



CHAMPIA

REAL ESTATE INSPECTIONS



Report Especially Prepared For:

Inspected By:

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Date of Inspection: 2/11/2012

Property Analysis Report

Champia Real Estate Inspections, LLC
1113 Pristine Place, Alpharetta, GA 30022

Date / Time: **2/11/2012 /**
10:00AM

Address:

Client:

Report Number:
16108

SUMMARY OF INSPECTION

The inspection resulted in the following summarized items (the locations are listed as viewed from the street facing the property):

Section III. EXTERIOR

1. The carport appears to be clad with hardboard siding. Problems have been associated with this material due to absorbed moisture causing swelling and deterioration of the siding. Class action law suites have been settled against some of the siding manufacturers, but the siding will perform adequately if kept well maintained. Damaged siding has been replaced with concrete based siding- all looks fine.
2. Siding at the front of the carport is in ground contact or too close to the soil, 6 inches of clearance to grade is recommended to prevent decay and infestation by wood destroying organisms. Recommend improving clearances. (See Figure #1)
3. The gutter at the carport are loose and need to be secured. (See Figure #2)
4. The downspout at the right rear is loose and needs to be secured. (See Figure #3)

Section IV. INTERIOR

1. The wood flooring throughout the 1st floor has cupped indicating moisture. Moisture meter was used at front and rear rooms and the flooring is dry. Told that broken sewer main caused original leak that entered home. The floor will need replacement as it is a tripping hazard. (See Figure #4)
2. The keys are missing on the windows in the living room. Provide keys or replace lock. (See Figure #5)
3. The left double door to the kitchen binds and will not open to the patio. Appears center astragal strip is binding door. Repair. (See Figure #6)
4. The hinge pins are missing or damaged on numerous double closet doors. Replace hardware as needed. (See Figure #7) (See Figure #8)
5. The door to the master bedroom does not seal tightly- a 1/4 gap is visible around the frame. Repair as needed.
6. The gas starter at the fireplace did not work when tested. Repair as needed. (See Figure #9)

Section V. KITCHEN

1. The anti-tip device is missing for the range. Install as needed. (See Figure #10)

Section VI. ELECTRICAL SYSTEM

1. Recommend further evaluation and repairs as needed by a qualified, licensed electrician.
2. Open knockouts are present on the electric service panel housing. Install inserts or caps to close the knockouts.
3. The electric disconnect can is loose at left rear exterior. Properly secure to wall. (See Figure #11)
4. Some of the breakers in the service panel are incompatible with the type of panel, i.e. GE breakers in a Challenger panel, which voids the warranty on the panel. Install proper breakers.
5. Flying wire splices were observed at the attic. All splices should be contained in closed junction boxes. Correct wiring as needed. (See Figure #12) (See Figure #13)
6. A receptacle is damaged in the master bedroom-right side. Replace receptacle. (See Figure #14)
7. The exterior receptacle at the rear carport is missing a weatherproof cover. Install weatherproof cover.
8. GFCI protection is missing for the receptacle in the carport and storage. Install GFCI protection. (See Figure #15)
9. Can or recessed lights in the attic are not IC- insulation contact- rated and are allowing energy to be lost at the light fixtures and may pose a fire hazard. IC Lights were not available when the home was remodeled or built. Recommend Installing IC rated fixtures or move insulation away from installed fixtures.
10. The light in the upper hall shower did not work when tested. Check for blown bulbs, repair fixture if needed. (See Figure #16)
11. More than one GFCI is installed on the circuit for the master bath and hall baths. Only one GFCI should be installed on the circuit. Correct
12. The switch is not working properly in living room, left bedroom. Unable to turn on a receptacle or light when entering room as required. Switch is in place but does not control anything. Repair.

Section VII. HEATING AND COOLING

1. The cooling systems/ condensers are older(1994 & 1984) and has reached its average life expectancy. Replacement may be required at any time. (See Figure #17) (See Figure #18)
2. No insulation is installed on a waterline to humidifier in the attic. Water line could freeze and burst. Install insulation where missing. (See Figure #19) (See Figure #20)
3. When turned on the powder room exhaust fan draws combustion products (carbon monoxide) from the furnace and water heater. Inadequate combustion air was observed to the furnace and water heater at closet. Recommend combustion air vents be added to furnace closet. (See Figure #21)
4. Operation of the cooling systems when exterior temperatures have been below 65 degrees within the last 24 hours may cause damage to the condensers. Cooling systems are typically not tested under these conditions. AC was not operated or tested.
5. Battery is dead or dying in the thermostat. Replace.
6. The Freon lines at right exterior do not have adequate support. Lines should be supported at 6-foot intervals. Add support as needed. (See Figure #22)
7. The humidifier on the HVAC system for the upstairs was not tested. Recommend evaluation by a qualified HVAC technician.
8. The blower motor and housing in the air handler for the main floor HVAC system is corroded. Recommend system be cleaned and evaluated by a qualified HVAC technician. (See Figure #23)

Section VIII. PLUMBING SYSTEM

1. The main water supply line is not visible. Unable to determine type and condition of the pipe.
2. An uncapped gas line was observed at the rear patio. Cap the line. (See Figure #24)
3. The bathroom exhaust fans are vented into the attic. Fans should be vented to the exterior. (See Figure #25)
4. Grout is missing or deteriorated in the master bathroom shower. Regrout/repair as needed. (See Figure #26)
5. Tile shelves are cracked in master shower. Repair/ replace. (See Figure #27)
6. A leak was observed at a joint in the tailpiece under the master sink. Repair. (See Figure #28)
7. Drip pan under wash machine to prevent water damage if leaks occur is not connected to an exterior discharge pipe. Install pipe to exterior or install a water alarm in pan. (See Figure #29)

Section IX. ROOF AND ATTIC

1. Nails have worked out of the roof sheathing and through the roof covering at rear of car port. Recommend loose nails be pulled and the holes in the covering sealed to prevent leaks from developing. (See Figure #30)
2. Loose or missing nuts and bolts were observed on the pull down stairs to the attic. Tighten and replace missing hardware as needed. (See Figure #31)
3. The depth of insulation above the ceilings is low by today's standards. Recommend installation of additional insulation to improve energy efficiency. A minimum of R-30 insulation is recommended. (See Figure #32)
4. Insulation against flue pipe in attic. One inch clearance is required from combustibles on a type B flue pipe. Insulation is considered combustible. Modify Insulation away from flue, install collar. (See Figure #33)

