

# 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: 707 Hillsdale Ave, E. Toronto  
Date of Inspection: Nov. 24/16 Approximate start time: 10:00 A.M. P.M. (circle) stop time 12:50 A.M. P.M.  
Recent WEATHER conditions: cloudy, wet snow Rain past 3 days: ☒ Yes ☐ Light ☐ No  
Weather at start of inspection: rainy Ground Condition ☒ Wet ☐ Dry ☐ Snow  
Approximate outside temperature during the inspection 4 C. & prior to inspection -2 C.  
Front of Building facing: ☒ North ☐ South ☐ East ☐ West In Attendance: ☐ Client ☐ Homeowner ☐ Other ☐  
General Accessibility: ☐ Excessive storage ☐ Construction in progress ☐ Systems winterized  
☐ Utilities turned off ☐ Occupied room or section ☐ Access denied ☐ Other ☐

## Reference: Item & Page Number

<b>General Structure &amp; Roofing</b>	<b>4</b>	<b>Basement &amp; Crawl Space</b>	<b>22</b>
<b>Chimneys &amp; Roof Drainage</b>	<b>6</b>	<b>Water Penetration &amp; Internal Structure</b>	<b>24</b>
<b>Vehicle Parking</b>	<b>8</b>	<b>Laundry &amp; Wet Bar</b>	<b>26</b>
<b>Exterior</b>	<b>10</b>	<b>Kitchen and Appliances</b>	<b>28</b>
<b>Additions</b>	<b>12</b>	<b>Bathrooms</b>	<b>30</b>
<b>Grounds &amp; Air Conditioning</b>	<b>14</b>	<b>Fireplaces &amp; Common Safety Devices</b>	<b>32</b>
<b>Electrical</b>	<b>16</b>	<b>General Interior</b>	<b>34</b>
<b>Plumbing</b>	<b>18</b>	<b>Attic &amp; Ventilation</b>	<b>36</b>
<b>Heating</b>	<b>20</b>	<b>Insulation</b>	<b>38</b>

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. Very well maintained. Some minor typical issues.

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

## General Structure & Roofing

<h3 style="text-align: center; margin: 0;">Building Style</h3> <p> <input checked="" type="checkbox"/> Detached  <input 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         </p> <p> <b>Estimated Age:</b> <input type="checkbox"/> Under 10 years  <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-60 <input checked="" type="checkbox"/> 60+ <input type="checkbox"/> over 70 years         </p> <p> <b>Occupancy:</b> <input checked="" type="checkbox"/> Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Staged         </p> <p> <b>General Construction:</b>  <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> Masonry  <input type="checkbox"/> _____         </p>	<h3 style="text-align: center; margin: 0;">Roofing</h3> <p> <b>Roof Style(s)</b> <input type="checkbox"/> Gable <input type="checkbox"/> Shed <input checked="" type="checkbox"/> Hip <input type="checkbox"/> Flat  <input type="checkbox"/> Mansard <input type="checkbox"/> Gambrel <input type="checkbox"/> Ridge <input type="checkbox"/> Pitched         </p> <p> <b>Roof Covering(s)</b> <input checked="" type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tar &amp; 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         </p> <p> <b>Estimated life span:</b> <input type="checkbox"/> Younger <input checked="" type="checkbox"/> Mid-life  <input checked="" type="checkbox"/> Older or End of useful life  <b>Number of layers</b> <input type="checkbox"/> _____         </p> <p> <b>Inspection Method:</b> <input checked="" type="checkbox"/> From ground with binoculars  <input type="checkbox"/> from a window <input checked="" type="checkbox"/> from roof edge         </p> <p> <b>Identified the following conditions:</b>  <input checked="" type="checkbox"/> lifting / clawing / cupping / curling <input type="checkbox"/> bubbling <input type="checkbox"/> dirty  <input type="checkbox"/> particulate releasing <input 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         </p> <p> <b>Younger roof covering indicators:</b>  <input type="checkbox"/> clean <input type="checkbox"/> fresh colour <input type="checkbox"/> laying smooth         </p> <p> <b>Inspection Limitations:</b>            The _____ portion of roof was not visible to the inspector and should be inspected by a roofing contractor to determine condition         </p> <p> <input type="checkbox"/> Roofing is mostly snow covered  <input type="checkbox"/> Flat roof is covered by decking and could not be inspected         </p> <p> <b>Leaks</b> see Moisture and water penetration in ATTIC section of report.         </p> <p> <b>Course of Action</b>  <input type="checkbox"/> Recommend roofing contractor reroof  <input type="checkbox"/> Recommend roofer _____         </p>
<h3 style="text-align: center; margin: 0;">Flashing</h3> <p> <b>Material</b> <input type="checkbox"/> None noted <input checked="" type="checkbox"/> unknown metal  <input type="checkbox"/> Rubberized membrane <input type="checkbox"/> Galvanized  <input type="checkbox"/> Material not determined         </p> <p> <b>Defects:</b> <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         </p> <p> <b>Limitations:</b> _____ % not visible         </p> <p> <b>Course of Action:</b> _____            _____         </p>	<h3 style="text-align: center; margin: 0;">Soffit &amp; Fascia</h3> <p> <b>Soffit:</b> <input checked="" type="checkbox"/> aluminum <input type="checkbox"/> wood <input type="checkbox"/> plastic  <input type="checkbox"/> Painted <input 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         </p> <p> <b>Fascia:</b> <input checked="" type="checkbox"/> aluminum <input type="checkbox"/> wood <input type="checkbox"/> plastic  <input type="checkbox"/> Painted <input 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         </p>
<h3 style="text-align: center; margin: 0;">Skylights &amp; Roof Windows</h3> <p> <input checked="" type="checkbox"/> None noted on exterior of house  <b># of units noted</b> _____  <b>Type:</b> <input type="checkbox"/> Domed <input type="checkbox"/> Flush <input type="checkbox"/> Roof Curb identified         </p> <p> <b>Material:</b> <input type="checkbox"/> glass <input type="checkbox"/> plastic <input type="checkbox"/> unknown material  <input type="checkbox"/> Patching noted around unit on roof  <input type="checkbox"/> Evidence of condensation noted  <b>Caulking around unit:</b> <input type="checkbox"/> appears adequate  <input type="checkbox"/> missing or damaged, recommend repair         </p> <p> <b>Defects noted:</b> <input type="checkbox"/> Cracked  <b>Glazing:</b> <input 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> </p>	
<b>Additional Comments or Issues:</b>   	

**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) 1  
☐ High Efficiency exhaust (repoint)  
☒ Missing or loose mortar ☐ Cracks  
**Flue liner** ☒ observed ☐ cracked ☐ missing

