

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: 1313 Dundas St. E. Toronto
Date of Inspection: Nov. 22/16 Approximate start time: 9:00 A.M. P.M. (circle) stop time 11:45 A.M. P.M.
Recent WEATHER conditions: cloudy, windy, sunny Rain past 3 days: ☒ Yes ☐ Light ☐ No
Weather at start of inspection: overcast Ground Condition: ☒ Wet ☐ Dry ☐ Snow
Approximate outside temperature during the inspection 0 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

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

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 home, excellent shape. Some typical minor issues noted.

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

General Structure & Roofing

Building Style	Roofing
<div><input type="checkbox"/> Detached <input checked="" type="checkbox"/> Semi- Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium / Apartment <input checked="" type="checkbox"/> Bungalow <input type="checkbox"/> 2 Storey <input type="checkbox"/> Split Level <input type="checkbox"/> 2nd floor extends out beyond 1st floor Estimated Age: <input type="checkbox"/> Under 10 years <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-60 <input type="checkbox"/> 60+ <input checked="" type="checkbox"/> over 70 years Occupancy: <input checked="" type="checkbox"/> Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Staged General Construction: <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> Masonry</div>	<div>Roof Style(s) <input checked="" type="checkbox"/> Gable <input checked="" type="checkbox"/> Shed <input type="checkbox"/> Hip <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Gambrel <input type="checkbox"/> Ridge <input type="checkbox"/> Pitched Roof Covering(s) <input checked="" type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Rolled <input type="checkbox"/> Slate / Clay Tiles <input type="checkbox"/> Rubberized Membrane Estimated life span: <input checked="" type="checkbox"/> Younger <input type="checkbox"/> Mid-life <input type="checkbox"/> Older or End of useful life Number of layers 3 (gable roof) Inspection Method: <input checked="" type="checkbox"/> From ground with binoculars <input type="checkbox"/> from a window <input checked="" type="checkbox"/> from roof edge Identified the following conditions: <input type="checkbox"/> lifting / clawing / cupping / curling <input type="checkbox"/> bubbling <input type="checkbox"/> dirty <input type="checkbox"/> particulate releasing <input 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 Younger roof covering indicators: <input checked="" type="checkbox"/> clean <input checked="" type="checkbox"/> fresh colour <input checked="" type="checkbox"/> laying smooth Inspection Limitations: The _____ portion of roof was not visible to the inspector and should be inspected by a roofing contractor to determine condition <input type="checkbox"/> Roofing is mostly snow covered <input checked="" type="checkbox"/> Flat roof is covered by decking and could not be inspected Leaks see Moisture and water penetration in ATTIC section of report. Course of Action <input type="checkbox"/> Recommend roofing contractor reroof <input type="checkbox"/> Recommend roofer _____</div>
<div>Flashing Material <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 Defects: <input type="checkbox"/> Appears to be patched <input type="checkbox"/> Pieces damaged / loose <input type="checkbox"/> Pieces missing <input type="checkbox"/> From interior, stains or wet spots indicate possible leaking at or near flashing Limitations: _____ % not visible Course of Action: _____</div>	
<div>Skylights & Roof Windows <input checked="" type="checkbox"/> None noted on exterior of house # of units noted _____ Type: <input type="checkbox"/> Domed <input type="checkbox"/> Flush <input type="checkbox"/> Roof Curb identified Material: <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 Caulking around unit: <input type="checkbox"/> appears adequate <input type="checkbox"/> missing or damaged, recommend repair Defects noted: <input type="checkbox"/> Cracked Glazing: <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></div>	
<div>Additional Comments or Issues: <div>seal at front roof line between gutter + shingles</div><div>FIXED</div></div>	

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

Vehicle Parking

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

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

Exterior

Wall Finishes

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
☐ Repairs Required

Location: ☐ All ☐ Main Floor ☐ Upper floor
☐ Front ☒ Rear ☒ Side *(insulbrick)*
☐ 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: *rear yard (gates under porch/addition)*