Section I. SITE AND GROUNDS

A. Surrounding Vegetation	<input type="checkbox"/> N/A 1. Trees: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Decayed or Dead <input type="checkbox"/> Hazardous <input type="checkbox"/> Overhanging Branches <input type="checkbox"/> See Summary 2. Shrubbery: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Against House <input type="checkbox"/> Dead Branches <input type="checkbox"/> See Summary
B. Grading	Grading: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable Inadequate Slope: n/a Erosion: n/a Ponding: n/a <input type="checkbox"/> See Summary
C. Driveway	Driveway: <input type="checkbox"/> N/A 1. Construction: <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Pavers <input type="checkbox"/> Dirt 2. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Cracks <input type="checkbox"/> Settlement <input type="checkbox"/> Trip Hazard <input type="checkbox"/> Undermined <input type="checkbox"/> Spalling <input type="checkbox"/> See Summary
D. Walkways	Walkways: <input type="checkbox"/> N/A 1. Construction: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Stone 2. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Cracks <input type="checkbox"/> Settlement <input type="checkbox"/> Trip Hazard <input type="checkbox"/> Undermined <input type="checkbox"/> Spalling <input type="checkbox"/> See Summary
E. Patios	Patios: <input type="checkbox"/> N/A 1. Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Pavers <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stone 2. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Settlement <input type="checkbox"/> Trip Hazard <input type="checkbox"/> Damaged <input type="checkbox"/> Undermined <input type="checkbox"/> Inadequate slope <input type="checkbox"/> Spalling <input type="checkbox"/> Cracks <input type="checkbox"/> See Summary
F. Retaining Walls	Retaining Walls: <input checked="" type="checkbox"/> N/A 1. Construction: <input type="checkbox"/> Railroad Ties <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Concrete Block <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Acceptable 2. Condition: <input type="checkbox"/> Leaning <input type="checkbox"/> Bulged <input type="checkbox"/> Damaged <input type="checkbox"/> Decayed / Deterioration <input type="checkbox"/> Cracked <input type="checkbox"/> Missing Guardrail <input type="checkbox"/> See Summary
Remarks	n/a

Section II. STRUCTURAL SYSTEM

A. Foundation Type	Foundation Type: <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Concrete Slab
B. Footings	Footings: <input checked="" type="checkbox"/> Not Visible 1. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Missing <input type="checkbox"/> Inadequate <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary
D. Foundation	Foundation: <input type="checkbox"/> Not Visible <input type="checkbox"/> Portions Concealed 1. Construction: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Concrete Blocks <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Piers <input type="checkbox"/> Wood <input type="checkbox"/> Metal 2. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Soft Mortar <input type="checkbox"/> Rotating <input type="checkbox"/> Repairs Required <input type="checkbox"/> See Summary 3. Cracks: <input checked="" type="checkbox"/> None Observed <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Stair Step <input type="checkbox"/> Curing <input type="checkbox"/> Diagonal <input type="checkbox"/> Displacement <input type="checkbox"/> See Summary 4. Wood Frame Attached to Foundation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Not Visible 5. Moisture: <input type="checkbox"/> No Visible Evidence at Time of Inspection <input type="checkbox"/> Yes <input type="checkbox"/> Current <input checked="" type="checkbox"/> Prior <input type="checkbox"/> Efflorescence <input type="checkbox"/> See Summary 6. Concrete Flooring: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Not Visible <input type="checkbox"/> Portions Concealed a. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Cracks <input type="checkbox"/> Settlement <input type="checkbox"/> Repairs Required <input type="checkbox"/> Spalling <input type="checkbox"/> See Summary 7. Sump Pump: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Functioning <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> See Summary
E. Floor Framing	Floor Framing: <input type="checkbox"/> N/A <input type="checkbox"/> Not Visible <input checked="" type="checkbox"/> Portions Concealed 1. Sub-Flooring: <input type="checkbox"/> Not Visible <input checked="" type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Portions Concealed <input type="checkbox"/> Wet <input type="checkbox"/> Decayed <input type="checkbox"/> Stains <input type="checkbox"/> Mold/Mildew <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary 2. Supports: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Not Visible <input type="checkbox"/> Portions Concealed a. Construction: <input type="checkbox"/> Posts <input type="checkbox"/> Piers <input type="checkbox"/> Bearing Walls b. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Decay/Deterioration <input type="checkbox"/> Loose <input type="checkbox"/> Rust <input type="checkbox"/> Inadequate <input type="checkbox"/> Prior Repairs <input type="checkbox"/> See Summary 3. Floor Joists: <input type="checkbox"/> N/A <input type="checkbox"/> Not Visible <input checked="" type="checkbox"/> Portions Concealed a. Construction: <input checked="" type="checkbox"/> Solid Wood <input type="checkbox"/> Truss <input type="checkbox"/> Wood I-Joists b. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Overnotched/Cut <input type="checkbox"/> Cracked <input type="checkbox"/> Decay/Damage <input type="checkbox"/> Overspanned <input type="checkbox"/> Inadequate Support <input type="checkbox"/> Mold/Mildew <input type="checkbox"/> See Summary 4. Girders/Beams: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Not Visible <input type="checkbox"/> Portion Concealed a. Construction: <input type="checkbox"/> Laminated Wood <input type="checkbox"/> Built-Up <input type="checkbox"/> Steel I-Beam <input type="checkbox"/> Oriented Strand Board (OSB) <input type="checkbox"/> See Summary b. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Cracked <input type="checkbox"/> Decayed <input type="checkbox"/> Overspanned <input type="checkbox"/> Mold/Mildew <input type="checkbox"/> Inadequate Support <input type="checkbox"/> See Summary
F. Animal / Insect Activity	1. Animal Activity: <input checked="" type="checkbox"/> No Visible Evidence at Time of Inspection <input type="checkbox"/> Yes <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Damage <input type="checkbox"/> See Summary 2. Insect Activity: <input checked="" type="checkbox"/> No Visible Evidence at Time of Inspection <input type="checkbox"/> Yes <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Damage <input type="checkbox"/> See Summary
Remarks	n/a