**Clean-out:** located basement  
☐ 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 (reseal)

**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

**Additional Comments or Issues:**

### 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 (reseal)

**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

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

## Vehicle Parking

Driveway	Garage
<input type="checkbox"/> None noted <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Stone or gravel <input checked="" type="checkbox"/> Interlock	<input type="checkbox"/> None Noted
<b>Defects noted:</b> <input checked="" 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.  <b>Course of Action:</b>	<b>Estimated Size:</b> <u>1</u> Car(s) Bays are: <input type="checkbox"/> side by side <input type="checkbox"/> tandem <input type="checkbox"/> Attached <input type="checkbox"/> living space above <input type="checkbox"/> Semi-detached <input checked="" type="checkbox"/> Detached Interior accessed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No because Visibility limited by: <input type="checkbox"/> Parked car <input checked="" type="checkbox"/> Storage <i>excessive</i> <b>Floor:</b> <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt <input type="checkbox"/> normal condition <b>Defects:</b> <input checked="" type="checkbox"/> Cracks <input checked="" type="checkbox"/> Depressions <input type="checkbox"/> Oil stained <input type="checkbox"/> Deteriorated surfaces <i>(uneven surface)</i> <b>Walls:</b> <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood framed Framing <input type="checkbox"/> exposed to view <input checked="" type="checkbox"/> blocked by storage / walls finished <input checked="" type="checkbox"/> Exterior finishes deteriorated, replace <b>Automobile doors:</b> <input checked="" type="checkbox"/> Overhead <input type="checkbox"/> Swinging Number: <u>1</u> such doors <i>(deteriorated door)</i> <input checked="" type="checkbox"/> Operated <input type="checkbox"/> Not-operated, because Electric opener <input type="checkbox"/> noted <input type="checkbox"/> operated <input type="checkbox"/> not operated, because Applied resistance and door <input type="checkbox"/> did <input type="checkbox"/> did not stop or reverse, as expected. <input type="checkbox"/> Adjust sensor <input type="checkbox"/> Missing safety cables inside of overhead garage doors springs, have contractor install. <b>Man doors:</b> <input type="checkbox"/> into house <input type="checkbox"/> to exterior # <u>0</u> doors <input type="checkbox"/> operated <input type="checkbox"/> Replace weather seal <input type="checkbox"/> Requires proper step(s) Self Closing door? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Add <input type="checkbox"/> Not operated, because Results: <b>Windows:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> fixed <input type="checkbox"/> operational <input type="checkbox"/> Not tested, because Results: <b>Roof underside:</b> <input checked="" type="checkbox"/> Framing and sheathing exposed to view from inside <input type="checkbox"/> Drywall <input checked="" type="checkbox"/> Stored items restrict viewing <input type="checkbox"/> Enclosed attic: <input type="checkbox"/> Access <input type="checkbox"/> No access Entered <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Water Penetration:</b> <input type="checkbox"/> Water stains noted <input type="checkbox"/> Water leaking through <input type="checkbox"/> Damaged members <b>Gas-Proofing:</b> <input type="checkbox"/> Seal any openings in the finishing materials to minimize the potential for gas entry into the home
<b>Other Parking Area</b> <i>(frond pad)</i> <input 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	
<b>Carport</b> <input checked="" type="checkbox"/> None Noted <b>Size:</b> <input type="checkbox"/> Car(s) <input type="checkbox"/> Attached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Detached <input type="checkbox"/> Visibility clear <input type="checkbox"/> Visibility obstructed by: <input type="checkbox"/> Parked car <input type="checkbox"/> Storage <b>Floor:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt <input type="checkbox"/> Normal condition <b>Defects:</b> <input type="checkbox"/> Cracks <input type="checkbox"/> Depressions <input type="checkbox"/> Oil Stained <input type="checkbox"/> Deteriorate surfaces <b>Walls:</b> <input type="checkbox"/> Vertical supports only <input type="checkbox"/> Open to weather <input type="checkbox"/> Enclosed on # <input type="checkbox"/> sides <b>Roof underside:</b> <input type="checkbox"/> Framing and sheathing exposed to view from inside <input type="checkbox"/> Stored items restrict viewing <b>Water Penetration:</b> <input type="checkbox"/> Water stains <input type="checkbox"/> Water leaking through <input type="checkbox"/> Damaged members <b>Attic:</b> <input type="checkbox"/> Enclosed attic: <input type="checkbox"/> Access <input type="checkbox"/> No access Entered <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Course of Action:</b>	
<b>Additional Comments or Issues:</b>	

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

## Exterior

### Wall Finishes

**Location:** ☒ All ☐ Main Floor ☐ Upper floor  
☐ Front ☐ Rear ☐ Side  
☒ Brick / Masonry ☐ Wood ☐ Aluminum/Vinyl ☐ Stucco  
☐ Cement board ☐ EIFS (Exterior Insulation and Finish System)

Evidence of Condensation present ☐ Yes ☒ No

General Condition ☒ Typical ☒ deteriorated (minor spots)  
☐ Repairs Required

**Location:** ☐ All ☐ Main Floor ☐ Upper floor  
☐ Front ☐ Rear ☐ Side  
☐ Brick / Masonry ☐ Wood ☐ Aluminum/Vinyl ☐ Stucco  
☐ Cement board ☐ EIFS

Evidence of Condensation present ☐ Yes ☐ No

General Condition ☐ Typical ☐ deteriorated

☐ Repairs Required

☒ 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.

### Windows

☒ Normal condition for age of house ☒ Upgraded

☐ Storms ☐ Screens ☐ Some may be missing

☐ Loose or missing glazing should be replaced

☐ Loose or missing caulk, have recaulked

**Trim, Observed:** ☐ Mould ☐ Decay / rot

☐ Re-seal sills

☐ Maintenance / repairs required at window frames

#### Basement window(s):

☐ None noted ☐ Wood ☐ Metal ☒ Plastic

Sash are located ☒ high near ceiling

and open ☐ in ☐ out ☒ slide sideways

### Window Wells

☒ None noted

☐ Metal ☐ Wood ☐ Concrete

☐ Uncovered ☐ Covered

**Defects:** ☐ Broken ☐ Cracked ☐ Crumbling

☐ Flooded ☐ Damaged cover

☐ Water Stains inside windows indicating poor drainage

**Course of Action:** ☒ Recommend adding well for drainage

☐ Cover should be installed/repared to keep water out.

☐ Close down openings for safety ☐ Re-secure to wall

☐ Grade in well too high, lower

#### Additional Comments or Issues:

### Foundation Walls

☐ Poured Concrete ☒ Block & Mortar ☐ Stone & Mortar

☐ Brick & Mortar ☐ Wood ☐ Stucco over unknown

#### Defects:

☒ Cracks observed were smaller, monitor over time

☐ 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.

### Structural

☒ No major structural defect evidence was noted, appears in normal condition for its age

☐ Major structural defect evidence was noted, as described:

**Course of Action:**

### Doors

☒ Solid ☐ Hollow core ☐ French doors ☐ Sliding glass

☐ Metal ☒ Wood ☐ fiberglass / composite

☒ Open & close as expected

☐ Need adjustments to operate as expected

☐ Broken door or parts need repairing/replacing

☐ Missing/broken hardware to be installed/replaced/repared.