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

<p style="text-align: center;">Main Entry</p> <p>Location: <u>front</u></p> <p><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>6</u> steps down from porch <input type="checkbox"/> Step rise(s) too high / uneven, adjust</p> <p>Handrails/guardrails: <input 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</p>	<p style="text-align: center;">Deck and Balcony</p> <p><input type="checkbox"/> None noted</p> <p>Location: <u>rear yard</u></p> <p><input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete</p> <p># <u>22</u> Steps to grade <input type="checkbox"/> Too close to grade to look under <input type="checkbox"/> Close to grade could only see under some sections <input type="checkbox"/> Sufficiently above grade to get under and look <input checked="" type="checkbox"/> No access below: Blocked by <input type="checkbox"/> Stored items <input type="checkbox"/> Plant growth <input type="checkbox"/> Elements(Snow, ice, water)</p> <p>Defects: <u>resecure top of stair stringers</u> <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 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</p> <p>Handrails/guardrails: <input type="checkbox"/> None noted <input type="checkbox"/> Recommend add for safety <input type="checkbox"/> Feel loose <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Close down openings for safety <input checked="" type="checkbox"/> Railings too low by today's standards, add / adjust for safety <u>(some spots not all)</u></p>
<p style="text-align: center;">Walkways</p> <p><input type="checkbox"/> None noted</p> <p>To Main entry: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Gravel <input type="checkbox"/> Interlock / brick <input type="checkbox"/> <input type="checkbox"/> Uneven/broken surfaces pose trip hazard</p> <p>Other walks: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Gravel <input type="checkbox"/> Interlock / brick <input type="checkbox"/> <input checked="" type="checkbox"/> Uneven/broken surfaces pose trip hazard</p>	<p style="text-align: center;">Patio</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location: _____ <input type="checkbox"/> Concrete <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Stone <input type="checkbox"/> Interlock <input type="checkbox"/> Uneven/broken surfaces noted which pose trip hazard</p>
<p style="text-align: center;">Secondary Entry</p> <p><input type="checkbox"/> None noted</p> <p>Location: <u>rear yard</u></p> <p><input type="checkbox"/> Concrete slab <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>5</u> steps down from porch <input 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</p> <p>Handrails/guardrails: <input type="checkbox"/> None noted <input type="checkbox"/> Recommend add for safety <input type="checkbox"/> Loose or unsafe, recommend repair for safety <input checked="" type="checkbox"/> Railings too low by today's standards, add / adjust for safety</p>	<p style="text-align: center;">Retaining Walls</p> <p><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</p> <p>Drainage holes to relieve water pressure from behind the wall <input type="checkbox"/> are <input type="checkbox"/> are not evident.</p> <p>Defects: <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</p>
<p style="text-align: center;">Fences</p> <p><input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> secure <input type="checkbox"/> loose <input type="checkbox"/> weak <input checked="" type="checkbox"/> Broken sections <input type="checkbox"/> Yard not fully fenced</p> <p>Gate: <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</p>	
<p>Additional Comments or Issues:</p>	

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

Grounds & Air Conditioning

Grading

Within 6 feet of foundation:

- ☒ Front of house, slopes
toward ☒ away from house _____ is relatively level,
☒ Right of house, slopes
toward ☒ away from house _____ is relatively level
☐ Left of house, slopes
toward _____ away from house _____ is relatively level
☒ Rear of house, slopes
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: rear yard

Brand name on central unit: N/A

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: reinsulate piping

Individual room units _____ observed

_____ operated _____ not operated

Results: _____ received cooling _____ did not receive cooling

Course of Action: _____

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

Electrical

Main Service Entrance

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

Meter

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

Location: right side

Distribution

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

Material

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

Defects:

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

Course of Action:

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

Additional Comments or Issues:

Main Distribution Panel

Location: basement
Service Panel Rated 125 Amps

Main Disconnect: 100 Amps
X Circuit breaker Fuses Knife switch
Location X Main panel box Other

Service Size 100 Amps X Circuit Breaker Fuses
110-120 volt circuits: (number) 13 15A 20A 30A
220-240 volt circuits: (number)
20A 3 30A 1 40A 50A 60A 70A

Branch wiring

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

Sub Panels X None noted # noted,
Panel Rated Amps; Service Size Amps
Location

Defects:

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

Course of Action:

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

General Limitations

X Concealed electrical components cannot be inspected
Main disconnect cover could not be removed, common
Panel cover could not be removed due to accessibility, recommend correct Power off in some all areas
No access to:
In most cases, grounding termination point is not visible.

