checkbox"/> Mildewed <input type="checkbox"/> Missing <input type="checkbox"/> Re-caulk as required Leaks: <input checked="" type="checkbox"/> None noted Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> From fixture <input type="checkbox"/> From faucets Electrical: <input type="checkbox"/> Ground Fault Interrupter <input checked="" type="checkbox"/> Install GFI <input type="checkbox"/> No receptacles <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable	BATHROOM 2: <u>main floor</u> <input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial Location <u>main floor</u> Tub: <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input checked="" type="checkbox"/> None noted Shower: <input type="checkbox"/> with Tub <input type="checkbox"/> Stall Enclosure: <input type="checkbox"/> Plastic <input type="checkbox"/> Ceramic Seems adequately fastened to wall <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles Sink(s): # <u>1</u> <input type="checkbox"/> Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Toilet: <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No Bidet: <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Damage: <input checked="" type="checkbox"/> None Noted <input type="checkbox"/> Cracked / Chipped Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> Taps Floor: <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> <input type="checkbox"/> Soft or weak spots noted in floor Vents: <input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted Caulking: Around tub/shower at walls and floor is <input type="checkbox"/> Loose <input type="checkbox"/> Mildewed <input type="checkbox"/> Missing <input type="checkbox"/> Re-caulk as required Leaks: <input checked="" type="checkbox"/> None noted Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> From fixture <input type="checkbox"/> From faucets Electrical: <input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Install GFI <input type="checkbox"/> No receptacles <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable
BATHROOM 3: <u>2nd floor</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial Location <u>2nd floor</u> Tub: <input checked="" type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted Shower: <input type="checkbox"/> with Tub <input checked="" type="checkbox"/> Stall Enclosure: <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Ceramic Seems adequately fastened to wall <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles Sink(s): # <u>2</u> <input checked="" type="checkbox"/> Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal Feels adequately fastened <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Toilet: <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bidet: <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Damage: <input checked="" type="checkbox"/> None Noted <input type="checkbox"/> Cracked / Chipped Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> Taps Floor: <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input type="checkbox"/> <input type="checkbox"/> Soft or weak spots noted in floor Vents: <input type="checkbox"/> Window <input checked="" type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted Caulking: Around tub/shower at walls and floor is <input type="checkbox"/> Loose <input type="checkbox"/> Mildewed <input type="checkbox"/> Missing <input type="checkbox"/> Re-caulk as required Leaks: <input checked="" type="checkbox"/> None noted Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> From fixture <input type="checkbox"/> From faucets Electrical: <input checked="" type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Install GFI <input type="checkbox"/> No receptacles <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable	BATHROOM 4: <u>(semi ensuite)</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial Location <u>(semi ensuite)</u> Tub: <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted Shower: <input type="checkbox"/> with Tub <input type="checkbox"/> Stall Enclosure: <input type="checkbox"/> Plastic <input type="checkbox"/> Ceramic Seems adequately fastened to wall <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing/damaged grout <input type="checkbox"/> Evidence of moisture behind tiles Sink(s): # <u>1</u> <input type="checkbox"/> Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Toilet: <input type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No Bidet: <input type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No Damage: <input type="checkbox"/> None Noted <input type="checkbox"/> Cracked / Chipped Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> Taps Floor: <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> <input type="checkbox"/> Soft or weak spots noted in floor Vents: <input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted Caulking: Around tub/shower at walls and floor is <input type="checkbox"/> Loose <input type="checkbox"/> Mildewed <input type="checkbox"/> Missing <input type="checkbox"/> Re-caulk as required Leaks: <input type="checkbox"/> None noted Noted at <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Bidet <input type="checkbox"/> From fixture <input type="checkbox"/> From faucets Electrical: <input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> Install GFI <input type="checkbox"/> No receptacles <input type="checkbox"/> Plumbing noted on exterior wall, unacceptable

Have all above items corrected by a plumber or other appropriate contractor before items deteriorate further.