☐ Reseal frames

**Storm doors** Operated: ☒ open & close as expected

☐ Doors require adjustment to operate as expected

**Trim, Observed:** ☐ Mould ☐ Decay / rot

### Wood to Soil Contact

☒ was ☐ was not observed

**Location:** garage

**Course of Action:**

☒ Remove all decayed wood and raise any wood structure onto concrete pavers as possible

### Storage

☐ Excessive storage at side of building, have removed

☐ 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

Main Entry	Deck and Balcony
Location: <u>front</u> <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Porch of <input type="checkbox"/> wood <input checked="" type="checkbox"/> concrete <input type="checkbox"/> stone with steps <input type="checkbox"/> walls enclose area <input type="checkbox"/> Deteriorated/damaged steps / supports pose safety hazard # <u>3</u> steps down from porch <input checked="" type="checkbox"/> Step rise(s) too high / uneven, adjust	<input type="checkbox"/> None noted Location: <u>rear yard</u> <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete # <u>5</u> Steps to grade <u>uneven and rise too high (adjust)</u> <input type="checkbox"/> Too close to grade to look under <input checked="" type="checkbox"/> Close to grade could only see under some sections <input type="checkbox"/> Sufficiently above grade to get under and look <input type="checkbox"/> No access below: Blocked by <input type="checkbox"/> Stored items <input type="checkbox"/> Plant growth <input type="checkbox"/> Elements (Snow, ice, water)
<b>Handrails/guardrails:</b> <input type="checkbox"/> None noted <input checked="" type="checkbox"/> Recommend add for safety <input checked="" type="checkbox"/> Loose or unsafe, recommend repair for safety <input checked="" type="checkbox"/> Railings too low by today's standards, add / adjust for safety	<b>Defects:</b> <input type="checkbox"/> Uneven surfaces pose a trip hazard <input type="checkbox"/> No bolts noted to attach to house <input type="checkbox"/> Bolt to framing <input type="checkbox"/> Install missing / additional joist supports <input type="checkbox"/> Support columns not attached to foundation <input type="checkbox"/> Take steps to reduce sway or deflection noted <input checked="" type="checkbox"/> Wooden piles / supports below soil, raise above soil level <input type="checkbox"/> Wood flooring and/or structure deteriorated <input type="checkbox"/> Improve supports as required
<b>Walkways</b> <input type="checkbox"/> None noted To Main entry: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Gravel <input checked="" type="checkbox"/> Interlock / brick <input type="checkbox"/> Uneven/broken surfaces pose trip hazard Other walks: <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Gravel <input checked="" type="checkbox"/> Interlock / brick <input checked="" type="checkbox"/> Uneven/broken surfaces pose trip hazard	<b>Handrails/guardrails:</b> <input checked="" type="checkbox"/> None noted <input checked="" type="checkbox"/> Recommend add for safety * <input type="checkbox"/> Feel loose <input type="checkbox"/> Broken <input type="checkbox"/> Close down openings for safety <input type="checkbox"/> Railings too low by today's standards, add / adjust for safety
<b>Secondary Entry</b> <input type="checkbox"/> None noted Location: <u>right side</u> <input type="checkbox"/> Concrete slab <input type="checkbox"/> Porch of <input type="checkbox"/> wood <input type="checkbox"/> concrete <input checked="" type="checkbox"/> stone with steps <input type="checkbox"/> walls enclose area <input type="checkbox"/> Deteriorated/damaged steps / supports pose safety hazard # <u>1</u> steps down from porch <input checked="" type="checkbox"/> Step rise(s) too high / uneven, adjust <input type="checkbox"/> Exterior below grade entry noted <input type="checkbox"/> requires proper step(s) <input type="checkbox"/> Requires proper drain	<b>Patio</b> <input type="checkbox"/> None noted Location: <u>rear yard</u> <input type="checkbox"/> Concrete <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Stone <input checked="" type="checkbox"/> Interlock <input type="checkbox"/> Uneven/broken surfaces noted which pose trip hazard
<b>Handrails/guardrails:</b> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Recommend add for safety <input type="checkbox"/> Loose or unsafe, recommend repair for safety <input type="checkbox"/> Railings too low by today's standards, add / adjust for safety	<b>Retaining Walls</b> <input checked="" type="checkbox"/> None noted / decorative only <input type="checkbox"/> Wooden: <input type="checkbox"/> Pressure treated <input type="checkbox"/> Unknown if pressure treated <input type="checkbox"/> Appear untreated <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Mortar joints observed Drainage holes to relieve water pressure from behind the wall <input type="checkbox"/> are <input type="checkbox"/> are not evident.
<b>Fences</b> <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> <input checked="" type="checkbox"/> secure <input checked="" type="checkbox"/> loose <input checked="" type="checkbox"/> weak <input type="checkbox"/> Broken sections <input type="checkbox"/> Yard not fully fenced <b>Gate:</b> <input checked="" type="checkbox"/> operated <input type="checkbox"/> self-closer <input type="checkbox"/> install self-closer <input checked="" type="checkbox"/> Inspector does not know ownership	<b>Defects:</b> <input type="checkbox"/> Buckling <input type="checkbox"/> Bowing <input type="checkbox"/> Cracking <input type="checkbox"/> Leaning <input type="checkbox"/> Differential displacement <input type="checkbox"/> Other displacement
<b>Additional Comments or Issues:</b>	

**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  
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: right side