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

Plumbing

Water Supply	Waste System
Entry Location <input checked="" type="checkbox"/> Basement <u>(near laundry)</u> <input checked="" type="checkbox"/> Public Meter Location <input checked="" type="checkbox"/> Basement <u>dryer</u> <input type="checkbox"/> Private Location of wellhead _____ Main Shutoff valve: <u>at entry</u> Supply Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____ Brass _____ Lead _____ Could not determine Conditions requiring attention: _____ Distribution Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____ Brass _____ Lead _____ Kitec _____ Unknown metal Conditions requiring attention: _____ Leaks in water supply system <input checked="" type="checkbox"/> None noted Rust / Corrosion noted _____	Pipes: <input checked="" type="checkbox"/> ABS Plastic <input checked="" type="checkbox"/> Cast Iron <input type="checkbox"/> Copper <input type="checkbox"/> Lead Galvanized Steel _____ Brass _____ Not Visible Pipes observed <u>basement</u> Main waste line clean-outs <input checked="" type="checkbox"/> were _____ were not observed Cheater vent(s) noted _____ Venting <input checked="" type="checkbox"/> was _____ was not observed extending through roof and <input checked="" type="checkbox"/> was _____ was not seen in attic <input checked="" type="checkbox"/> 'S' traps noted in drainage system, should be rectified <input checked="" type="checkbox"/> No 'P' traps visible <u>add at laundry</u> Conditions requiring attention: _____ Leaks in waste system: <input checked="" type="checkbox"/> None noted _____ active leaks _____ dry leak type stains were observed Odour noted at _____, have evaluated by plumber Discharge <input checked="" type="checkbox"/> Public _____ Private Reported by _____ Vendor _____ Realtor _____ Not Determined Drain line exits at _____ Waste Ejectors <input checked="" type="checkbox"/> None Noted Drain or waste ejector pumps were observed Location _____ When water was run the pump(s) _____ did _____ did not seem to pump out the water. _____ Slow drainage was noted. Change ejector pipe to PVC/ABS _____
Hose Bibs Number <u>1</u> Noted When turned on water came out, when turned off the water _____ did _____ did not shut off fully. <input checked="" type="checkbox"/> When turned on water did not come out Not tested, because _____ Interior: <input checked="" type="checkbox"/> Hose bib shut off valve(s) located Did not locate at _____, locate and leave accessible Frost protected, interior shutoff may not be required	Domestic Water Heater Location <input checked="" type="checkbox"/> basement _____ Rental _____ Owned <input checked="" type="checkbox"/> unknown Estimated age / year <u>(2008)</u> Make: <u>G.S.W.</u> Gas <input checked="" type="checkbox"/> Electric _____ Oil _____ Propane _____ Water on Demand system _____ Integral with heating system Rated Capacity <u>184</u> gallons / Liters, which is generally ample for about <u>4</u> people, depending on usage. Safety pressure release valve <input checked="" type="checkbox"/> was _____ was not observed and <input checked="" type="checkbox"/> did _____ did not have safety extension down to floor. <input checked="" type="checkbox"/> No _____ Some _____ Extensive rust / corrosion / water noted at base of unit indicates unit is leaking. Vent Pipe: <input checked="" type="checkbox"/> does <u>N/A</u> does not slope or rise to exhaust pipe loose _____ connection(s) loose rusted or deteriorated joint to exhaust in need of repair
Functional Flow <input checked="" type="checkbox"/> Tested _____ Not Tested because _____ Method: <input checked="" type="checkbox"/> With multiple fixtures running, flushed toilet(s) to over stress flow, observed decrease in flow: _____ minimal <input checked="" type="checkbox"/> acceptable _____ excessive	
Hot Water Output: Hot water <input checked="" type="checkbox"/> was _____ was not received at hot water faucets which were operated, in random testing, indicating the system <input checked="" type="checkbox"/> is _____ is not providing hot water to these faucets. After about <u>10</u> minutes of running hot water at <u>Kitchen</u> sink faucet, water coming from faucet was <input checked="" type="checkbox"/> hot _____ warm _____ cold.	
Additional Comments or Issues:	