Fireplaces & Common Safety Devices

Fireplace # 1

☒ None noted
Location _____
____ Masonry ____ Metal prefabricated ____ Wood Stove Insert
____ Gas Insert ____ Working
Firebox: ____ Metal ____ Masonry
Firebrick ____ loose mortar
____ Abnormal openings (Cracks, missing grout, etc.)
Flue: ____ Dirty ____ shared ____ missing liner ____ Clearance
Damper: ____ Opened and closed ____ Could not open & close safely
____ Broken or missing parts
____ did ____ did not observe flue liner
Combustion air supply: ____ Interior ____ Exterior air
Limitations: ____ Fire burning ____ area blocked, unable to inspect
____ Pilot light was off during inspection
Course of Action:
____ Have WETT Certified contractor clean, test, evaluate and certify before use
Have fireplaces cleaned annually by a chimney sweep

Fireplace # 2

☒ None noted
Location _____
____ Masonry ____ Metal prefabricated ____ Wood Stove Insert
____ Gas Insert ____ Working
Firebox: ____ Metal ____ Masonry
Firebrick ____ loose mortar
____ Abnormal openings (Cracks, missing grout, etc.)
Flue: ____ Dirty ____ shared ____ missing liner ____ Clearance
Damper: ____ Opened and closed ____ Could not open & close safely
____ Broken or missing parts
____ did ____ did not observe flue liner
Combustion air supply: ____ Interior ____ Exterior air
Limitations:
____ Fire burning ____ area blocked, unable to inspect
____ Pilot light was off during inspection
Course of Action:
____ Have WETT Certified contractor clean, test, evaluate and certify before use
Have fireplaces cleaned annually by a chimney sweep

Wood Stove

☒ None noted
Location _____
____ Fire burning at time of inspection, unable to inspect
____ Have WETT Certified contractor clean, test and evaluate
____ Have clearances of wood stove and flue pipes evaluated by a WETT Certified Contractor
____ Have WETT Certified contractor evaluate condition and clearances of wood stove and flue pipes

Additional Comments or Issues:

Ground Fault Interrupter (GFI) Protection

____ No GFIs noted in house wiring ____ GFI(s) noted in panel box
☒ GFIs noted in branch outlets ____ GFI(s) noted on exterior

Testing & Results:

☒ using an electric tester plugged into outlet
____ using test button on GFI.
All devices tested ☒ DID ____ DID NOT trip, as expected.

Course of Action:

____ GFIs should be retested & repaired/replaced by electrician and more added, as needed.
☒ GFIs should be installed exterior, bathroom
____ GFIs are older, recommend replacement Kitchen

Smoke Detectors

____ None Noted, have an electrician install immediately
3 Smoke Detectors

☒ **Not Tested** as may be connected to wired / wireless alarm system in house, they should be tested by alarm company before sleeping in house.

Course of Action:

____ Install additional smoke detectors
____ upper floor ____ main floor ____ Basement
____ Within 5 feet of bedroom doors
____ Replace smoke detectors
____ Relocate smoke detectors

☒ **Test smoke detectors monthly**
☒ **Test smoke detectors before sleeping in the house**

Carbon Monoxide (CO) Detectors

____ No permanently installed CO detectors noted
1 CO Detectors

☒ **Not Tested** as may be connected to wired / wireless alarm system in house, they should be tested by alarm company before sleeping in house.

☒ Install CO detector in hall on all sleeping levels at knee level
____ Replace Carbon Monoxide detectors
☒ **Test CO detectors before sleeping in the house**

Interior Fire Sprinkler System

☒ None Noted
____ Noted, have evaluated for proper operation
Sprinklers are not tested, because to do so would cause flooding and damage to furnishings in the home. Have system evaluated by an appropriate contractor.

Course of Action: Have an electrician install safety devices before sleeping in the home