Brand name on central unit: Mitsubishi

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  
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	Main Distribution Panel
Location: <u>right side</u>	Location: <u>basement</u>
Service Line: <u>Underground</u> <input checked="" type="checkbox"/> Overhead wires	Service Panel Rated <u>100</u> Amps
Overhead Contact Hazards observed: <u>obstructed / threatened / touched by tree / branches have hydro</u> <u>or a tree surgeon correct situation before damage occurs</u>	Main Disconnect: <u>100</u> Amps <input checked="" type="checkbox"/> Circuit breaker <u>      </u> Fuses <u>      </u> Knife switch Location <input checked="" type="checkbox"/> Main panel box <u>      </u> Other <u>      </u>
<b>Meter</b> Service cable rated: <u>200</u> Amps Rated <u>      </u> 110/120 Volts <input checked="" type="checkbox"/> 220/240 Volts <u>3</u> W (# wires in service)	Service Size <u>100</u> Amps <u>      </u> Circuit Breaker <u>      </u> Fuses 110-120 volt circuits: (number) <u>35</u> 15A <u>      </u> 20A <u>      </u> 30A 220-240 volt circuits: (number) <u>1</u> 20A <u>1</u> 30A <u>1</u> 40A <u>      </u> 50A <u>      </u> 60A <u>      </u> 70A
Location: <u>right side</u>	Branch wiring <input checked="" type="checkbox"/> Copper <u>      </u> Aluminum <u>      </u> Knob & Tube <u>      </u> BX Cable (Metallic sheathed) <input checked="" type="checkbox"/> Romex (Non-metallic sheathed) <u>      </u> Not determined As observed: <input checked="" type="checkbox"/> inside panel box <u>      </u> Circuits labeled? <u>      </u> Yes <u>      </u> No <input checked="" type="checkbox"/> Some <input checked="" type="checkbox"/> Panel has been upgraded from original
<b>Distribution</b> Outlets, switches, lighting as observed and evaluated, throughout the home. Random tested outlets, wall switches & installed lighting and found the following evidence: <u>no deficiencies were detected</u> <input checked="" type="checkbox"/> 3 holes(Says grounded)	Sub Panels <input checked="" type="checkbox"/> None noted <u>      </u> # noted, Panel Rated <u>      </u> Amps; Service Size <u>      </u> Amps Location <u>      </u>
<b>Material</b> <input checked="" type="checkbox"/> Copper <u>      </u> Aluminum <u>      </u> 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.	<b>Defects:</b> <input checked="" type="checkbox"/> More than one wire attached to a circuit protector, have evaluated for safety by electrician <u>      </u> Abandoned wire(s) <input checked="" type="checkbox"/> Connections in panel box <u>      </u> Non-standard installation / upgrade, further evaluation <u>      </u> Water stains <u>      </u> Rust <u>      </u> Dead insects, may indicate cable entry not sealed properly <u>      </u> Unprotected panel openings, recommend closing down <u>      </u> Overloaded circuits <u>      </u> Overfused breakers / fuses <u>      </u> Loose connections <u>      </u> into the box <u>      </u> within the box <u>      </u> Damaged sheathing <u>      </u> Discoloration of wires in panel, may indicate overloaded circuits <u>      </u> Panel location non-conforming, needs to be addressed
<b>Defects:</b> <u>      </u> Ungrounded outlets <u>      </u> Reversed polarity <u>      </u> Hot Ground reversed <u>      </u> Dead outlets <u>      </u> Open ground <u>      </u> Open neutral <u>      </u> Open hot <u>      </u> Open air connections <input checked="" type="checkbox"/> Missing safety covers on switches, outlets and junction boxes <u>      </u> Loose connections <u>      </u> Loose boxes <u>      </u> Loose receptacles <u>      </u> Lights did not light, missing or broken bulbs <u>      </u> Flickering lights <u>      </u> Switches for which use not determined (frequently noted) <u>      </u> Loose hanging wires / otherwise dangerous conditions. <u>      </u> Bare bulbs near / touching storage items, possible fire hazard <u>      </u> Move wires off heating ducts (secure) <u>      </u> Lighting at staircases is not sufficient <u>      </u> In staircases with 3 or more steps, switches are not located at both the top and bottom of staircase. <u>      </u> Decora style switches and outlets noted throughout system, have checked for proper installation with aluminum wiring <u>      </u> Outlets with 2 slots (Older ungrounded style) <u>      </u> Non-standard electrical noted <u>      </u> Interior grade wiring noted on exterior <u>      </u> Improper use of electrical cords	<b>Course of Action:</b> <u>      </u> Have an electrician install Arc Fault Interrupter (AFCI) protection <u>      </u> Panel may be overloaded, have evaluated and repaired as needed <u>      </u> Have an electrician check panel and rectify deficiencies as needed.
<b>Course of Action:</b> <u>      </u> Have an electrician check entire system and rectify deficiencies as needed. <u>      </u> ESA certificate may be recommended or required due to aluminum or knob and tube wiring	<b>General Limitations</b> <input checked="" type="checkbox"/> Concealed electrical components cannot be inspected <u>      </u> Main disconnect cover could not be removed, common <u>      </u> Panel cover could not be removed due to accessibility, recommend correct Power off in <u>      </u> some <u>      </u> all areas <u>      </u> No access to: <u>      </u> In most cases, grounding termination point is not visible.
<b>Additional Comments or Issues:</b>	

**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 closet</u>	<b>Pipes:</b> <input checked="" type="checkbox"/> ABS Plastic <input checked="" type="checkbox"/> Cast Iron <input type="checkbox"/> Copper <input type="checkbox"/> Lead
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Brass <input type="checkbox"/> Not Visible
Meter Location <input checked="" type="checkbox"/> Basement	Pipes observed <u>roof + basement</u>
<input type="checkbox"/> Private	Main waste line clean-outs <input checked="" type="checkbox"/> were <input type="checkbox"/> were not observed
Location of wellhead _____	<input type="checkbox"/> Cheater vent(s) noted
Main Shutoff valve: <u>at entry</u>	Venting <input checked="" type="checkbox"/> was <input type="checkbox"/> was not observed extending through roof and <input checked="" type="checkbox"/> was <input type="checkbox"/> was not seen in attic
Supply Pipes: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/> 'S' traps noted in drainage system, should be rectified
<input type="checkbox"/> Brass <input type="checkbox"/> Lead <input type="checkbox"/> Could not determine	<input type="checkbox"/> No 'P' traps visible
Conditions requiring attention: _____	Conditions requiring attention: _____
Distribution Pipes: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Galvanized	<b>Leaks in waste system:</b>
<input type="checkbox"/> Brass <input type="checkbox"/> Lead <input type="checkbox"/> Kitec <input type="checkbox"/> Unknown metal	<input checked="" type="checkbox"/> None noted <input type="checkbox"/> active leaks <input type="checkbox"/> dry leak type stains were observed
Conditions requiring attention: _____	<input type="checkbox"/> Odour noted at _____, have evaluated by plumber
Leaks in water supply system <input checked="" type="checkbox"/> None noted	<b>Discharge</b>
<input type="checkbox"/> Rust / Corrosion noted	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
	Reported by <input type="checkbox"/> Vendor <input type="checkbox"/> Realtor <input type="checkbox"/> Not Determined
	Drain line exits at _____
<b>Hose Bibs</b>	<b>Waste Ejectors</b>
Number <u>1</u> Noted	<input checked="" type="checkbox"/> None Noted
<input type="checkbox"/> When turned on water came out, when turned off the water <input type="checkbox"/> did <input type="checkbox"/> did not shut off fully.	<input type="checkbox"/> Drain or waste ejector pumps were observed
<input checked="" type="checkbox"/> When turned on water did not come out	Location _____
<input type="checkbox"/> Not tested, because _____	When water was run the pump(s) _____ did <input type="checkbox"/> did not seem to pump out the water. <input type="checkbox"/> Slow drainage was noted.
<b>Interior:</b>	<input type="checkbox"/> Change ejector pipe to PVC/ABS
<input checked="" type="checkbox"/> Hose bib shut off valve(s) located	<b>Domestic Water Heater</b>
<input type="checkbox"/> Did not locate at _____, locate and leave accessible	Location <input checked="" type="checkbox"/> basement <u>unit enclosed in by laundry and boiler</u>
<input type="checkbox"/> Frost protected, interior shutoff may not be required	<input checked="" type="checkbox"/> Rental <input type="checkbox"/> Owned <input type="checkbox"/> unknown
<b>Functional Flow</b>	Estimated age / year <u>(2003)</u>
<input checked="" type="checkbox"/> Tested <input type="checkbox"/> Not Tested because _____	Make: <u>GSW</u>
Method: <input checked="" type="checkbox"/> With multiple fixtures running, flushed toilet(s) to over stress flow, observed decrease in flow:	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane
<input type="checkbox"/> minimal <input checked="" type="checkbox"/> acceptable <input type="checkbox"/> excessive	<input type="checkbox"/> Water on Demand system <input type="checkbox"/> Integral with heating system
<b>Hot Water Output:</b>	Rated Capacity <u>150</u> gallons / Liters, which is generally ample for about <u>4</u> people, depending on usage.
Hot water <input checked="" type="checkbox"/> was <input type="checkbox"/> was not received at hot water faucets which were operated, in random testing, indicating the system <input checked="" type="checkbox"/> is <input type="checkbox"/> is not providing hot water to these faucets.	Safety pressure release valve <input checked="" type="checkbox"/> was <input type="checkbox"/> was not observed and <input checked="" type="checkbox"/> did <input type="checkbox"/> did not have safety extension down to floor.
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 <input type="checkbox"/> warm <input type="checkbox"/> cold.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> Extensive rust / corrosion / water noted at base of unit indicates unit is leaking.
<b>Additional Comments or Issues:</b>	<b>Vent Pipe:</b> <input checked="" type="checkbox"/> does <input type="checkbox"/> does not slope or rise to exhaust
	<input type="checkbox"/> pipe loose <input type="checkbox"/> connection(s) loose
	<input type="checkbox"/> rusted or deteriorated
	<input type="checkbox"/> joint to exhaust in need of repair

