

LIGHTHOUSE INSPECTIONS

Visual Pre-Inspection Agreement

Name: Ben Ferguson
Current Address 37 Hiawatha City/ Province/ Postal TORONTO
Phone # 416-278-3579 E-Mail: Ben@mattdben.ca
Regarding: (Property to be Inspected) DATE Nov. 17/16 Time: 8:45am
Address: 37 Hiawatha Rd. Unit # _____ City: Toronto

Between the above named Customer and the undersigned, an independently owned and operated Franchisee of Lighthouse Inspections ("Inspector"):

For a Fee of \$ 452.00, the Customer agrees to have Inspector conduct a home inspection for the purpose of outlining any visual major deficiencies observed by the inspector. The Inspector will provide the Customer with a 38 page report prepared on-site for the exclusive use and possession of the Customer. The written report will include comments based on observations of the visible and accessible parts of components only. This inspection is intended to assist in evaluation of the overall condition of the home / building and not the advisability of the purchase. This will be a limited visual home inspection of the exposed elements of major components of the home and substantial deficiencies may exist and not be detected because of the limited nature of such an inspection. **The inspection is based on observation of the visible and apparent condition of the building and its components, in readily accessible areas only, on the date of the inspection, at the time of the inspection.**

The inspector does not perform invasive procedures nor will equipment, items and systems be dismantled. The inspector only uses normal operating devices. Inspection will be made to see if a component is doing its major function, not minor functions. Maintenance, cosmetics and other things may be discussed, but they are not a part of the inspection and report. **See Exclusions and Limitations listed below**

Concerns: The Inspector extends to its Customers the invitation to contact the inspector at any time should any concern or question arise in connection with the inspected property. The Inspector is committed to resolving customer concerns in a timely manner. The Client acknowledges that the above noted Inspector is an independently owned and operated Franchisee of Lighthouse Inspections Canada. Inspector and its employees are limited in liability to the fee paid for the inspection services and Report in the event that the Client or third party claims that Inspector is in any way liable for negligently performing the inspection. Client hereby agrees to indemnify, defend and hold harmless Inspector and Lighthouse Inspections if any third party brings a claim relating to this Inspection Report.

Notice: The Client acknowledges and agrees that any claim(s) or complaint(s) arising out of or related to this Visual Inspection shall be reported to Inspector, in writing within ten (10) days of its detection in order to allow the Inspector the opportunity to re-inspect that portion of the home in dispute prior to any renovations or repairs relating to the concern in the Report. Any claims must be presented within one (1) year from the date of the inspection; Inspector will have no liability for claims presented after this time.

Exclusions and Limitations

The Inspector is limited to a visual inspection of the building only, any areas that are blocked by finishing materials, storage, furniture, or environmental factors are therefore eliminated from the scope of this inspection. The role of the home inspector is as an educator, to provide you with an understanding of the home and its components. Annual maintenance costs run approximately 3 to 5% of the purchase price.

The Inspector does not assess:

- Aesthetic or cosmetic concerns (i.e., finishes, odours, cleanliness); Design or adequacy of rooms or the home in general or compliance to UL or CSA standards
- Quality of workmanship or material that does not affect the structural integrity or safety of the home.
- Building codes as these are revised on an ongoing basis and are not standard across municipalities. Local building officials assess code compliance
- Life spans and age of elements and/or components. Indications are estimates only, the inspector cannot guarantee that such items will last for their expected life span, including but not limited to life expectancy and failure of components
- Attics will rarely be entered, in most cases, the inspector will perform a general inspection from the access hatch, where accessible
- Ancillary elements including, but not limited to, barbecues, site lighting, solar heating panels, satellite dishes, irrigation systems, security systems, sprinkler systems, central vacuum systems
- Inspect roofs that are not visible from the ground with binoculars or not accessible from a 13-foot ladder. Inspectors do not walk roofs; to do so may cause leaks or other damage at the time or within months of the inspection and could affect the roof warranty.

Please see Page 2 of this Pre-Inspection Agreement.