General Interior

Ceilings	Doors
<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Acoustic ceiling tiles <input type="checkbox"/> Plaster over <input type="checkbox"/> Wood lath <input type="checkbox"/> Metal mesh <input type="checkbox"/> wall board <input type="checkbox"/> Unknown backer material <input type="checkbox"/> Appears recently painted / papered <input type="checkbox"/> Nail pops were noted <input checked="" type="checkbox"/> No major defects were noted <input type="checkbox"/> Water stains in _____ area <input type="checkbox"/> Appears dry, monitor over time The following major defects were noted:	Mainly door types of: <input checked="" type="checkbox"/> Hollow core <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Hinged one side <input type="checkbox"/> Bi-fold <input type="checkbox"/> Louvered <input type="checkbox"/> Mirrored <input checked="" type="checkbox"/> Sliders Defects noted: <input type="checkbox"/> Some adjustments could be made to the door fit <input type="checkbox"/> Doors do not open and close easily <input type="checkbox"/> Doors or hinges feel/look loose <input type="checkbox"/> Doors with holes & broken parts <input type="checkbox"/> Doors missing from opening which normally would be expected to have doors. <input type="checkbox"/> Doors with missing, broken or damaged hardware / locks
Walls	Windows
<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Panel covered <input type="checkbox"/> Plaster over: <input type="checkbox"/> Wood lath <input type="checkbox"/> Metal mesh <input type="checkbox"/> wall board <input type="checkbox"/> Unknown backer material <input type="checkbox"/> Unknown materials <input checked="" type="checkbox"/> No major defects were noted <input type="checkbox"/> Appears recently painted / papered <input type="checkbox"/> Nail pops were noted The following major defects were noted:	Primarily the following types of windows were observed: <input type="checkbox"/> Single hung <input type="checkbox"/> Double hung <input checked="" type="checkbox"/> Casement <input type="checkbox"/> Sliding <input type="checkbox"/> Awning <input type="checkbox"/> Hopper <input checked="" type="checkbox"/> Fixed panes <input type="checkbox"/> Some <input checked="" type="checkbox"/> Most seem to have insulated glazing (glass) They appear to be made of: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> A combination of materials <input type="checkbox"/> Unknown Random tested windows and found Window Sash <input checked="" type="checkbox"/> Do <input type="checkbox"/> Do not open or close under normal pressure Defects: <input type="checkbox"/> Broken glass <input type="checkbox"/> Broken, rotted or loose sash pieces <input type="checkbox"/> Broken or defective counter balance devices <input type="checkbox"/> Missing handles, locks, and hardware <input type="checkbox"/> Missing screens <input type="checkbox"/> Damaged screens, replace <input type="checkbox"/> Stains, indicating leaks or condensation <input type="checkbox"/> Fogged up / Condensation noted <input type="checkbox"/> broken thermal seals <input type="checkbox"/> Recommend replace windows for energy conservation
Floors	Skylights and Roof Windows
<input checked="" type="checkbox"/> Wall to wall carpet <input type="checkbox"/> Room sized rugs <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Laminated Wood <input type="checkbox"/> Plywood <input type="checkbox"/> Sheet goods <input type="checkbox"/> Vinyl tiles <input checked="" type="checkbox"/> Ceramic tile When bounced on, <input type="checkbox"/> a normal amount of bounce was noted <input type="checkbox"/> excessive bounce was noted <input type="checkbox"/> Slanted floors noted on <input type="checkbox"/> main <input type="checkbox"/> upper floor, monitor for ongoing movement	<input type="checkbox"/> None noted from interior <input checked="" type="checkbox"/> Appear fixed <input type="checkbox"/> Operated <input type="checkbox"/> did not operate Results: <input type="checkbox"/> Some <input type="checkbox"/> Most seem to have insulated glazing (glass) Leaks (around unit): <input type="checkbox"/> None noted <input type="checkbox"/> Small stains noted <input type="checkbox"/> Excessive staining/damage noted Condensation/Leaks (abutting glass) <input type="checkbox"/> None noted <input type="checkbox"/> Small stains noted <input type="checkbox"/> Excessive stains noted <input type="checkbox"/> Active water penetration observed
Trim	
<input type="checkbox"/> None noted (base of walls, around doors & windows) Mainly, material type of: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Plastic Trim is <input checked="" type="checkbox"/> Painted <input type="checkbox"/> Stained <input type="checkbox"/> Unfinished <input type="checkbox"/> Paint or finish was observed to be peeling. Trim was observed to be <input type="checkbox"/> loose <input type="checkbox"/> missing in <input type="checkbox"/> some <input type="checkbox"/> a few <input type="checkbox"/> most places	
Stairs, Balconies, & Railings	
<input type="checkbox"/> To Basement <input type="checkbox"/> To Attic <input checked="" type="checkbox"/> Between living levels <input checked="" type="checkbox"/> Felt solid under foot, rise and run felt about even Trip hazards observed: <input checked="" type="checkbox"/> Uneven rise and run from step to step <input type="checkbox"/> Weak or springy treads or stringers <input type="checkbox"/> Loose treads <input type="checkbox"/> Low head room <input type="checkbox"/> Shallow treads noted <input type="checkbox"/> Loose handrails noted on _____ stairs <input type="checkbox"/> Loose carpet or tread coverings <input type="checkbox"/> Large openings in rail system should be closed down <input checked="" type="checkbox"/> Steep steps (rise too high) <input type="checkbox"/> No handrails noted on <input type="checkbox"/> Basement _____ stairs Course of Action: <input checked="" type="checkbox"/> Add handrail for safety <input type="checkbox"/> Railings too low by today's standards, add / adjust for safety Additional Comments or Issues:	

Course of Action: Have a carpenter or home improvement contractor correct defects noted above