Section III. EXTERIOR

A. Structure	Structure: <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Brick <input type="checkbox"/> Masonry
B. Cladding	1. Type: <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Fiber Cement <input type="checkbox"/> Vinyl Siding <input checked="" type="checkbox"/> Composite Siding <input type="checkbox"/> Stone <input type="checkbox"/> Synthetic Stucco <input type="checkbox"/> Cultured Stone <input type="checkbox"/> Wood <input type="checkbox"/> Hard Coat Stucco <input type="checkbox"/> Other n/a 2. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Minor Repair <input type="checkbox"/> Major Repair <input type="checkbox"/> Inadequate Clearance to Grade <input type="checkbox"/> Decay <input type="checkbox"/> Needs paint <input type="checkbox"/> See Summary
C. Trim / Fascia	1. Trim: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement <input type="checkbox"/> Synthetic Stucco <input type="checkbox"/> Other: n/a a. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Decay <input type="checkbox"/> Separation <input type="checkbox"/> Needs Paint <input type="checkbox"/> Damage <input type="checkbox"/> See Summary 2. Fascia/Soffit/Eaves: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement <input type="checkbox"/> Other n/a a. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Decay <input type="checkbox"/> Separation <input type="checkbox"/> Damage <input type="checkbox"/> Needs Paint <input type="checkbox"/> See Summary
D. Porches/Stoops	Porches/Stoops: <input checked="" type="checkbox"/> N/A 1. Type: <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Other: n/a 2. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Minor Repair <input type="checkbox"/> Major Repair <input type="checkbox"/> Decay <input type="checkbox"/> Needs Paint <input type="checkbox"/> See Summary 3. Steps: <input type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Handrail Damaged/Missing <input type="checkbox"/> Inconsistent Riser Height <input type="checkbox"/> Settling <input type="checkbox"/> Non-Graspable Handrail <input type="checkbox"/> See Summary
E. Gutters/Downspouts	Gutters/Downspouts: <input type="checkbox"/> N/A 1. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Leaks <input type="checkbox"/> Rusted <input type="checkbox"/> Incomplete <input type="checkbox"/> Clogged <input checked="" type="checkbox"/> Loose <input type="checkbox"/> Inadequate Slope <input checked="" type="checkbox"/> See Summary
F. Chimney	Chimney: <input type="checkbox"/> N/A 1. Type: <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Pre Fab <input type="checkbox"/> Direct Vent <input type="checkbox"/> Non-Vented 2. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Cricket Missing/Inadequate <input type="checkbox"/> Separation <input type="checkbox"/> Spark Arrestor/Rain Cap Missing/Inadequate <input type="checkbox"/> Below Accepted Height <input type="checkbox"/> Inadequate Flashing <input type="checkbox"/> Mortar Damage <input type="checkbox"/> Cap Rusted <input type="checkbox"/> See Summary
H. Garage/Carport	Garage/Carport: <input type="checkbox"/> N/A 1. Type: <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Carport <input type="checkbox"/> Detached <input type="checkbox"/> Attached 2. Floor: <input checked="" type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Cracks <input type="checkbox"/> Settlement <input type="checkbox"/> Inadequate Slope <input type="checkbox"/> See Summary 3. Walls/Ceiling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Portions Not Visible <input type="checkbox"/> Holes <input type="checkbox"/> Water Damage <input type="checkbox"/> Sagging <input type="checkbox"/> Cracks <input type="checkbox"/> See Summary 4. Door Frame: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Decay <input type="checkbox"/> Insects <input type="checkbox"/> Damage <input type="checkbox"/> See Summary 5. Garage Doors: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Decay <input type="checkbox"/> Hardware Broken/Missing/Loose <input type="checkbox"/> Damaged <input type="checkbox"/> Needs Paint <input type="checkbox"/> See Summary 6. Garage Door Operation: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Automatic <input type="checkbox"/> Manual a. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Photo eye defective <input type="checkbox"/> Pressure reverse defective <input type="checkbox"/> Unable to Test <input type="checkbox"/> See Summary 7. Fire Safety: <input checked="" type="checkbox"/> N/A a. Fire Rated Door Between Garage and Dwelling: <input type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Not Required at Time of Construction <input type="checkbox"/> See Summary b. Fire Barrier Between Garage and Dwelling: <input type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Incomplete Ceiling <input type="checkbox"/> Incomplete Wall <input type="checkbox"/> Sprinkler (not tested) <input type="checkbox"/> See Summary 8. Equipment Protection: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate a. Stand for Water Heater: <input type="checkbox"/> N/A <input type="checkbox"/> Installed <input type="checkbox"/> Missing <input type="checkbox"/> Not Required <input type="checkbox"/> See Summary
Remarks	1. The carport appears to be clad with hardboard siding. Problems have been associated with this material due to absorbed moisture causing swelling and deterioration of the siding. Class action law suites have been settled against some of the siding manufacturers, but the siding will perform adequately if kept well maintained. Damaged siding has been replaced with concrete based siding- all looks fine. 2. Siding at the front of the carport is in ground contact or too close to the soil, 6 inches of clearance to grade is recommended to prevent decay and infestation by wood destroying organisms. Recommend improving clearances. (See Figure #1) 3. The gutter at the carport are loose and need to be secured. (See Figure #2) 4. The downspout at the right rear is loose and needs to be secured. (See Figure #3) 5. See Summary Remarks

Figure Number 1



Siding at the front of the carport is in ground contact or too close to the soil, 6 inches of clearance to grade is recommended to prevent decay and infestation by wood destroying organisms. Recommend improving clearances.

Figure Number 2



The gutter at the carport are loose and need to be secured.

Figure Number 3



The downspout at the right rear is loose and needs to be secured.

Section IV. INTERIOR

A. Walls and Ceilings	1. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Cracks <input type="checkbox"/> Holes <input type="checkbox"/> Stains <input type="checkbox"/> Damage <input type="checkbox"/> Settling <input type="checkbox"/> See Summary
B. Floors	1. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Level <input checked="" type="checkbox"/> Damaged <input type="checkbox"/> Trip Hazard <input type="checkbox"/> Stains <input type="checkbox"/> Decayed <input type="checkbox"/> Bouncy <input type="checkbox"/> Creaks <input checked="" type="checkbox"/> See Summary
C. Windows	1. Material: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Glass Block Other: n/a 2. Construction: <input checked="" type="checkbox"/> Double Hung <input type="checkbox"/> Single Hung <input type="checkbox"/> Fixed <input type="checkbox"/> Slider <input type="checkbox"/> Casement <input type="checkbox"/> Awning Other: n/a 3. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Decay <input type="checkbox"/> Defective <input type="checkbox"/> Deficient Glazing Compound <input type="checkbox"/> Cracked/Broken Panes <input type="checkbox"/> Hardware Broken/Missing/Loose <input type="checkbox"/> No Safety glass <input checked="" type="checkbox"/> See Summary 4. Operation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Mixed 5. Seal: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Broken (fogged) <input type="checkbox"/> See Summary
D. Doors	1. Exterior Doors: a. Material: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal Clad <input type="checkbox"/> Fiberglass <input type="checkbox"/> Vinyl <input type="checkbox"/> Sliding Glass Other: n/a b. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Decay <input type="checkbox"/> Need Adjustment <input type="checkbox"/> Hardware Broken/Missing/Loose <input type="checkbox"/> Damaged <input type="checkbox"/> Missing Weatherstrips <input type="checkbox"/> Paint Weathered <input type="checkbox"/> Missing Tempered Glass <input checked="" type="checkbox"/> See Summary 2. Interior Doors: a. Operation: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Missing <input type="checkbox"/> Binding <input type="checkbox"/> Won't Latch <input type="checkbox"/> See Summary b. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Damaged <input type="checkbox"/> Hardware Broken/Missing/Loose <input type="checkbox"/> Missing Tempered Glass <input checked="" type="checkbox"/> See Summary
E. Stairs/Steps/Balconies	Stairs/Steps/Balconies: <input type="checkbox"/> N/A 1. Stairs: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Inconsistent Riser Height <input type="checkbox"/> Broken/Loose Treads <input type="checkbox"/> Low Head Clearance <input type="checkbox"/> See Summary 2. Handrail: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Partial <input type="checkbox"/> Non-Graspable Handrail <input type="checkbox"/> See Summary 3. Guardrail: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Partial <input type="checkbox"/> See Summary 4. Spindles/Pickets: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Excessive Gap <input type="checkbox"/> See Summary
F. Fireplace	Fireplace: <input type="checkbox"/> N/A 1. Type: <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Metal Clad <input type="checkbox"/> Unvented <input type="checkbox"/> Insert 2. Damper: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> None <input type="checkbox"/> Needs Repair <input type="checkbox"/> See Summary 3. Flue: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Needs Cleaning <input type="checkbox"/> Liner Missing/Damaged <input type="checkbox"/> Flue Not Completely Inspected/Not Visible <input type="checkbox"/> See Summary 4. Gas Valve: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Operates <input type="checkbox"/> Non-Operable <input type="checkbox"/> Not Tested <input type="checkbox"/> See Summary 5. Firebrick: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Cracks <input type="checkbox"/> Missing/Loose <input type="checkbox"/> Damaged <input type="checkbox"/> Unsealed Hole at Gas Supply <input checked="" type="checkbox"/> See Summary 6. Hearth/Mantle: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Loose <input type="checkbox"/> See Summary
Remarks	<ol style="list-style-type: none"> 1. The wood flooring throughout the 1st floor has cupped indicating moisture. Moisture meter was used at front and rear rooms and the flooring is dry. Told that broken sewer main caused original leak that entered home. The floor will need replacement as it is a tripping hazard. (See Figure #4) 2. The keys are missing on the windows in the living room. Provide keys or replace lock. (See Figure #5) 3. The left double door to the kitchen binds and will not open to the patio. Appears center astragal strip is binding door. Repair. (See Figure #6) 4. The hinge pins are missing or damaged on numerous double closet doors. Replace hardware as needed. (See Figure #7) (See Figure #8) 5. The door to the master bedroom does not seal tightly- a 1/4 gap is visible around the frame. Repair as needed. 6. The gas starter at the fireplace did not work when tested. Repair as needed. (See Figure #9) 7. See Summary Remarks