[Signature] CUSTOMER INITIALS

The Inspector cannot:

- Move personal belongings, storage or furniture, finishing, carpeting snow, ice, earth, etc., to gain access to hidden areas or to improve visibility of an area
- Determine the presence or absence of environmental or health concerns including, but not limited to: contaminated soil, potable water, radon, lead, UFFI, air quality, mould, mildew, carcinogens or other such hazard
- Operate components or assess utilities that are shut off, winterized, covered, do not respond to normal operating devices or otherwise restricted
- Light pilot lights that are not in functioning order / Ignite or extinguish solid fuel fires
- Perform invasive procedures to investigate a potential defect in construction, for this reason the inspector will often recommend a specialist be brought in to further evaluate components.
- Enter any area which the inspector feels is unsafe for entry, with headroom of less than 3 feet or areas with standing water
- Inspect or evaluate the operation of any underground drainage pipes, footings, etc.
- Operate air conditioning systems if the temperature has fallen below 16 degrees Celsius in the past 24 hours.
- Inspect or evaluate items not permanently installed
- Project operating costs of any components
- Uniformity or adequacy of heat or cool supply to any rooms
- Report on sizing or efficiency of heating or air conditioning units
- Operate automatic safety controls
- Evaluate or report on telephone, television cable, internet service availability or signal strength
- Report on anything not visible to the inspector, including but not limited to: concealed insulation or vapour barriers, inside walls, floors or ceiling cavities
- Operate heat pump in heat mode when temperature has been above 22 degrees Celsius in the past 24 hours
- Perform formal energy audit or evaluation
- Report on property lines or encroachments
- Evaluate or operate digital or computerized thermostats or controls
- Report on conformance or legality of secondary or basement apartments or finishings
- Determine if a building permit has been issued for any additions or renovations, etc.
- Observe the interior of chimney flues, fire chambers, heat exchangers, humidifiers or filters
- Report on the presence or absence of wood destroying insects
- Make assurances of a dry basement or crawl space
- If building is covered by condominium management, determine which items are the responsibility of the condo or owner, we rely on the homeowner for this information

The Inspector is not required to:

- Evaluate fountains, spas, saunas/steam rooms, hot tubs, swimming pools, septic, cisterns, water treatment systems etc.,
- Report on the cause of observed damage or recommend repair techniques or contractors
- Evaluate shower pans for leakage
- Report on anything other than output from wells, the inspector shall run the water from inside to determine functional flow
- Determine whether waste lines are municipal or private, and is often required to rely on the homeowner for this information
- Test or operate any over current devices except Ground Fault Circuit Interrupters
- Evaluate geological conditions, soil conditions, recreational facilities, or outbuildings other than primary garages and carports
- Operate trash compactors, individual room and window cooling units or evaluate the effectiveness of anti-siphon devices
- Test carbon monoxide detectors or smoke detectors by any means other than the test button
- Evaluate clearances around heat sources

Acknowledgement: Each office is independently owned and operated. Acceptance and understanding of this Visual Pre-Inspection Agreement is acknowledged. Receipt of a copy of the Pre-Inspection Agreement is also acknowledged. Inspector providing the home inspection service and Report is an independently owned and operated business that has been granted license to use the Lighthouse inspections names, trademarks and methods. In retaining this Inspector, the Client acknowledges that the Franchisor is not involved in the day-to-day activities and is in no way responsible for the Inspector's services or actions. Any questions relating to this service should be directed to Inspector and his/her company.

Signature: Client or Client's Representative

Nov 17 / 2016
Date

Representative Signature

Representative: *Michael Titq*
Company Name: **Elite Team Home Inspections Limited**
Operating as: **Lighthouse Inspections Mississauga East**
Address: **2325 Hurontario St. Suite 322, Mississauga**
Phone Number: **905-271-6381**

Payment Information / Receipt

Fee, including inspection and report agreed to above and other services, (including HST) \$ 452.00

Payment received by (circle) Cash Cheque # _____ ~~Visa/MC/Disc/ Auth # _____~~

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: 37 Hiawatha Rd. Toronto
 Date of Inspection: Nov. 17/16 Approximate start time: 9:00 A.M. P.M. (circle) stop time 12:05 A.M. P.M. (circle)
 Recent WEATHER conditions: cloudy rainy Rain past 3 days: Yes ___ Light ___ No
 Weather at start of inspection: clear + sunny Ground Condition Wet ___ Dry ___ Snow
 Approximate outside temperature during the inspection 6 C. & prior to inspection 3 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

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

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

Good solid home. Some typical maintenance issues and other repairs noted.