Attic & Ventilation

Attic Access		Attic Ventilation			
<div><input checked="" type="checkbox"/> No Attic <input checked="" type="checkbox"/> Flat roof <input checked="" type="checkbox"/> Cathedral ceiling</div> <div><input checked="" type="checkbox"/> No Access <input checked="" type="checkbox"/> Blocked by storage items</div> <div><input type="checkbox"/> Stairs, see Stairs on INTERIOR page</div> <div><input type="checkbox"/> Pull down in _____</div> <div><input type="checkbox"/> Access Hatch in _____</div>		<div><input type="checkbox"/> No ventilation noted, it may or may not exist</div> <div>Type:<div><input type="checkbox"/> Ridge vent</div><div><input type="checkbox"/> Roof vent</div><div><input type="checkbox"/> Gable end vent</div><div><input type="checkbox"/> Soffit / Fascia vent</div><div><input type="checkbox"/> Turbines</div><div><input type="checkbox"/> Whole house fan</div><div><input type="checkbox"/> Other _____</div></div> <div>Vents obstructed by: <input type="checkbox"/> Insulation <input type="checkbox"/> nest / hives</div> <div><input type="checkbox"/> Exhaust venting fans noted in ceilings below attic floor with nothing noted in attic to indicate they vent directly to exterior.</div> <div>Defects:<div><input type="checkbox"/> Inadequate ventilation, increase venting</div><div><input type="checkbox"/> Exhaust fans from interior end in attic and must be directed to exterior.</div><div><input type="checkbox"/> Remove insulation that is currently blocking vents, install soffit baffles</div><div><input type="checkbox"/> Soffit vents missing baffles, should be installed</div></div> <div>Course of Action: _____</div>			
<div>Results:<div><input type="checkbox"/> Limited viewing, looked in through opening ONLY</div><div>Due to: <input type="checkbox"/> low headroom <input type="checkbox"/> no walkway/floor <input type="checkbox"/> Storage</div><div><input type="checkbox"/> Entered, walked from end to end</div><div><input type="checkbox"/> Entry blocked by excessive storage which also prevented sufficient viewing of attic area.</div></div> <div>Attic Hatch:<div><input type="checkbox"/> Insulate <input type="checkbox"/> Weatherstrip access hatch</div><div><input type="checkbox"/> Moisture / Mildew noted at hatch opening area, repairs needed</div></div>		<div><div>Framing</div><div><input type="checkbox"/> Rafters <input type="checkbox"/> Trusses</div><div>Sheathing<div><input type="checkbox"/> Structural panels <input type="checkbox"/> Spaced boards</div></div><div>Defects:<div><input type="checkbox"/> Sagging <input type="checkbox"/> Buckling</div><div><input type="checkbox"/> Cracking <input type="checkbox"/> Rot</div><div><input type="checkbox"/> Delaminating</div></div><div>Course of Action:<div><input type="checkbox"/> Localized defects, monitor over time</div><div><input type="checkbox"/> Add or secure structural supports</div><div><input type="checkbox"/> Seal party / fire walls</div></div></div>		<div><div>Moisture & Water Penetration</div><div><input type="checkbox"/> None noted</div><div>Evidence observed in attic:<div><input type="checkbox"/> Dark stains on framing</div><div><input type="checkbox"/> Microbial growth / mildew</div><div><input type="checkbox"/> Rust / corrosion on roofing nails</div><div><input type="checkbox"/> Delaminated or decomposing roof decking material</div><div><input type="checkbox"/> Water damage</div><div><input type="checkbox"/> Water stains _____</div><div><input type="checkbox"/> Condensation evident on exhaust pipes</div></div><div>Course of Action:<div><input type="checkbox"/> Insulate exhaust vents in attic</div><div><input type="checkbox"/> Increase Insulation on pipes</div><div><input type="checkbox"/> Have a contractor inspect and repair/rebuild as needed</div><div><input type="checkbox"/> Further evaluation and testing for possible mould recommended (and remediation work performed as required)</div></div></div>	
<div>Attic Storage<div><input type="checkbox"/> Not recommended</div><div><input type="checkbox"/> Limited storage</div><div><input type="checkbox"/> Attic fully floored</div></div>					
<div>Additional Comments or Issues:</div>					

Course of Action: Have a roofing or other appropriate contractor evaluate and repair as needed.