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

Heating

General Heating System		Distribution	
Fuel: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Propane		<input checked="" type="checkbox"/> Ductwork / Registers <input type="checkbox"/> Unobserved Radiant	
Type: <input checked="" type="checkbox"/> Forced Air <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Electric Radiant		<input type="checkbox"/> Baseboard heaters Thermostat(s) <input type="checkbox"/> on units <input type="checkbox"/> on wall	
<input type="checkbox"/> Hot Water Radiant <input type="checkbox"/> Boiler <input type="checkbox"/> Steam Boiler <input type="checkbox"/> Geothermal		<input type="checkbox"/> Radiators <input type="checkbox"/> Bleed valves <input type="checkbox"/> Leaks / Corrosion	
<input type="checkbox"/> High efficiency <input checked="" type="checkbox"/> mid-efficiency <input type="checkbox"/> low efficiency		<input type="checkbox"/> Heat equal at both ends, indicates proper distribution within unit	
<input type="checkbox"/> Integral with water heater / water on demand system		<input type="checkbox"/> Boiler system: pressure release valve extension missing	
Approximate age/year of system <u>(07)</u> as evidenced by: <u>tag</u>		Heat supply & return PIPES:	
Brand Name: <u>Luxaire</u>		<input type="checkbox"/> Copper <input checked="" type="checkbox"/> Galvanized Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown material	
<input type="checkbox"/> Furnace not operated due to temperature (see opposite page for testing limitations)		Observed in: <input type="checkbox"/> basement <input type="checkbox"/> crawlspace <input type="checkbox"/> attic	
Recommend <input checked="" type="checkbox"/> Service <input checked="" type="checkbox"/> Clean Furnace		<input type="checkbox"/> some <input checked="" type="checkbox"/> most pipes not visible	
<input type="checkbox"/> Remove filler pipes for previous heating system		Heat Distribution:	
<input type="checkbox"/> Improve clearance around furnace for safety and access		<input checked="" type="checkbox"/> was <input type="checkbox"/> was not found in each room – add as needed	
<input type="checkbox"/> Previous oil tank noted <input type="checkbox"/> Oil line noted below surface, recommend further evaluation. Estimated age of oil tank _____		Distribution missing from: _____	
<input type="checkbox"/> Add vent to furnace room		Heat Recovery Ventilator (HRV) noted: <input type="checkbox"/> working properly	
<input type="checkbox"/> Corrosion/rust/water noted in furnace, evaluate and repair		<input type="checkbox"/> Recommend maintenance <input type="checkbox"/> Recommend service	
Controls		Course of Action:	
Heating System <input checked="" type="checkbox"/> was <input type="checkbox"/> was not in use during inspection		<input type="checkbox"/> Clean Ducts	
Thermostat(s) were located <input type="checkbox"/> main floor _____		<input type="checkbox"/> Insulation on heating pipes/vents, recommend test for asbestos	
The system seems to be regulated by individual controls		<input type="checkbox"/> Seal gaps/joints at ductwork and plenum to maximize the efficiency of distribution system.	
<input type="checkbox"/> in each heated area <input type="checkbox"/> on the heating units themselves			
When turned on by above thermostat(s)/control(s), units			
<input type="checkbox"/> fired or gave heat <input type="checkbox"/> did not fire or give heat.			