Figure Number 4



The wood flooring throughout the 1st floor has cupped indicating moisture. Moisture meter was used at front and rear rooms and the flooring is dry. Told that broken sewer main caused original leak that entered home. The floor will need replacement as it is a tripping hazard.

Figure Number 5



The keys are missing on the windows in the living room. Provide keys or replace lock.

Figure Number 6



The left double door to the kitchen binds and will not open to the patio. Appears center astragal strip is binding door. Repair.

Figure Number 7



The hinge pins are missing or damaged on numerous double closet doors. Replace hardware as needed.

Figure Number 8



The hinge pins are missing or damaged on numerous double closet doors. Replace hardware as needed.

Figure Number 9



The gas starter at the fireplace did not work when tested. Repair as needed.

Section V. KITCHEN

A. Appliances	1. Dishwasher: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Functioning <input type="checkbox"/> Leaks <input type="checkbox"/> Not Secured <input type="checkbox"/> See Summary 2. Range: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Functioning <input type="checkbox"/> Inadequate Clearance <input type="checkbox"/> See Summary 3. Cooktop: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Functioning <input type="checkbox"/> Inadequate Clearance <input type="checkbox"/> See Summary 4. Oven: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Functioning <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary 5. Microwave: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Functioning <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary 6. Other Appliances: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Functioning <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary
B. Countertops	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Damaged <input type="checkbox"/> Inadequately Secured <input type="checkbox"/> See Summary
C. Garbage Disposal	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Non Functioning <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Noisy <input type="checkbox"/> See Summary
D. Cabinets	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Decay <input type="checkbox"/> Broken/Missing/Loose Hardware <input type="checkbox"/> Damaged <input type="checkbox"/> Loose <input type="checkbox"/> See Summary
E. Kitchen Sink/Faucet	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Cracks/Stains <input type="checkbox"/> Leaks <input type="checkbox"/> Sprayer Not Functioning <input type="checkbox"/> Slow Drain <input type="checkbox"/> Loose <input type="checkbox"/> See Summary
F. Range/Cooktop Venting	<input type="checkbox"/> None 1. Type: <input checked="" type="checkbox"/> Built into Microwave <input type="checkbox"/> Recirculating <input checked="" type="checkbox"/> Exterior Vent <input type="checkbox"/> Downdraft Other: n/a 2. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Functioning <input type="checkbox"/> Improperly Vented <input type="checkbox"/> Dirty/Greasy Filter <input type="checkbox"/> See Summary
Remarks	1. The anti tip device is missing for the range. Install as needed. (See Figure #10) 2. See Summary Remarks

Figure Number 10



The anti tip device is missing for the range. Install as needed.

Section VI. ELECTRICAL SYSTEM

A. Service Supply	1. Type: <input type="checkbox"/> Overhead <input checked="" type="checkbox"/> Underground 2. Service Entrance Cable: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Tree Limbs in Contact <input type="checkbox"/> See Summary 3. Meter and Base: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Loose <input type="checkbox"/> See Summary
B. Main Panel	1. Location of Main Disconnect: Location Main Panel 2. Main Breaker: Size: 150 Voltage: 120/240 Location: hall 3. Location of Panel Box: Properly Labeled: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Missing/Incorrect 4. Type: <input checked="" type="checkbox"/> Breaker <input type="checkbox"/> Fuses a. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Pointed/Missing Screws <input type="checkbox"/> Loose Connections <input type="checkbox"/> Undersized Wiring <input type="checkbox"/> Double Taps <input checked="" type="checkbox"/> Missing Knockout Plugs <input type="checkbox"/> Missing Cable Clamps <input checked="" type="checkbox"/> See Summary 5. Arc Fault Circuit Interrupter: <input checked="" type="checkbox"/> None <input type="checkbox"/> Acceptable <input type="checkbox"/> Defective <input type="checkbox"/> Missing <input type="checkbox"/> See Summary 6. Sub Panel: <input checked="" type="checkbox"/> N/A Location: <input type="checkbox"/> Acceptable <input type="checkbox"/> See Summary 7. Service Cable: <input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Copper <input type="checkbox"/> No Oxide Inhibitor 8. Grounding Method: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input checked="" type="checkbox"/> Not Visible <input type="checkbox"/> Driven Rod <input type="checkbox"/> Water Pipe <input type="checkbox"/> Ufer Ground <input type="checkbox"/> See Summary
C. Branch Wiring	1. Conductor: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Tinned Copper <input type="checkbox"/> See Summary 2. Type: <input checked="" type="checkbox"/> NM Sheathed <input type="checkbox"/> Cloth <input type="checkbox"/> Knob and Tube <input type="checkbox"/> See Summary 3. Branch Circuits: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unsheathed Wiring <input type="checkbox"/> Open Junction Boxes <input checked="" type="checkbox"/> Open Wire Connection <input type="checkbox"/> Exterior Wiring not Weatherproof <input type="checkbox"/> Exposed Wiring <input checked="" type="checkbox"/> See Summary <input checked="" type="checkbox"/> Acceptable 4. Receptacles: <input type="checkbox"/> Grounded <input type="checkbox"/> Ungrounded <input type="checkbox"/> Mixed <input type="checkbox"/> Reverse Polarity <input type="checkbox"/> Some Defective <input type="checkbox"/> Missing/Broken Covers <input type="checkbox"/> Loose Connections <input type="checkbox"/> Open Ground <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary 5. Switches: <input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Some Defective <input type="checkbox"/> Missing/Broken Covers <input type="checkbox"/> Damaged <input checked="" type="checkbox"/> See Summary 6. Light Fixtures/Fans: <input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Some Defective <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary 7. Ground Fault Circuit Interrupter: <input type="checkbox"/> None <input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Defective <input checked="" type="checkbox"/> Missing <input checked="" type="checkbox"/> See Summary
D. Smoke Detectors	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Functional <input type="checkbox"/> Unable to Test <input type="checkbox"/> See Summary
Remarks	1. Recommend further evaluation and repairs as needed by a qualified, licensed electrician. 2. Open knockouts are present on the electric service panel housing . Install inserts or caps to close the knockouts. 3. The electric disconnect can is loose at left rear exterior. Properly secure to wall. (See Figure #11) 4. Some of the breakers in the service panel are incompatible with the type of panel, i.e. GE breakers in a Challenger panel, which voids the warranty on the panel. Install proper breakers. 5. Flying wire splices were observed at the attic. All splices should be contained in closed junction boxes. Correct wiring as needed. (See Figure #12) (See Figure #13) 6. A receptacle is damaged in the master bedroom-right side . Replace receptacle. (See Figure #14) 7. The exterior receptacle at the rear carport is missing a weatherproof cover. Install weatherproof cover. 8. GFCI protection is missing for the receptacle in the carport and storage. Install GFCI protection. (See Figure #15) 9. Can or recessed lights in the attic are not IC- insulation contact- rated and are allowing energy to lost at the light fixtures and may pose a fire hazard. IC Lights were not available when the home was remodeled or built. Recommend Installing IC rated fixtures or move insulation away from installed fixtures. 10. The light in the upper hall shower did not work when tested. Check for blown bulbs, repair fixture if needed. (See Figure #16) 11. More than one GFCI is installed on the circuit for the master bath and hall baths. Only one GFCI should be installed on the circuit. Correct 12. The switch is not working properly in living room, left bedroom. Unable to turn on a receptacle or light when entering room as required. Switch is in place but does not control anything. Repair. 13. See Summary Remarks