**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 88 as evidenced by:

Brand Name: Slant Fin

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 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,  
working

#### Additional Comments or Issues:

older boiler system

### 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 covered with tape  
☒ 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

<b>Basement</b> <u>100%</u> Percent of lowest level <input checked="" type="checkbox"/> Finished <input type="checkbox"/> Partially finished <b>Exterior access / egress</b> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Direct walk out <input type="checkbox"/> Up exterior stairway bulkhead  <b>Foundation walls:</b> <input checked="" type="checkbox"/> Covered <input type="checkbox"/> Visible Approximate percentage visible <u>(2% only)</u> <b>Limitations to a thorough inspection:</b> <input checked="" type="checkbox"/> Storage <input checked="" type="checkbox"/> Insulation <input checked="" type="checkbox"/> Walls finished / drywall / painted <u>All</u> <b>Visible areas:</b> <input checked="" type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Brick & Mortar <input type="checkbox"/> Stone & Mortar <input type="checkbox"/> Stucco over unknown <b>Condition:</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Evidence of previous wall repair <input type="checkbox"/> Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak <b>Defects noted:</b> <input type="checkbox"/> Settlement cracks <input type="checkbox"/> Minor <input type="checkbox"/> Monitor over time <input type="checkbox"/> Significant, have a mason repair <input type="checkbox"/> Have cracks / leaky areas repaired to prevent ongoing leakage	<b>Basement Ceilings</b> <input type="checkbox"/> Exposed to view <input checked="" type="checkbox"/> Hidden from view <input type="checkbox"/> Partial view Ceilings finished? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak  <b>Crawl Space</b> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Percent of lowest level <input type="checkbox"/> Accessible <input type="checkbox"/> Not Accessible <input type="checkbox"/> Entered <input type="checkbox"/> Not Entered, because _____  <b>Floors:</b> <input type="checkbox"/> concrete <input type="checkbox"/> dirt <b>Ventilation:</b> <input type="checkbox"/> noted <input type="checkbox"/> none noted (add Ventilation) <b>Type:</b> <input type="checkbox"/> wall vents <input type="checkbox"/> vents into basement <input type="checkbox"/> Recommend adding ventilation to this area to prevent condensation / moisture problems <input type="checkbox"/> Additional ventilation recommended <input type="checkbox"/> Evidence of moisture; determine source and repair as needed  <b>Insulation observed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Vapour Barrier:</b> <input type="checkbox"/> on warm side of insulation <input type="checkbox"/> None noted <input type="checkbox"/> Installed improperly  <b>Moisture Evidence:</b> <input type="checkbox"/> Present <input type="checkbox"/> Not noted <b>Water Penetration Evidence:</b> <input type="checkbox"/> noted <input type="checkbox"/> none noted
<b>Basement Floors</b> <input checked="" type="checkbox"/> concrete <input type="checkbox"/> dirt <u>All</u> Covered with <input checked="" type="checkbox"/> tile <input type="checkbox"/> sheet goods <input checked="" type="checkbox"/> carpeting <input checked="" type="checkbox"/> painted <input type="checkbox"/> Hardwood / softwood / laminated wood  <b>Limitations to a thorough inspection:</b> <input checked="" type="checkbox"/> Storage <input type="checkbox"/> Excessive Furniture Floors finished / covered <input type="checkbox"/> Approximate percentage visible <u>5%</u> <input type="checkbox"/> Satisfactory <b>Defects:</b> <input type="checkbox"/> Settlement Cracks in floor were noted which appear to be: <input type="checkbox"/> newer <input type="checkbox"/> older <input type="checkbox"/> small, probably not major defects at this time, which should be monitored over time to see if they worsen <input type="checkbox"/> larger major defects <input type="checkbox"/> showing differential settlement <input type="checkbox"/> heaving <input type="checkbox"/> Evidence suggests hollow under floor <input type="checkbox"/> Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak  <b>Moisture Evidence:</b> <input type="checkbox"/> Present <input checked="" type="checkbox"/> Not noted <b>Water Penetration Evidence:</b> <input type="checkbox"/> noted <input checked="" type="checkbox"/> none noted	<b>Slab on Grade</b> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Percent of lowest level <input type="checkbox"/> concrete <input type="checkbox"/> wood <input type="checkbox"/> unknown / not visible slab: <input type="checkbox"/> at about grade level <input type="checkbox"/> slightly above/below grade <i>The support system below grade is not observed and is unknown.</i> 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 Exposed interior floor coverings are of: <input type="checkbox"/> concrete <input type="checkbox"/> vinyl <input type="checkbox"/> wall to wall carpet <input type="checkbox"/> hardwood <input type="checkbox"/> softwood <input type="checkbox"/> carpet less than wall to wall in coverage Observed <input type="checkbox"/> broken <input type="checkbox"/> warped <input type="checkbox"/> rippled <input type="checkbox"/> floor coverings, which may indicate cracks in the slab.
<b>Exterior Support Piers</b> <input checked="" type="checkbox"/> Not Applicable Support columns of <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Brick were observed under the _____ Support columns condition looked <input type="checkbox"/> Satisfactory	<b>Cold Room</b> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Install/replace weatherstripping at door <input type="checkbox"/> Venting installed <input type="checkbox"/> venting blocked, open and leave active <input type="checkbox"/> No venting, proper venting to be added <input type="checkbox"/> It is not recommended to finish or partially finish a cold room. Revert area to original state.
<b>Additional Comments or Issues:</b>	