HRV control (s) located in _____			
<input checked="" type="checkbox"/> A furnace electrical disconnect noted <input checked="" type="checkbox"/> above _____ the unit			
<input type="checkbox"/> An automatic Shut-Off Safety Device(s) was noted			
on the oil line at <input type="checkbox"/> tank <input type="checkbox"/> burner			
Energy Supply		Heat Exchanger	
<input checked="" type="checkbox"/> Gas, believed to be public <input type="checkbox"/> Electricity		Heat exchanger is hidden from view, inside the unit, and therefore cannot be inspected.	
<input type="checkbox"/> Oil tank in basement <input type="checkbox"/> Fill pipes indicate possible buried oil tank		<input type="checkbox"/> The following evidence suggests that the heat exchanger may be defective _____	
<input type="checkbox"/> Gas, onsite, evidenced by white storage tank			
Entry Location <u>front</u>			
<input type="checkbox"/> Gas meter location appears too close to vent/A/C, have checked by HVAC technician <input type="checkbox"/> Bond gas line to proper ground			
Fuel Leaks noted? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Flue Pipes		Filters	
<input checked="" type="checkbox"/> Flue pipes were identified		<input checked="" type="checkbox"/> Air Filter in warm air heating/cooling unit.	
<input checked="" type="checkbox"/> Do <input type="checkbox"/> Do not rise slightly to chimney / exhaust		<input type="checkbox"/> Washable <input checked="" type="checkbox"/> Disposable <input type="checkbox"/> Electronic <input type="checkbox"/> HEPA	
<input type="checkbox"/> Joints appear loose <input type="checkbox"/> Rusted or deteriorated		Location <input checked="" type="checkbox"/> at furnace <input checked="" type="checkbox"/> in return grill	
<input type="checkbox"/> Connection to exhaust is loose or in need of repair		<input type="checkbox"/> Not installed properly to correctly filter air	
<input type="checkbox"/> Pipes too close to combustibles, recommend repair		<input type="checkbox"/> None noted, have it located and evaluated or have installed by heating contractor.	
Supplemental Heat		<input type="checkbox"/> Heating contractor should rectify defects.	
<input checked="" type="checkbox"/> None noted <input type="checkbox"/> Some noted		<input type="checkbox"/> Recommend non-allergy type filter	
Type, Location, and operation: _____		<input type="checkbox"/> Filter appears clogged/blocked replace/clean	
_____		Oil Line Filter:	
_____		Located <input type="checkbox"/> near entry into basement <input type="checkbox"/> near oil tank <input type="checkbox"/> near furnace	
Additional Comments or Issues:		Oil filters should be serviced by a heating contractor annually along with the oil heating unit.	
_____		Humidifier	
_____		<input type="checkbox"/> None noted	
_____		Location: <input checked="" type="checkbox"/> return duct <input type="checkbox"/> heating duct	
_____		<input type="checkbox"/> Filter appears clean <input type="checkbox"/> Adjust water level	
_____		<input type="checkbox"/> Working <input type="checkbox"/> Not working <input type="checkbox"/> Disconnected	
_____		<input type="checkbox"/> Parts Missing <input type="checkbox"/> humidifier should be replaced	
_____		<input type="checkbox"/> Drum type humidifier, recommend replace with drip type	
_____		Humidistat Located: <u>on duct</u>	
_____		<u>(above dryer)</u>	