Figure Number 11



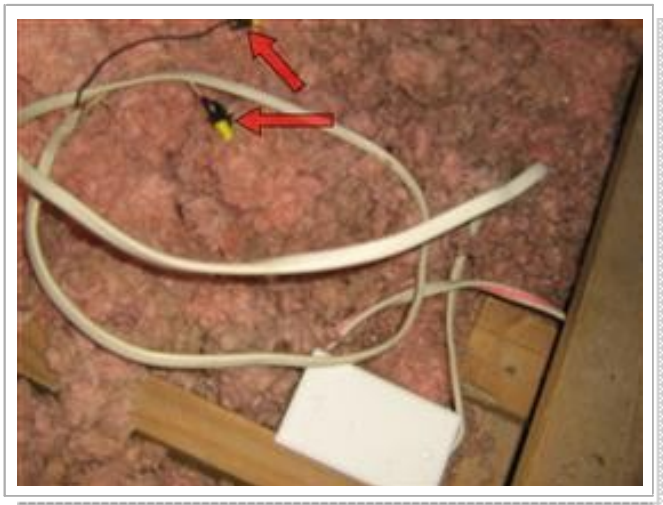
The electric disconnect can is loose at left rear exterior. Properly secure to wall.

Figure Number 12



Flying wire splices were observed at the attic. All splices should be contained in closed junction boxes. Correct wiring as needed.

Figure Number 13



Flying wire splices were observed at the attic. All splices should be contained in closed junction boxes. Correct wiring as needed.

Figure Number 14



A receptacle is damaged in the master bedroom-right side . Replace receptacle.

Figure Number 15



GFCI protection is missing for the receptacle in the carport and storage. Install GFCI protection.

Figure Number 16



The light in the upper hall shower did not work when tested. Check for blown bulbs, repair fixture if needed.