**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: basement  
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 s  
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
<p><input type="checkbox"/> No laundry provisions noted</p> <p>Location: <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Main floor <input type="checkbox"/> Upper floor</p> <p><input type="checkbox"/> In/near bedrooms <input type="checkbox"/> In bathroom <input type="checkbox"/> In/near kitchen</p>	<p><input type="checkbox"/> None noted</p> <p><b>Tub</b></p> <p><input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Tub damaged / cracked, replace</p>
<p style="text-align: center;"><b>Appliances: Laundry</b></p> <p><b>Clothes Washer</b></p> <p><input type="checkbox"/> None noted</p> <p>Brand: <u>Whirlpool</u> <span style="float: right;"><del>AF760709C</del> C52047522</span></p> <p>Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input checked="" type="checkbox"/> Connections for water &amp; drain were noted</p> <p><input type="checkbox"/> Connections not visible</p> <p>Condition of water hoses: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Replace</p> <p>Electrical Outlet <input checked="" type="checkbox"/> Grounded <input type="checkbox"/> Not grounded</p> <p><input type="checkbox"/> Replace outlet</p> <p><input type="checkbox"/> In use during inspection, performing normal cycles</p> <p><input type="checkbox"/> Operated one cycle, heard water come in, splash, spin and pump out</p> <p><input checked="" type="checkbox"/> Not operated</p> <p><b>Course of Action:</b></p> <p>Have an appliance repair contractor repair noted defects.</p> <p><b>Clothes Dryer</b></p> <p><input type="checkbox"/> None noted</p> <p>Brand: <u>GE</u> <span style="float: right;">AF760709C</span></p> <p><input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas</p> <p><input checked="" type="checkbox"/> Connections were noted <input type="checkbox"/> Not Secure</p> <p><input type="checkbox"/> Connections not visible</p> <p>Vented to: <input checked="" type="checkbox"/> Exterior <input type="checkbox"/> Not vented properly, redirect</p> <p>Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input type="checkbox"/> Unit checked for spin and drying heat</p> <p><input type="checkbox"/> In use during inspection, performing major functions</p> <p><input checked="" type="checkbox"/> Not operated</p> <p><b>Course of Action:</b></p> <p><input checked="" type="checkbox"/> Change dryer vent to metal</p> <p><input type="checkbox"/> Vent appears clogged / dirty, requires cleaning (All dryer vents require regular maintenance, see preventative maintenance booklet for more information)</p> <p>Have an appliance repair contractor repair noted defects.</p>	<p><b>Faucets:</b></p> <p><input checked="" type="checkbox"/> Faucets hot and cold working properly</p> <p><input type="checkbox"/> Faucets do not shut off fully</p> <p><input type="checkbox"/> Hot and cold reversed, have a plumber repair</p> <p><input checked="" type="checkbox"/> Drain secure <input type="checkbox"/> not secure</p> <p><input checked="" type="checkbox"/> No leaks noted</p> <p><input type="checkbox"/> Leaks noted at faucets <input type="checkbox"/> below tub</p> <p><input type="checkbox"/> Leaks at water lines</p>
	<p style="text-align: center;"><b>Wet Bar</b></p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location: _____</p> <p><input type="checkbox"/> Wet bar <input type="checkbox"/> Additional sink only</p> <p><input type="checkbox"/> Other _____</p> <p><b>Sink</b></p> <p><input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete</p> <p><b>Drainage pipes</b></p> <p><input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron <input type="checkbox"/> Lead</p> <p><input type="checkbox"/> Galvanized Steel</p> <p><b>Leaks noted</b></p> <p><input type="checkbox"/> None noted</p> <p><input type="checkbox"/> Above the sink <input type="checkbox"/> below the sink <input type="checkbox"/> At taps</p> <p><b>Counter top</b></p> <p><input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Wood</p> <p><input type="checkbox"/> are <input type="checkbox"/> are not secure</p> <p><input type="checkbox"/> loose (unsafe) <input type="checkbox"/> missing <input type="checkbox"/> large areas heat scorched or damaged</p> <p>Stored items affecting visibility of counter tops at time of inspection <input type="checkbox"/> minimal <input type="checkbox"/> about normal <input type="checkbox"/> extensive</p>
<p style="text-align: center;"><b>Electrical: Laundry</b></p> <p><input type="checkbox"/> Ground Fault Interrupter <input checked="" type="checkbox"/> None Noted</p> <p><input checked="" type="checkbox"/> Recommend add GFI's for safety</p>	<p style="text-align: center;"><b>Electrical: Wet Bar</b></p> <p><input type="checkbox"/> Ground Fault Interrupter <input type="checkbox"/> None Noted</p> <p><input type="checkbox"/> Recommend add GFI's for safety</p>
<p><b>Additional Comments or Issues:</b></p>	

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

## Kitchen & Appliances

<p style="text-align: center;"><b>Location</b></p> <p>___ Basement <input checked="" type="checkbox"/> Main floor ___ Upper floor</p>	<p style="text-align: center;"><b>Range / Cooktop</b> IMM4373903</p> <p>Brand: <u>Kitchen Aid</u></p> <p>Style: <input checked="" type="checkbox"/> Free Standing ___ Built in</p> <p>Fuel type: <input checked="" type="checkbox"/> Electric ___ Gas ___ Other ___</p> <p>Age: ___ Newer ___ Older <input checked="" type="checkbox"/> Midlife</p> <p><input checked="" type="checkbox"/> Not operated</p> <p>___ In use during inspection, indicating portion being used is performing its major function</p> <p>___ Operated and found that # ___ burners gave heat and # ___ did not give heat</p>
<p style="text-align: center;"><b>Cabinets</b></p> <p><input checked="" type="checkbox"/> Wooden ___ Plastic Laminate ___ Other ___</p> <p>Cabinets <input checked="" type="checkbox"/> are ___ are not secure ___ end of life</p> <p>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</p> <p>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;"><b>Oven</b></p> <p>Brand: ___</p> <p><input checked="" type="checkbox"/> Part of the stove ___ Built in</p> <p>Fuel Type: <input checked="" type="checkbox"/> Electric ___ Gas ___ Self cleaning(Not checked)</p> <p>Age: ___ Newer ___ Older ___ Midlife ___ See Stove</p> <p><input checked="" type="checkbox"/> Not operated</p> <p>___ In use during inspection, indicating the portion being used is performing its major function</p> <p>Bake and broil ___ did ___ did not give heat when turned on.</p>
<p style="text-align: center;"><b>Counter Tops</b></p> <p>___ Plastic Laminate ___ Ceramic Tile <input checked="" type="checkbox"/> Granite/Marble/Corian</p> <p><input checked="" type="checkbox"/> are ___ are not secure ___ loose (unsafe) ___ missing ___ large areas heat scorched or damaged</p> <p>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;"><b>Refrigerator</b> 14540461AX</p> <p>Brand: <u>Maytag</u></p> <p>Age: ___ Newer ___ Older ___ Midlife</p> <p><input checked="" type="checkbox"/> In use during inspection ___ Operated</p> <p>___ Not operated</p> <p><input checked="" type="checkbox"/> Items in cooling section felt cool, in freezer section felt frozen -indicates doing major functions</p> <p>Features: ___ Ice maker ___ Water &amp; Ice through door <input checked="" type="checkbox"/> Frost Free</p> <p>Magnetic Seal: ___ Damaged / Broken</p>
<p style="text-align: center;"><b>Sink</b></p> <p><input checked="" type="checkbox"/> Stainless Steel ___ Porcelain ___ Plastic ___ Undetermined material</p> <p>Ran the water and found leaks <input checked="" type="checkbox"/> None noted ___ Above the sink ___ below the sink. ___ Have leaks repaired by plumber</p> <p>Sink ___ chipped/cracked. Stopper/strainer <input checked="" type="checkbox"/> was ___ was not noted</p>	<p style="text-align: center;"><b>Dishwasher</b> FD820 1000307</p> <p>Brand: <u>Bosch</u></p> <p>Age: ___ Newer ___ Older ___ Midlife</p> <p><input checked="" type="checkbox"/> Operated ___ In use during inspection</p> <p><input checked="" type="checkbox"/> Not operated ___ items/storage in machine</p> <p>___ Heard ___ Did not hear water come in, splash and pump out, indicating that the appliance is doing its major functions</p> <p>___ Recommend relocate drain to sink side of P trap</p> <p>___ Recommend secure unit</p>
<p style="text-align: center;"><b>Disposal</b></p> <p><input checked="" type="checkbox"/> None noted</p> <p>Brand: ___ horsepower: ___</p> <p>Leaks noted? ___ Yes ___ No ___ Have leaks repaired by plumber</p> <p>___ Tested unit, results: ___</p>	<p style="text-align: center;"><b>Built in Microwave</b> 10257792AP</p> <p>___ None noted</p> <p>Brand: <u>Jenn Air</u></p> <p>Age: <input checked="" type="checkbox"/> Newer ___ Older <input checked="" type="checkbox"/> Midlife</p> <p>___ Heated container of water, indicating does major function</p> <p>___ Too close to cooktop, repair as needed</p> <p><input checked="" type="checkbox"/> Not operated</p>
<p style="text-align: center;"><b>Ventilation</b></p> <p>___ None Noted, other than doors and windows</p> <p><input checked="" type="checkbox"/> Fan integral with a built-in Microwave or cooktop</p> <p>___ Exhaust fan appears to vent to exterior</p> <p>___ Recirculates air within the room <input checked="" type="checkbox"/> Light</p> <p><input checked="" type="checkbox"/> When the components were turned on, they seemed to perform their major function.</p> <p>___ Fan sounds excessively noisy</p> <p>Filters: <input checked="" type="checkbox"/> Observed ___ None Noted</p>	<p style="text-align: center;"><b>Other Appliance</b></p> <p><input checked="" type="checkbox"/> None noted</p> <p>Brand: ___</p> <p>___ Operated ___ Not Operated</p>
<p style="text-align: center;"><b>Electrical</b></p> <p>___ Ground Fault Interrupter <input checked="" type="checkbox"/> None Noted</p> <p><input checked="" type="checkbox"/> Recommend add GFI's for safety <input checked="" type="checkbox"/> at sink</p> <p>___ Inadequate number of electrical outlets</p>	
<p style="text-align: center;"><b>Kitchen Floor</b></p> <p>___ Laminate ___ Vinyl Tile <input checked="" type="checkbox"/> Ceramic Tile</p> <p>___ Wood ___ Carpet</p> <p><input checked="" type="checkbox"/> Normal amount of bounce ___ excessive bounce noted</p> <p>___ 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