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

Basement & Crawl Space

Basement	Basement Ceilings
<p><u>90%</u> Percent of lowest level <u>X</u> Finished <u> </u> Partially finished <u>X</u> Exterior access / egress <u> </u> None noted <u> </u> Direct walk out <u> </u> Up exterior stairway bulkhead</p> <p>Foundation walls: <u>X</u> Covered <u> </u> Visible Approximate percentage visible <u>0% (none)</u> Limitations to a thorough inspection: <u> </u> <u>X</u> Storage <u>X</u> Insulation <u>X</u> Walls finished / drywall / painted Visible areas: <u> </u> Block <u> </u> Concrete <u>X</u> Brick & Mortar <u> </u> Stone & Mortar <u> </u> Stucco over unknown Condition: <u> </u> Satisfactory <u> </u> Evidence of previous wall repair <u> </u> Evidence of <u> </u> Previous <u> </u> Active leak Defects noted: <u> </u> Settlement cracks <u> </u> Minor <u> </u> Monitor over time <u> </u> Significant, have a mason repair <u> </u> Have cracks / leaky areas repaired to prevent ongoing leakage</p>	<p><u> </u> Exposed to view <u>X</u> Hidden from view <u> </u> Partial view Ceilings finished? <u>X</u> Yes <u> </u> No <u> </u> Evidence of <u> </u> Previous <u> </u> Active leak</p>
<p>Basement Floors</p> <p><u>X</u> concrete <u> </u> dirt Covered with <u>X</u> tile <u> </u> sheet goods <u>X</u> carpeting <u> </u> painted <u> </u> Hardwood / softwood / laminated wood</p> <p>Limitations to a thorough inspection: <u>X</u> Storage <u>X</u> Floors finished / covered <u> </u> Excessive Furniture Approximate percentage visible <u>0% (none)</u> <u> </u> Satisfactory Defects: <u> </u> Settlement Cracks in floor were noted which appear to be: <u> </u> newer <u> </u> older <u> </u> small, probably not major defects at this time, which should be monitored over time to see if they worsen <u> </u> larger major defects <u> </u> showing differential settlement <u> </u> heaving <u> </u> Evidence suggests hollow under floor <u> </u> Evidence of <u> </u> Previous <u> </u> Active leak</p> <p>Moisture Evidence: <u> </u> Present <u>X</u> Not noted Water Penetration Evidence: <u> </u> noted <u>X</u> none noted</p>	<p>Crawl Space</p> <p><u> </u> None noted <u>10%</u> Percent of lowest level <u>X</u> Accessible <u> </u> Not Accessible <u> </u> Entered <u>X</u> Not Entered, because <u>too low</u></p> <p>Floors: <u>X</u> concrete <u> </u> dirt Ventilation: <u> </u> noted <u>X</u> none noted (add Ventilation) Type: <u> </u> wall vents <u> </u> vents into basement <u> </u> Recommend adding ventilation to this area to prevent condensation / moisture problems <u> </u> Additional ventilation recommended <u> </u> Evidence of moisture; determine source and repair as needed</p> <p>Insulation observed: <u>X</u> Yes <u> </u> No; Adequate? <u> </u> Yes <u> </u> No Vapour Barrier: <u> </u> on warm side of insulation <u> </u> None noted <u> </u> Installed improperly</p> <p>Moisture Evidence: <u>X</u> Present <u> </u> Not noted Water Penetration Evidence: <u> </u> noted <u>X</u> none noted</p>
<p>Exterior Support Piers</p> <p><u> </u> Not Applicable Support columns of <u> </u> Metal <u> </u> Concrete <u> </u> Wood <u> </u> Stone <u>X</u> Block <u> </u> Brick were observed under the <u>rear addition</u> Support columns condition looked <u>X</u> Satisfactory</p> <p>Additional Comments or Issues:</p>	<p>Slab on Grade</p> <p><u>X</u> Not Applicable <u> </u> Percent of lowest level <u> </u> concrete <u> </u> wood <u> </u> unknown / not visible slab: <u> </u> at about grade level <u> </u> slightly above/below grade The support system below grade is not observed and is unknown. The exterior perimeter of the slab, where visible, cracks <u> </u> were <u> </u> were not noted. <u> </u> No areas visible Exposed interior floor coverings are of: <u> </u> concrete <u> </u> vinyl <u> </u> wall to wall carpet <u> </u> hardwood <u> </u> softwood <u> </u> carpet less than wall to wall in coverage Observed <u> </u> broken <u> </u> warped <u> </u> rippled <u> </u> floor coverings, which may indicate cracks in the slab.</p> <p>Floor Drainage</p> <p>Floor Drainage observed: <u>(none visible)</u> <u> </u> Yes <u>X</u> No <u> </u> did <u>X</u> did not have protective perforated cover Trap primer noted? <u> </u> Yes <u> </u> No <u> </u> Evidence of trap cracked / broken <u> </u> Recommend install backflow preventer</p>
<p>Cold Room</p> <p><u>X</u> Not Applicable <u> </u> Install/replace weatherstripping at door <u> </u> Venting installed <u> </u> venting blocked, open and leave active <u> </u> No venting, proper venting to be added <u> </u> It is not recommended to finish or partially finish a cold room. Revert area to original state.</p>	

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

Water Penetration & Internal Structure

Water Penetration

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

Evidence observed:

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

Limitations to inspection:

- Subfloor & carpet _____ Storage _____ Furniture _____

Course of Action:

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

General Dampness

- ☒ None noted
☐ Feels damp _____ Smells damp
☐ Dehumidifier noted
Location: _____
Dehumidifier was running during inspection
Evidence that dehumidifier running continuously
Recommend use of dehumidifier in basement

Basement Ventilation

- None noted
Type:
Louvered wall vents
☒ Window
Area open to main and / or upper floors (open stairwell)
Exhaust fan
Air Exchanging unit
Other _____

Course of Action:

- Add additional ventilation to reduce condensation / moist air

Additional Comments or Issues:

Foundation Structure

Joists

- ☒ Not visible
☒ Wood _____ Steel _____

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

Defects Observed:

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

Columns

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

Condition:

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

Defects observed:

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

Sump Pump

- ☒ None noted

- Location: _____
submersible _____ pedestal
Running continuously

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

Discharge

- Exterior _____ Storm drain _____ Unknown _____ Sewer connection

Course of Action:

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

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

Laundry & Wet Bar

Laundry Area	Laundry Tub
<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 checked="" type="checkbox"/> None noted</p> <p>Tub</p> <p><input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Tub damaged / cracked, replace</p>
<p>Appliances: Laundry</p> <p>Clothes Washer</p> <p><input type="checkbox"/> None noted</p> <p>Brand: <u>Frigidaire</u> <u>XC73401499</u></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 & 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 checked="" type="checkbox"/> Operated one cycle, heard water come in, splash, spin and pump out</p> <p><input type="checkbox"/> Not operated</p> <p>Course of Action:</p> <p>Have an appliance repair contractor repair noted defects.</p> <p>Clothes Dryer</p> <p><input type="checkbox"/> None noted</p> <p>Brand: <u>Frigidaire</u> <u>XD73317659</u></p> <p><input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Connections were noted <input type="checkbox"/> Not Secure</p> <p><input type="checkbox"/> Connections not visible</p> <p>Vented to: <input 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 checked="" type="checkbox"/> Unit checked for spin and drying heat</p> <p><input type="checkbox"/> In use during inspection, performing major functions</p> <p><input type="checkbox"/> Not operated</p> <p>Course of Action:</p> <p><input 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>Faucets:</p> <p><input 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 type="checkbox"/> Drain secure <input type="checkbox"/> not secure</p> <p><input 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>Wet Bar</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>Sink</p> <p><input type="checkbox"/> Porcelain <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete</p> <p>Drainage pipes</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>Leaks noted</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>Counter top</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>Electrical: Laundry</p> <p><input type="checkbox"/> Ground Fault Interrupter <input checked="" type="checkbox"/> None Noted</p> <p><input type="checkbox"/> Recommend add GFI's for safety</p>	<p>Electrical: Wet Bar</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>Additional Comments or Issues:</p>	

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

Kitchen & Appliances

<p style="text-align: center;">Location</p> <p>___ Basement <input checked="" type="checkbox"/> Main floor ___ Upper floor</p>	<p style="text-align: center;">Range / Cooktop 126812670N</p> <p>Brand: <u>Magic Chef</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 ___ 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;">Cabinets</p> <p><input checked="" type="checkbox"/> Wooden <input checked="" type="checkbox"/> 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</p> <p>___ missing hardware ___ missing door or drawer fronts</p> <p>___ 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;">Oven</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>___ 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;">Counter Tops</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</p> <p>___ large areas heat scorched or damaged</p> <p>Stored items affecting visibility of counter tops at time of inspection ___ minimal <input checked="" type="checkbox"/> about normal ___ extensive</p>	<p style="text-align: center;">Refrigerator 128208076N</p> <p>Brand: <u>Magic Chef</u></p> <p>Age: ___ Newer ___ Older ___ Midlife</p> <p>___ In use during inspection ___ Operated</p> <p>___ Not operated</p> <p>___ Items in cooling section felt cool, in freezer section felt frozen</p> <p>-indicates doing major functions</p> <p>Features: ___ Ice maker ___ Water & Ice through door ___ Frost Free</p> <p>Magnetic Seal: ___ Damaged / Broken</p>
<p style="text-align: center;">Sink</p> <p><input checked="" type="checkbox"/> Stainless Steel ___ Porcelain ___ Plastic</p> <p>___ Undetermined material</p> <p>Ran the water and found leaks <input checked="" type="checkbox"/> None noted ___ Above the sink</p> <p>___ below the sink. ___ Have leaks repaired by plumber</p> <p>Sink ___ chipped/cracked. Stopper/strainer ___ was ___ was not noted</p>	<p style="text-align: center;">Dishwasher 37653562LJ</p> <p>Brand: <u>Magic Chef</u></p> <p>Age: ___ Newer ___ Older ___ Midlife</p> <p>___ 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;">Disposal</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;">Built in Microwave DJ07500258</p> <p>___ None noted</p> <p>Brand: <u>Magic Chef</u></p> <p>Age: ___ Newer ___ Older ___ Midlife</p> <p>___ Heated container of water, indicating does major function</p> <p>___ Too close to cooktop, repair as needed</p> <p>___ Not operated, ___</p>
<p style="text-align: center;">Ventilation</p> <p>___ None Noted, other than doors and windows</p> <p>___ Fan integral with a built-in Microwave or cooktop</p> <p><input checked="" type="checkbox"/> 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;">Other Appliance</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Brand: ___</p> <p>___ Operated ___ Not Operated</p>
<p style="text-align: center;">Electrical</p> <p><input checked="" type="checkbox"/> Ground Fault Interrupter ___ None Noted</p> <p>___ Recommend add GFI's for safety ___ at sink</p> <p>___ Inadequate number of electrical outlets</p>	
<p style="text-align: center;">Kitchen Floor</p> <p>___ Laminate ___ Vinyl Tile ___ Ceramic Tile</p> <p><input checked="" type="checkbox"/> 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