Section VII. HEATING AND COOLING

A. Ductwork	<p>1. Vent Outlets in Each Room: <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Condition: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Collapsed <input type="checkbox"/>Crushed <input type="checkbox"/>Air Leaks <input type="checkbox"/>Loose Connections <input type="checkbox"/>Deteriorated/Missing Insulation <input type="checkbox"/>Asbestos tape <input type="checkbox"/>See Summary</p>
B. Heating	<p>Location: Attic</p> <p>1. Equipment: Capacity: 44000 BTU Make: Carrier</p> <p>2. System: <input checked="" type="checkbox"/>Operated <input type="checkbox"/>Not Operated Due To:</p> <p>3. Type: <input checked="" type="checkbox"/>Gas Forced Air <input type="checkbox"/>Electric Forced Air <input type="checkbox"/>Heat Pump Forced Air <input type="checkbox"/>Hydronic Other: n/a</p> <p>4. Energy Source: <input checked="" type="checkbox"/>Natural Gas <input type="checkbox"/>Electric <input type="checkbox"/>Propane Gas</p> <p>5. Venting/Flue Pipe: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Unacceptable <input type="checkbox"/>See Summary</p> <p>6. Flue Cap: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Unacceptable <input type="checkbox"/>See Summary</p> <p>7. Combustion Air: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Needs Service <input type="checkbox"/>Unacceptable <input type="checkbox"/>See Summary</p> <p>8. Furnace Condition: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Needs Service <input type="checkbox"/>Not Functioning <input type="checkbox"/>Rusted <input type="checkbox"/>Dirty Filter <input type="checkbox"/>Air Leaks <input type="checkbox"/>End of Service Life <input type="checkbox"/>Flex Gas Line through Cabinet <input type="checkbox"/>See Summary</p> <p>9. Unburned Gas Leak: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Negative <input type="checkbox"/>Positive <input type="checkbox"/>See Summary</p> <p>10. Natural Gas Leak: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Negative <input type="checkbox"/>Positive <input type="checkbox"/>See Summary</p> <p>11. Air Filter Frame: <input checked="" type="checkbox"/>Adequate <input type="checkbox"/>Inadequate <input type="checkbox"/>Dirty Filter <input type="checkbox"/>Missing Cover <input type="checkbox"/>Damaged <input type="checkbox"/>See Summary</p> <p>12. Thermostat: <input type="checkbox"/>Functional <input type="checkbox"/>Non-Functional <input type="checkbox"/>Missing <input checked="" type="checkbox"/>See Summary</p>
B. Heating (copy)	<p>Location: Interior Closet</p> <p>1. Equipment: Capacity: 44000 BTU Make: Carrier</p> <p>2. System: <input checked="" type="checkbox"/>Operated <input type="checkbox"/>Not Operated Due To:</p> <p>3. Type: <input checked="" type="checkbox"/>Gas Forced Air <input type="checkbox"/>Electric Forced Air <input type="checkbox"/>Heat Pump Forced Air <input type="checkbox"/>Hydronic Other: n/a</p> <p>4. Energy Source: <input checked="" type="checkbox"/>Natural Gas <input type="checkbox"/>Electric <input type="checkbox"/>Propane Gas</p> <p>5. Venting/Flue Pipe: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Unacceptable <input type="checkbox"/>See Summary</p> <p>6. Flue Cap: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Unacceptable <input type="checkbox"/>See Summary</p> <p>7. Combustion Air: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Needs Service <input type="checkbox"/>Unacceptable <input type="checkbox"/>See Summary</p> <p>8. Furnace Condition: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Needs Service <input type="checkbox"/>Not Functioning <input type="checkbox"/>Rusted <input type="checkbox"/>Dirty Filter <input type="checkbox"/>Air Leaks <input type="checkbox"/>End of Service Life <input type="checkbox"/>Flex Gas Line through Cabinet <input type="checkbox"/>See Summary</p> <p>9. Unburned Gas Leak: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Negative <input type="checkbox"/>Positive <input type="checkbox"/>See Summary</p> <p>10. Natural Gas Leak: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Negative <input type="checkbox"/>Positive <input type="checkbox"/>See Summary</p> <p>11. Air Filter Frame: <input checked="" type="checkbox"/>Adequate <input type="checkbox"/>Inadequate <input type="checkbox"/>Dirty Filter <input type="checkbox"/>Missing Cover <input type="checkbox"/>Damaged <input type="checkbox"/>See Summary</p> <p>12. Thermostat: <input type="checkbox"/>Functional <input type="checkbox"/>Non-Functional <input type="checkbox"/>Missing <input checked="" type="checkbox"/>See Summary</p>
C. Cooling	<p>1. Equipment: Location: Rear Capacity: 3 ton Make: Carrier</p> <p>2. System: <input type="checkbox"/>Operated <input checked="" type="checkbox"/>Not Operated Too Cold Temperature Differential:</p> <p>3. Forced Air / Heat Pump: <input checked="" type="checkbox"/>Forced Air <input type="checkbox"/>Heat Pump Other: n/a</p> <p>4. Condenser Condition: <input type="checkbox"/>Acceptable <input type="checkbox"/>Needs Service <input type="checkbox"/>Not Functioning <input type="checkbox"/>Inadequate Cooling <input checked="" type="checkbox"/>Rusty <input type="checkbox"/>Dirty <input type="checkbox"/>Bent Fins <input checked="" type="checkbox"/>End of Service Life <input type="checkbox"/>See Summary</p> <p>5. Condenser Pad: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Not Level <input type="checkbox"/>Needs Service <input type="checkbox"/>Missing <input type="checkbox"/>See Summary</p> <p>6. Exterior Disconnect: <input type="checkbox"/>Acceptable <input type="checkbox"/>Missing <input type="checkbox"/>Oversized/Undersized <input checked="" type="checkbox"/>Loose <input type="checkbox"/>Hazardous <input type="checkbox"/>Rusty <input type="checkbox"/>See Summary</p> <p>7. Evaporator Condition: <input checked="" type="checkbox"/>Not Visible <input type="checkbox"/>Acceptable <input type="checkbox"/>Rusty <input type="checkbox"/>Leaks <input type="checkbox"/>See Summary</p> <p>8. Condensate Drain and/or Pump: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Not Functional <input type="checkbox"/>Leaks <input type="checkbox"/>Rusty <input type="checkbox"/>See Summary</p> <p>9. Freon Lines: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Deteriorated/Missing Insulation <input type="checkbox"/>Bent Pipe <input type="checkbox"/>Inadequate Support <input type="checkbox"/>See Summary</p>
C. Cooling (copy)	<p>1. Equipment: Location: Rear Capacity: 1 1/2 ton Make: Carrier</p> <p>2. System: <input type="checkbox"/>Operated <input checked="" type="checkbox"/>Not Operated Too Cold Temperature Differential:</p> <p>3. Forced Air / Heat Pump: <input checked="" type="checkbox"/>Forced Air <input type="checkbox"/>Heat Pump Other: n/a</p> <p>4. Condenser Condition: <input type="checkbox"/>Acceptable <input type="checkbox"/>Needs Service <input type="checkbox"/>Not Functioning <input type="checkbox"/>Inadequate Cooling <input checked="" type="checkbox"/>Rusty <input type="checkbox"/>Dirty <input type="checkbox"/>Bent Fins <input checked="" type="checkbox"/>End of Service Life <input type="checkbox"/>See Summary</p> <p>5. Condenser Pad: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Not Level <input type="checkbox"/>Needs Service <input type="checkbox"/>Missing <input type="checkbox"/>See Summary</p> <p>6. Exterior Disconnect: <input type="checkbox"/>Acceptable <input type="checkbox"/>Missing <input type="checkbox"/>Oversized/Undersized <input checked="" type="checkbox"/>Loose <input type="checkbox"/>Hazardous <input type="checkbox"/>Rusty <input type="checkbox"/>See Summary</p> <p>7. Evaporator Condition: <input checked="" type="checkbox"/>Not Visible <input type="checkbox"/>Acceptable <input type="checkbox"/>Rusty <input type="checkbox"/>Leaks <input type="checkbox"/>See Summary</p> <p>8. Condensate Drain and/or Pump: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Not Functional <input type="checkbox"/>Leaks <input type="checkbox"/>Rusty <input type="checkbox"/>See Summary</p> <p>9. Freon Lines: <input type="checkbox"/>Acceptable <input type="checkbox"/>Deteriorated/Missing Insulation <input type="checkbox"/>Bent Pipe <input checked="" type="checkbox"/>Inadequate Support <input type="checkbox"/>See Summary</p>
Remarks	<p>1. The cooling systems/ condensers are older(1994 & 1984) and has reached its average life expectancy. Replacement may be required at any time. (See Figure #17) (See Figure #18)</p> <p>2. No insulation is installed on a waterline to humidifier in the attic. Water line could freeze and burst. Install</p>

- insulation where missing. (See Figure #19) (See Figure #20)
3. When turned on the powder room exhaust fan draws combustion products (carbon monoxide) from the furnace and water heater. Inadequate combustion air was observed to the furnace and water heater at closet. Recommend combustion air vents be added to furnace closet. (See Figure #21)
 4. Operation of the cooling systems when exterior temperatures have been below 65 degrees within the last 24 hours may cause damage to the condensers. Cooling systems are typically not tested under these conditions. AC was not operated or tested.
 5. The filters are dirty for 2nd floor furnace and needs replacing.
 6. Battery is dead or dying in the thermostat. Replace.
 7. The Freon lines at right exterior do not have adequate support. Lines should be supported at 6-foot intervals. Add support as needed. (See Figure #22)
 8. The humidifier on the HVAC system for the upstairs was not tested. Recommend evaluation by a qualified HVAC technician.
 9. The blower motor and housing in the air handler for the main floor HVAC system is corroded. Recommend system be cleaned and evaluated by a qualified HVAC technician. (See Figure #23)
 10. See Summary Remarks

Figure Number 17



The cooling systems/ condensers are older(1994 & 1984) and has reached its average life expectancy. Replacement may be required at anytime.

Figure Number 18



The cooling systems/ condensers are older(1994 & 1984) and has reached its average life expectancy. Replacement may be required at anytime.

Figure Number 19



No insulation is installed on a waterline to humidifier in the attic. Water line could freeze and burst. Install insulation where missing.

Figure Number 20



No insulation is installed on a waterline to humidifier in the attic. Water line could freeze and burst. Install insulation where missing.

Figure Number 21



When turned on the powder room exhaust fan draws combustion products (carbon monoxide) from the furnace and water heater. Inadequate combustion air was observed to the furnace and water heater at closet. Recommend combustion air vents be added to furnace closet.

Figure Number 22



The Freon lines at right exterior do not have adequate support. Lines should be supported at 6-foot intervals. Add support as needed.

Figure Number 23



The blower motor and housing in the air handler for the main floor HVAC system is corroded. Recommend system be cleaned and evaluated by a qualified HVAC technician.