Insulation

<div>Attic</div> <div><input checked="" type="checkbox"/> None noted <input type="checkbox"/> Attic could not be accessed</div> <div><input type="checkbox"/> Fully floored <input type="checkbox"/> Some observed, mostly obscured</div> <div>Form:</div> <div><input type="checkbox"/> Batt / Blanket <input type="checkbox"/> Loose Fill <input type="checkbox"/> Rigid Board</div> <div><input type="checkbox"/> Foamed in Place</div> <div>Type:</div> <div><input type="checkbox"/> Glass Fiber <input type="checkbox"/> Wood Shavings <input type="checkbox"/> Mineral Fiber</div> <div><input type="checkbox"/> Cellulose Fiber <input type="checkbox"/> Urea Formaldehyde Foam (UFFI)</div> <div><input type="checkbox"/> Plastic/Foam Board <input type="checkbox"/> Vermiculite, test for Asbestos content</div> <div><input type="checkbox"/> Other</div> <div>Location:</div> <div><input type="checkbox"/> Floor <input type="checkbox"/> Roof <input type="checkbox"/> Both <input type="checkbox"/> other</div> <div>Estimated thickness inches Unknown</div> <div>Estimated R-value R</div> <div>Defects:</div> <div><input type="checkbox"/> Wet <input type="checkbox"/> Compressed <input type="checkbox"/> Mildew / fungus</div> <div><input type="checkbox"/> Evidence of past or current rodent infestation</div> <div><input type="checkbox"/> Insulation appears, smells or feels damp/wet, replacing should improve efficiency & reduce allergies.</div> <div><input type="checkbox"/> Low / bare spots in insulation, recommend additional insulation</div> <div>Vapour barrier:</div> <div><input type="checkbox"/> None Noted <input type="checkbox"/> Not visible</div> <div><input type="checkbox"/> Plastic <input type="checkbox"/> Kraft Paper <input type="checkbox"/> Polyethylene</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Not determined</div> <div><input type="checkbox"/> Barrier is located on warm side of the insulation</div> <div><input type="checkbox"/> Barrier is within insulation or on cold side, have repaired</div> <div>Exhaust pipes from interior:</div> <div><input type="checkbox"/> Adequate insulation <input type="checkbox"/> wet <input type="checkbox"/> condensation</div> <div>Clearances</div> <div><input type="checkbox"/> Adequate around pot lights, fans other mechanical items</div> <div><input type="checkbox"/> Electrical wiring observed within or on top of insulation, have secured.</div> <div>Course of Action:</div> <div><input type="checkbox"/> Adding additional insulation should be considered to increase energy efficiency of home.</div> <div>Additional Comments or Issues:</div>	<div>Ductwork</div> <div><input checked="" type="checkbox"/> None noted</div> <div><input type="checkbox"/> Some most ductwork in unconditioned spaces was observed to be insulated.</div> <div>Insulation appears to be adequate insufficient</div> <div>Observed: Condensation Rust</div> <div>Uninsulated ducts should be insulated for energy conservation and to prevent condensation and resultant damage.</div> <div>Pipes</div> <div><input checked="" type="checkbox"/> None noted</div> <div><input type="checkbox"/> Heating cables</div> <div><input type="checkbox"/> Some many pipes believed to be carrying heated or chilled water or coolants in unconditioned spaces were observed to be insulated.</div> <div>Insulation appears to be adequate insufficient</div> <div>Uninsulated pipes should be insulated for energy conservation and to prevent condensation and resultant damage.</div> <div>Walls</div> <div><input checked="" type="checkbox"/> Not determined</div> <div><input type="checkbox"/> Through hole in wall(located), saw type of insulation.</div> <div>Removed # exterior wall outlet covers on interior of house and saw</div> <div>While the above does not determine that the walls are or are not insulated, it may give an indication of what is in the walls. Sometimes insulation is placed behind electrical boxes and nowhere else.</div> <div>Building Underside</div> <div><input checked="" type="checkbox"/> Not Applicable</div> <div><input type="checkbox"/> None noted</div> <div><input type="checkbox"/> From within a crawl space / basement, under floor of the lowest living area insulation was observed.</div> <div>Estimated thickness inches thick</div> <div>Estimated R-value of R.</div>
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Course of Action: Have an appropriate contractor replace or add insulation where needed.

General Limitations

Normal furnishings and floor, ceiling, and wall coverings will obstruct the view of the inspector. In addition to the standard obstructions, the following items further limited the inspection:

Exterior

☐ plantings too close to building

☐ snow and ice buildup vines on the building

☐ debris, leaves, brush, wood or other items piled against exterior of building

☐ Other

☐ Exterior appears recently painted/sided

Interior

☒ Furnishings throughout the house

☒ normal minimal, excessive

Stored items:

☒ throughout the house, basement, attic

☒ normal minimal, excessive

☒ Interior appears recently painted/papered

☒ Renovation work recently done

These items may have prevented the inspector from seeing some items and therefore not reporting about the unobserved item or condition. Once these conditions change or are changed, defects or deficiencies may be found.