<b>BATHROOM 1:</b> <u>Full</u> <input type="checkbox"/> Partial <input type="checkbox"/> <b>Location</b> <u>basement</u> <b>Tub:</b> <input checked="" type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted <b>Shower:</b> <input checked="" type="checkbox"/> with Tub <input type="checkbox"/> Stall <b>Enclosure:</b> <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 <b>Sink(s):</b> # <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 <b>Toilet:</b> <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Bidet:</b> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Damage:</b> <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 <b>Floor:</b> <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input type="checkbox"/> <input type="checkbox"/> Soft or weak spots noted in floor <b>Vents:</b> <input checked="" type="checkbox"/> Window <input checked="" type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted <b>Caulking:</b> 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 <b>Leaks:</b> <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 <b>Electrical:</b> <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  <u>switches too close to tub/shower area (relocate)</u>	<b>BATHROOM 2:</b> <u>Full</u> <input type="checkbox"/> Partial <input type="checkbox"/> <b>Location</b> <u>2nd floor hall</u> <b>Tub:</b> <input checked="" type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted <b>Shower:</b> <input checked="" type="checkbox"/> with Tub <input type="checkbox"/> Stall <b>Enclosure:</b> <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 <b>Sink(s):</b> # <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 <b>Toilet:</b> <input checked="" type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Bidet:</b> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Damage:</b> <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 <b>Floor:</b> <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input type="checkbox"/> <input type="checkbox"/> Soft or weak spots noted in floor <b>Vents:</b> <input checked="" type="checkbox"/> Window <input checked="" type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted <b>Caulking:</b> 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 <b>Leaks:</b> <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 <b>Electrical:</b> <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
<b>BATHROOM 3:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> <b>Location</b> _____ <b>Tub:</b> <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted <b>Shower:</b> <input type="checkbox"/> with Tub <input type="checkbox"/> Stall <b>Enclosure:</b> <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 <b>Sink(s):</b> # _____ <input type="checkbox"/> Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Toilet:</b> <input type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Bidet:</b> <input type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Damage:</b> <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 <b>Floor:</b> <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> <input type="checkbox"/> Soft or weak spots noted in floor <b>Vents:</b> <input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted <b>Caulking:</b> 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 <b>Leaks:</b> <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 <b>Electrical:</b> <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	<b>BATHROOM 4:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> <b>Location</b> _____ <b>Tub:</b> <input type="checkbox"/> Built in <input type="checkbox"/> Leg Tub <input type="checkbox"/> None noted <b>Shower:</b> <input type="checkbox"/> with Tub <input type="checkbox"/> Stall <b>Enclosure:</b> <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 <b>Sink(s):</b> # _____ <input type="checkbox"/> Vanity <input type="checkbox"/> Wall Hung <input type="checkbox"/> Pedestal Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Toilet:</b> <input type="checkbox"/> Flushed, Feels adequately secured <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Bidet:</b> <input type="checkbox"/> None noted <input type="checkbox"/> Turned on Feels adequately fastened <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Damage:</b> <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 <b>Floor:</b> <input type="checkbox"/> Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> <input type="checkbox"/> Soft or weak spots noted in floor <b>Vents:</b> <input type="checkbox"/> Window <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> None noted <b>Caulking:</b> 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 <b>Leaks:</b> <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 <b>Electrical:</b> <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 main floor  
☒ 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  
X 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 laundry, kitchen  
☐ GFIs are older, recommend replacement

## Smoke Detectors

None Noted, have an electrician install immediately  
# 2 Smoke Detectors

X **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

### Carbon Monoxide (CO) Detectors

# 1 No permanently installed CO detectors noted  
CO Detectors

    X     **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 type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Acoustic ceiling tiles <input checked="" type="checkbox"/> Plaster over <input type="checkbox"/> Wood lath <input type="checkbox"/> Metal mesh <input type="checkbox"/> wall board <input checked="" type="checkbox"/> Unknown backer material <input type="checkbox"/> Appears recently painted / papered <input type="checkbox"/> Nail pops were noted <input 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 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 type="checkbox"/> Sliders <b>Defects noted:</b> <input checked="" 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 type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Panel covered <input checked="" type="checkbox"/> Plaster over: <input checked="" type="checkbox"/> Wood lath <input type="checkbox"/> Metal mesh <input type="checkbox"/> wall board <input checked="" type="checkbox"/> Unknown backer material <input type="checkbox"/> Unknown materials  <input 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 checked="" 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 checked="" 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
Floors	Defects:
<input checked="" type="checkbox"/> Wall to wall carpet <input type="checkbox"/> Room sized rugs <input checked="" type="checkbox"/> Hardwood <input 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 checked="" 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"/> 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
Trim	Skylights and Roof Windows
<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 checked="" 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	<input checked="" type="checkbox"/> None noted from interior <input 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
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 <b>Trip hazards</b> observed: <input 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 checked="" type="checkbox"/> Low head room <input type="checkbox"/> Shallow treads noted <input checked="" type="checkbox"/> Loose handrails noted on <u>2nd floor</u> stairs <input type="checkbox"/> Loose carpet or tread coverings <input checked="" type="checkbox"/> Large openings in rail system should be closed down <input type="checkbox"/> Steep steps (rise too high) <input checked="" type="checkbox"/> No handrails noted on <input checked="" type="checkbox"/> Basement stairs <b>Course of Action:</b> <input checked="" type="checkbox"/> Add handrail for safety <input checked="" type="checkbox"/> Railings too low by today's standards, add / adjust for safety <b>Additional Comments or Issues:</b>	