Section VIII. PLUMBING SYSTEM

A. Drain/Waste/Vent System:	<p>1. Construction: <input checked="" type="checkbox"/>PVC <input type="checkbox"/>Cast Iron <input checked="" type="checkbox"/>ABS <input type="checkbox"/>Other</p> <p>2. Condition: <input checked="" type="checkbox"/>Adequate <input type="checkbox"/>Inadequate Venting <input type="checkbox"/>Inadequate Drainage <input type="checkbox"/>Improper Slope <input type="checkbox"/> Inadequate Support <input type="checkbox"/> See Summary</p> <p>3. Functional Drainage: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input type="checkbox"/>Ejector Pump <input type="checkbox"/>See Summary</p> <p>4. Leaks: <input checked="" type="checkbox"/>None Detected <input type="checkbox"/>Yes <input type="checkbox"/>Previous <input type="checkbox"/>Current <input type="checkbox"/>See Summary</p>
B. Supply System:	<p>1. Water Line to Street: <input checked="" type="checkbox"/>Not Visible <input type="checkbox"/>PVC <input type="checkbox"/>Copper <input type="checkbox"/>Galvanized <input type="checkbox"/>PB <input type="checkbox"/>Polyethylene a. Condition: <input type="checkbox"/>Acceptable <input type="checkbox"/>Leaks <input type="checkbox"/>Deteriorated <input type="checkbox"/>Damaged <input type="checkbox"/>See Summary</p> <p>2. Water Supply Lines: <input checked="" type="checkbox"/>Copper <input type="checkbox"/>PB <input type="checkbox"/>PE <input type="checkbox"/>Galvanized <input type="checkbox"/>CPVC <input type="checkbox"/>PEX Other: n/a a. Water Pressure: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input type="checkbox"/>Excessive <input type="checkbox"/>See Summary b. Functional Flow: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input type="checkbox"/>See Summary</p> <p>c. Leaks: <input checked="" type="checkbox"/>None Detected <input type="checkbox"/>Yes <input type="checkbox"/>Previous <input type="checkbox"/>Current <input type="checkbox"/>See Summary</p> <p>d. Condition: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Corrosion <input type="checkbox"/>Inadequate Support <input type="checkbox"/>Cross Connections <input type="checkbox"/>Deteriorated <input type="checkbox"/> Poor Condition <input type="checkbox"/> See Summary</p>
C. Controls:	<p>1. Main Water Shut Off Valve Location: Unable to Locate</p> <p>2. Pressure Regulating Valve: <input type="checkbox"/>Installed <input type="checkbox"/>Missing <input type="checkbox"/>Not Visible <input type="checkbox"/> Pressure Relief Valve</p> <p>3. Pressure Relief Mechanism: <input type="checkbox"/>Expansion Device <input type="checkbox"/>Other <input type="checkbox"/>Not Visible</p>
D. Laundry:	<p>1. Dryer Vent: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input type="checkbox"/>Needs Cleaning <input type="checkbox"/>See Summary</p> <p>2. Washing Machine: a. Water Supply: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input type="checkbox"/>See Summary b. Drain: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input checked="" type="checkbox"/>See Summary</p>
D. Laundry: (copy)	<p>1. Dryer Vent: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input type="checkbox"/>Needs Cleaning <input type="checkbox"/>See Summary</p> <p>2. Washing Machine: a. Water Supply: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input type="checkbox"/>See Summary b. Drain: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input checked="" type="checkbox"/>See Summary</p>
E. Bathrooms:	<p>1. Traps: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Missing/Leaks <input type="checkbox"/>S-Trap <input type="checkbox"/>Unapproved Piping <input type="checkbox"/>See Summary</p> <p>2. Water Cut-Offs: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Missing <input type="checkbox"/>Leaks <input type="checkbox"/>See Summary</p> <p>3. Sinks: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Loose <input type="checkbox"/>Leaks <input type="checkbox"/>Sluggish Drain <input type="checkbox"/>Defective/Missing Stopper <input type="checkbox"/>Damaged <input type="checkbox"/> See Summary</p> <p>4. Faucets: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Leaks <input type="checkbox"/>Poor Flow <input type="checkbox"/>Reverse Supply <input type="checkbox"/>Loose <input type="checkbox"/> See Summary</p> <p>5. Toilets: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Leaks <input type="checkbox"/>Loose <input type="checkbox"/>Runs Continuously <input type="checkbox"/>Poor Drain/Flow <input type="checkbox"/>See Summary</p> <p>6. Showers: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Pan Leaks <input type="checkbox"/>Leaks <input type="checkbox"/>Showerhead Leaks <input type="checkbox"/>Sluggish Drain <input type="checkbox"/> Reversed Supply <input type="checkbox"/> See Summary</p> <p>7. Bathtubs: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Leaks <input type="checkbox"/>Sluggish Drain <input type="checkbox"/>Defective/Missing Stopper <input type="checkbox"/>Reverse Supply <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary</p> <p>8. Whirlpool Bathtub: <input checked="" type="checkbox"/>N/A <input type="checkbox"/>Acceptable <input type="checkbox"/>Leaks <input type="checkbox"/>No Ground Bond to Motor <input type="checkbox"/>No Access to Motor <input type="checkbox"/> See Summary</p> <p>9. Wall Tiles/Surround: <input type="checkbox"/>Acceptable <input type="checkbox"/>Loose <input type="checkbox"/>No Safety Glass <input checked="" type="checkbox"/>Defective Grout <input type="checkbox"/>Damaged <input type="checkbox"/> See Summary</p> <p>10. Cabinets and Countertops: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Damaged <input type="checkbox"/>Loose <input type="checkbox"/>See Summary <input type="checkbox"/> Acceptable</p> <p>11. Ventilation: <input checked="" type="checkbox"/>Fan <input type="checkbox"/>Window <input type="checkbox"/>Inadequate <input type="checkbox"/>Noisy <input checked="" type="checkbox"/>See Summary</p> <p>12. Floor Condition: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Inadequate <input type="checkbox"/>Creaks <input type="checkbox"/>See Summary <input type="checkbox"/>Damaged</p>
F. Water Heaters:	<p>1. Equipment: Location: Hall Closet Capacity: 40 gallon Make: Rheem Age: 2010</p> <p>2. Energy Source: <input checked="" type="checkbox"/>Natural Gas <input type="checkbox"/>Electric <input type="checkbox"/>Propane Gas</p> <p>3. Condition: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Leaks <input type="checkbox"/>Excessive Rust <input type="checkbox"/>End of Service Life <input type="checkbox"/> See Summary</p> <p>4. Combustion Air and Venting: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Unacceptable <input type="checkbox"/>See Summary</p> <p>5. Gas control and Gas Lines: <input type="checkbox"/>N/A <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Unacceptable <input type="checkbox"/>Gas Leak <input type="checkbox"/>See Summary</p> <p>6. T&P Valve and Drain Line: <input checked="" type="checkbox"/>Acceptable <input type="checkbox"/>Unacceptable <input type="checkbox"/>Corrosion/Rust <input type="checkbox"/> Unable to Drain at Lowest Point <input type="checkbox"/> See Summary</p> <p>7. Drain Pan: <input checked="" type="checkbox"/>N/A <input type="checkbox"/>Acceptable <input type="checkbox"/>Unacceptable <input type="checkbox"/>See Summary</p>
G. Gas System:	<p>Gas Meter/Shutoff: <input type="checkbox"/> N/A Location Front <input type="checkbox"/> N/A</p>

1. Material: Iron Flexible Iron Copper Other:
 2. Condition: Acceptable Damaged Inadequate Support Inappropriate Flex Line Missing Drip Leg
 Location:
 See Summary

Remarks

1. The main water supply line is not visible. Unable to determine type and condition of the pipe.
2. An uncapped gas line was observed at the rear patio. Cap the line. (See Figure #24)
3. The bathroom exhaust fans are vented into the attic. Fans should be vented to the exterior. (See Figure #25)
4. Grout is missing or deteriorated in the master bathroom shower. Regrout/repair as needed. (See Figure #26)
5. Tile shelves are cracked in master shower. Repair/ replace. (See Figure #27)
6. A leak was observed at a joint in the tailpiece under the master sink. Repair. (See Figure #28)
7. Drip pan under wash machine to prevent water damage if leaks occurs is not connected to an exterior discharge pipe. Install pipe to exterior or install a water alarm in pan. (See Figure #29)
8. See Summary Remarks

Figure Number 24



An uncapped gas line was observed at the rear patio. Cap the line.