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

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

Fireplaces & Common Safety Devices

Fireplace # 1

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

Fireplace # 2

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

Wood Stove

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

Additional Comments or Issues:

Ground Fault Interrupter (GFI) Protection

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

Testing & Results:

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

Course of Action:

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

Smoke Detectors

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

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

Course of Action:

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

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

Carbon Monoxide (CO) Detectors

____ No permanently installed CO detectors noted
____ CO Detectors

☒ **Not Tested** as may be connected to wired / wireless
alarm system in house, they should be tested by alarm company
before sleeping in house.
☒ Install CO detector in hall on all sleeping levels at knee level

____ Replace Carbon Monoxide detectors
☒ **Test CO detectors before sleeping in the house**

Interior Fire Sprinkler System

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

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

General Interior

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

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

Attic & Ventilation

Attic Access

☐ No Attic ☐ Flat roof ☐ Cathedral ceiling

☒ No Access ☐ Blocked by storage items

☐ Stairs, see Stairs on INTERIOR page

☐ Pull down in _____

☐ Access Hatch in _____

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.

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 checked="" type="checkbox"/> Attic could not be accessed <input type="checkbox"/> Fully floored <input type="checkbox"/> Some observed, mostly obscured Form: <input type="checkbox"/> Batt / Blanket <input type="checkbox"/> Loose Fill <input type="checkbox"/> Rigid Board <i>N/A</i> <input type="checkbox"/> Foamed in Place Type: <input type="checkbox"/> Glass Fiber <input type="checkbox"/> Wood Shavings <input type="checkbox"/> Mineral Fiber <input 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 _____ Location: <input type="checkbox"/> Floor <input type="checkbox"/> Roof <input type="checkbox"/> Both <input type="checkbox"/> other _____ Estimated thickness _____ inches <input type="checkbox"/> Unknown Estimated R-value _____ R Defects: <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 Vapour barrier: <input type="checkbox"/> None Noted <input 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 Exhaust pipes from interior: <input type="checkbox"/> Adequate insulation <input type="checkbox"/> wet <input type="checkbox"/> condensation Clearances <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. Course of Action: <input type="checkbox"/> Adding additional insulation should be considered to increase energy efficiency of home.	<input checked="" type="checkbox"/> None noted <input type="checkbox"/> Some _____ most ductwork in unconditioned spaces was observed to be insulated. Insulation appears to be _____ adequate _____ insufficient Observed: _____ Condensation _____ Rust <i>Uninsulated ducts should be insulated for energy conservation and to prevent condensation and resultant damage.</i>
	Pipes <input checked="" type="checkbox"/> None noted _____ Heating cables <input type="checkbox"/> Some _____ many pipes believed to be carrying heated or chilled water or coolants in unconditioned spaces were observed to be insulated. Insulation appears to be _____ adequate _____ insufficient <i>Uninsulated pipes should be insulated for energy conservation and to prevent condensation and resultant damage.</i>
	Walls <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>
	Building Underside <input type="checkbox"/> Not Applicable <input type="checkbox"/> None noted <input checked="" type="checkbox"/> From within a crawl space / basement, under floor of the lowest living area <i>spray foam</i> insulation was observed. Estimated thickness <i>N/A</i> inches thick Estimated R-value of _____ R.
Additional Comments or Issues:	

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.