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

## Attic & Ventilation

### Attic Access

☐ No Attic ☐ Flat roof ☐ Cathedral ceiling  
☐ No Access ☐ Blocked by storage items

☐ Stairs, see Stairs on INTERIOR page

☐ Pull down in ☐

☒ Access Hatch in bedroom closet

#### Results:

☒ Limited viewing, looked in through opening ONLY  
Due to: ☒ low headroom ☒ no walkway/floor ☒ Storage

☐ Entered, walked from end to end

☐ Entry blocked by excessive storage which also prevented sufficient viewing of attic area.

#### Attic Hatch:

☒ Insulate ☒ Weatherstrip access hatch

☐ Moisture / Mildew noted at hatch opening area, repairs needed

### Framing

☒ Rafters ☐ Trusses

#### Sheathing

☐ Structural panels ☒ Spaced boards

#### Defects:

☐ Sagging ☐ Buckling

☐ Cracking ☐ Rot

☐ Delaminating

#### Course of Action:

☐ Localized defects, monitor over time

☐ Add or secure structural supports

☐ Seal party / fire walls

### Attic Storage

☒ Not recommended

☐ Limited storage

☐ Attic fully floored

### Attic Ventilation

☐ No ventilation noted, it may or may not exist

#### Type:

☐ Ridge vent

☒ Roof vent

☐ Gable end vent

☐ Soffit / Fascia vent

☒ Turbines

☐ Whole house fan

☐ Other ☐

Vents obstructed by: ☐ Insulation ☐ nest / hives

☒ Exhaust venting fans noted in ceilings below attic floor with nothing noted in attic to indicate they vent directly to exterior.

ensure properly venting

#### Defects:

☐ Inadequate ventilation, increase venting

☐ Exhaust fans from interior end in attic and must be directed to exterior.

☒ Remove insulation that is currently blocking vents, install soffit baffles

☐ Soffit vents missing baffles, should be installed

#### Course of Action:

### Moisture & Water Penetration

☐ None noted

#### Evidence observed in attic:

☒ Dark stains on framing

☐ Microbial growth / mildew

☐ Rust / corrosion on roofing nails

☐ Delaminated or decomposing roof decking material

☐ Water damage

☐ Water stains ☐

☐ Condensation evident on exhaust pipes

#### Course of Action:

☐ Insulate exhaust vents in attic

☐ Increase Insulation on pipes

☐ Have a contractor inspect and repair/rebuild as needed

☐ Further evaluation and testing for possible mould recommended (and remediation work performed as required)

#### Additional Comments or Issues:

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

## Insulation

Attic	Ductwork
<input type="checkbox"/> None noted <input type="checkbox"/> Attic could not be accessed <input type="checkbox"/> Fully floored <input type="checkbox"/> Some observed, mostly obscured <b>Form:</b> <input checked="" type="checkbox"/> Batt / Blanket <input checked="" type="checkbox"/> Loose Fill <input type="checkbox"/> Rigid Board <input type="checkbox"/> Foamed in Place <b>Type:</b> <input checked="" type="checkbox"/> Glass Fiber <input type="checkbox"/> Wood Shavings <input type="checkbox"/> Mineral Fiber <input checked="" type="checkbox"/> Cellulose Fiber <input type="checkbox"/> Urea Formaldehyde Foam (UFFI) <input type="checkbox"/> Plastic/Foam Board <input type="checkbox"/> Vermiculite, test for Asbestos content <input type="checkbox"/> Other _____ <b>Location:</b> <input checked="" type="checkbox"/> Floor <input type="checkbox"/> Roof <input type="checkbox"/> Both <input type="checkbox"/> other _____ Estimated thickness <u>8</u> inches <input type="checkbox"/> Unknown Estimated R-value <u>26</u> R <b>Defects:</b> <input type="checkbox"/> Wet <input type="checkbox"/> Compressed <input type="checkbox"/> Mildew / fungus <input type="checkbox"/> Evidence of past or current rodent infestation <input type="checkbox"/> Insulation appears, smells or feels damp/wet, replacing should improve efficiency & reduce allergies. <input type="checkbox"/> Low / bare spots in insulation, recommend additional insulation <b>Vapour barrier:</b> <input type="checkbox"/> None Noted <input checked="" type="checkbox"/> Not visible <input type="checkbox"/> Plastic <input type="checkbox"/> Kraft Paper <input type="checkbox"/> Polyethylene <input type="checkbox"/> Other _____ Not determined <input type="checkbox"/> Barrier is located on warm side of the insulation <input type="checkbox"/> Barrier is within insulation or on cold side, have repaired <b>Exhaust pipes from interior:</b> <u>(none visible)</u> <input type="checkbox"/> Adequate insulation <input type="checkbox"/> wet <input type="checkbox"/> condensation <b>Clearances</b> <input type="checkbox"/> Adequate around pot lights, fans other mechanical items <input type="checkbox"/> Electrical wiring observed within or on top of insulation, have secured. <b>Course of Action:</b> <input type="checkbox"/> Adding additional insulation should be considered to increase energy efficiency of home. <b>Additional Comments or Issues:</b>	<input checked="" type="checkbox"/> None noted <input type="checkbox"/> Some <input type="checkbox"/> most ductwork in unconditioned spaces was observed to be insulated. Insulation appears to be <input type="checkbox"/> adequate <input type="checkbox"/> insufficient Observed: <input type="checkbox"/> Condensation <input type="checkbox"/> Rust <i>Uninsulated ducts should be insulated for energy conservation and to prevent condensation and resultant damage.</i> <b>Pipes</b> <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Heating cables <input type="checkbox"/> Some <input type="checkbox"/> many pipes believed to be carrying heated or chilled water or coolants in unconditioned spaces were observed to be insulated. Insulation appears to be <input type="checkbox"/> adequate <input type="checkbox"/> insufficient <i>Uninsulated pipes should be insulated for energy conservation and to prevent condensation and resultant damage.</i> <b>Walls</b> <input checked="" type="checkbox"/> Not determined <input type="checkbox"/> Through hole in wall (located _____), saw _____ type of insulation. Removed # _____ exterior wall outlet covers on interior of house and saw _____ <i>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.</i> <b>Building Underside</b> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> None noted <input type="checkbox"/> From within a crawl space / basement, under floor of the lowest living area _____ insulation was observed. Estimated thickness _____ inches thick Estimated R-value of _____ R.

**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.