Figure Number 25



The bathroom exhaust fans are vented into the attic. Fans should be vented to the exterior.

Figure Number 26



Grout is missing or deteriorated in the master bathroom shower. RegROUT/repair as needed.

Figure Number 27



Tile shelves are cracked in master shower. Repair/ replace.

Figure Number 28



A leak was observed at a joint in the tailpiece under the master sink. Repair.

Figure Number 29



Drip pan under wash machine to prevent water damage if leaks occur is not connected to an exterior discharge pipe. Install pipe to exterior or install a water alarm in pan.

Section IX. ROOF AND ATTIC

A. Attic	Attic: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Entered <input type="checkbox"/> Not Entered 1. Access Method: <input checked="" type="checkbox"/> Pull Down Stairs <input type="checkbox"/> No Access <input checked="" type="checkbox"/> Scuttle <input type="checkbox"/> Door <input type="checkbox"/> Portions Inaccessible <input type="checkbox"/> See Summary 2. Condition of Access Method: <input type="checkbox"/> Acceptable <input type="checkbox"/> Inadequate Size <input checked="" type="checkbox"/> Loose/Damaged Hardware <input type="checkbox"/> Other <input type="checkbox"/> See Summary 3. Landing: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> See Summary 4. Walkway: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> See Summary
B. Framing:	1. Type: <input checked="" type="checkbox"/> Truss <input type="checkbox"/> Rafter Other: n/a 2. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Visible <input type="checkbox"/> Damaged <input type="checkbox"/> Decayed <input type="checkbox"/> Broken/Missing/Loose <input type="checkbox"/> Nail Plates Damaged/Missing <input type="checkbox"/> See Summary 3. Open Chases: <input checked="" type="checkbox"/> None Observed <input type="checkbox"/> Yes Location: <input type="checkbox"/> See Summary
C. Sheathing:	1. Type: <input type="checkbox"/> Not Visible <input type="checkbox"/> Oriented Strand Board (OSB) <input checked="" type="checkbox"/> Plywood <input type="checkbox"/> Boards Other: n/a 2. Construction: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Spacing Inadequate <input type="checkbox"/> Clips Missing <input type="checkbox"/> See Summary 3. Condition: <input checked="" type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Stains <input type="checkbox"/> Warped <input type="checkbox"/> Delaminated <input type="checkbox"/> Decayed / Deterioration <input type="checkbox"/> Damaged <input type="checkbox"/> See Summary
D. Evidence of Animal/Insect Activity	1. Animal Activity: <input checked="" type="checkbox"/> No Visible Evidence at Time of Inspection <input type="checkbox"/> Yes <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Damage <input type="checkbox"/> See Summary 2. Insect Activity: <input checked="" type="checkbox"/> No Visible Evidence at Time of Inspection <input type="checkbox"/> Yes <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Damage <input type="checkbox"/> See Summary
E. Attic Ventilation	1. Type: <input checked="" type="checkbox"/> Soffit Vent <input checked="" type="checkbox"/> Ridge Vent <input type="checkbox"/> Gable Vent <input checked="" type="checkbox"/> Gravity Vent <input type="checkbox"/> Power Ventilator a. Effectiveness: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> See Summary 2. Power Ventilator: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Operating <input type="checkbox"/> Inaccessible <input type="checkbox"/> Improper Wiring <input type="checkbox"/> Too Cold to Test <input type="checkbox"/> See Summary
F. Whole House Fan:	Whole House Fan: <input checked="" type="checkbox"/> N/A 1. Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Functional <input type="checkbox"/> Noisy <input type="checkbox"/> Fan Belt Worn <input type="checkbox"/> See Summary 2. Firestat: <input type="checkbox"/> Acceptable <input type="checkbox"/> Missing <input type="checkbox"/> Incorrectly Located
G. Insulation	<input type="checkbox"/> Not Visible 1. Type: <input type="checkbox"/> Batts <input checked="" type="checkbox"/> Blown-In/Fill Thickness: 0-3 inches 2. Material: <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> Rock Wool <input type="checkbox"/> Foam Other: n/a 3. Coverage: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unevenly Distributed <input type="checkbox"/> Compressed <input type="checkbox"/> Loose <input type="checkbox"/> Areas Not Insulated <input type="checkbox"/> See Summary
H. Roofing:	1. Viewed From: <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Ladder <input checked="" type="checkbox"/> Binoculars from Ground <input type="checkbox"/> Windows Portions Not Visible: 2. Covering: <input checked="" type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Wood <input type="checkbox"/> Built-Up <input type="checkbox"/> Rolled <input type="checkbox"/> Single-Ply <input type="checkbox"/> Metal Other: n/a 3. Condition: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> End of Useful Life <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Nail Pops <input type="checkbox"/> Unsealed Toe Board Holes <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Damaged <input type="checkbox"/> Prior Repairs <input type="checkbox"/> See Summary <input type="checkbox"/> Not Visible 4. Flashing/Penetrations: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Leaks <input type="checkbox"/> Deteriorated <input type="checkbox"/> Missing <input type="checkbox"/> Rusty <input type="checkbox"/> See Summary 5. Leaks: <input checked="" type="checkbox"/> None Detected <input type="checkbox"/> Yes <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Unable to Determine <input type="checkbox"/> See Summary
Remarks	1. Nails have worked out of the roof sheathing and through the roof covering at rear of car port. Recommend loose nails be pulled and the holes in the covering sealed to prevent leaks from developing. (See Figure #30) 2. Loose or missing nuts and bolts were observed on the pull down stairs to the attic. Tighten and replace missing hardware as needed. (See Figure #31) 3. The depth of insulation above the ceilings is low by today's standards. Recommend installation of additional insulation to improve energy efficiency. A minimum of R-30 insulation is recommended. (See Figure #32) 4. Insulation against flue pipe in attic. One inch clearance is required from combustibles on a type B flue pipe. Insulation is considered combustible. Modify Insulation away from flue, install collar. (See Figure #33) 5. See Summary Remarks

Figure Number 30



Nails have worked out of the roof sheathing and through the roof covering at rear of car port. Recommend loose nails be pulled and the holes in the covering sealed to prevent leaks from developing.

Figure Number 31



Loose or missing nuts and bolts were observed on the pull down stairs to the attic. Tighten and replace missing hardware as needed.

Figure Number 32



The depth of insulation above the ceilings is low by today's standards. Recommend installation of additional insulation to improve energy efficiency. A minimum of R-30 insulation is recommended.

Figure Number 33



Insulation against flue pipe in attic. One inch clearance is required from combustibles on a type B flue pipe. Insulation is considered combustible. Modify Insulation away from flue, install collar.

Maintenance Items

Remarks

n/a