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

905-271-6381

General Structure & Roofing

<p style="text-align: center;">Building Style</p> <p><input checked="" type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium / Apartment</p> <p><input type="checkbox"/> Bungalow <input checked="" type="checkbox"/> 2 Storey + Loft <input type="checkbox"/> Split Level <input type="checkbox"/> 2nd floor extends out beyond 1st floor</p> <p>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</p> <p>Occupancy: <input type="checkbox"/> Occupied <input checked="" type="checkbox"/> Vacant <input type="checkbox"/> Staged</p> <p>General Construction: <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry</p>	<p style="text-align: center;">Roofing</p> <p>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</p> <p>Roof Covering(s) <input checked="" type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Rolled <input type="checkbox"/> Slate / Clay Tiles <input type="checkbox"/> Rubberized Membrane</p> <p>Estimated life span: <input type="checkbox"/> Younger <input checked="" type="checkbox"/> Mid-life <input checked="" type="checkbox"/> Older or End of useful life Number of layers <u>1</u></p> <p>Inspection Method: <input checked="" type="checkbox"/> From ground with binoculars <input checked="" type="checkbox"/> from a window <input checked="" type="checkbox"/> from roof edge</p> <p>Identified the following conditions: <input checked="" type="checkbox"/> lifting / clawing / cupping / curling <input type="checkbox"/> bubbling <input type="checkbox"/> dirty <input checked="" type="checkbox"/> particulate releasing <input type="checkbox"/> dried, brittle / crumbling <input type="checkbox"/> broken / missing parts <input checked="" type="checkbox"/> other roof covering deterioration <input type="checkbox"/> excessive moss or mold growing on roof <u>patched flat roof</u> <input type="checkbox"/> waves and dips noted between structural members, see ATTIC section of report <u>(right side south facing)</u> <u>(rear lower roof)</u></p> <p>Younger roof covering indicators: <input type="checkbox"/> clean <input type="checkbox"/> fresh colour <input type="checkbox"/> laying smooth</p> <p>Inspection Limitations: The _____ portion of roof was not visible to the inspector and should be inspected by a roofing contractor to determine condition</p> <p><input type="checkbox"/> Roofing is mostly snow covered <input type="checkbox"/> Flat roof is covered by decking and could not be inspected</p> <p>Leaks see Moisture and water penetration in ATTIC section of report.</p> <p>Course of Action <input type="checkbox"/> Recommend roofing contractor reroof <input type="checkbox"/> Recommend roofer _____</p>
<p style="text-align: center;">Flashing</p> <p>Material <input type="checkbox"/> None noted <input type="checkbox"/> unknown metal <input type="checkbox"/> Rubberized membrane <input type="checkbox"/> Galvanized <input type="checkbox"/> Material not determined</p> <p>Defects: <input type="checkbox"/> Appears to be patched <input checked="" type="checkbox"/> Pieces missing <u>(front low roof)</u> <input type="checkbox"/> Pieces damaged / loose <input type="checkbox"/> From interior, stains or wet spots indicate possible leaking at or near flashing</p> <p>Limitations: _____ % not visible</p> <p>Course of Action: <u>add flashing as needed</u></p>	<p style="text-align: center;">Soffit & Fascia</p> <p>Soffit: <input checked="" type="checkbox"/> aluminum <input checked="" type="checkbox"/> wood <input type="checkbox"/> plastic <input type="checkbox"/> Painted <input type="checkbox"/> Paint deteriorated <input type="checkbox"/> Mould <input type="checkbox"/> Rotted <input type="checkbox"/> loose <input type="checkbox"/> evidence of leaks <input type="checkbox"/> rust <input type="checkbox"/> corrosion</p> <p>Fascia: <input checked="" type="checkbox"/> aluminum <input checked="" type="checkbox"/> wood <input type="checkbox"/> plastic <input type="checkbox"/> Painted <input type="checkbox"/> Paint deteriorated <input type="checkbox"/> Mould <input type="checkbox"/> Rotted <input type="checkbox"/> loose <input type="checkbox"/> evidence of leaks <input type="checkbox"/> rust <input type="checkbox"/> corrosion</p> <p><u>Wood soffit + fascia deteriorated at rear gable (repair + cap)</u></p>
<p style="text-align: center;">Skylights & Roof Windows</p> <p><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></p> <p>Additional Comments or Issues:</p>	<p>Course of Action: Have a roofing or other appropriate contractor repair any deficiencies noted above.</p>

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

Chimneys & Roof Drainage

Chimney	Drainage
<p> <input checked="" type="checkbox"/> Brick ___ Block ___ Stone ___ Metal ___ Chimney is covered, limiting inspection <input checked="" type="checkbox"/> Clearance sufficient above roof <input checked="" type="checkbox"/> Decommissioned chimney; non-standard, have removed/sealed ___ Chimney saddle on roof above chimney Number of chimney(s) <u>1</u> <input checked="" type="checkbox"/> High Efficiency exhaust ___ Missing or loose mortar ___ Cracks Flue liner <input checked="" type="checkbox"/> observed ___ cracked ___ missing Clean-out: located <u>basement</u> ___ operable ___ Unable to operate, have repaired Clean-out ___ Dirty ___ Damaged ___ Blocked Chimney cap / wash ___ observed ___ Broken / damaged ___ Cap overhanging to protect brick <input checked="" type="checkbox"/> None noted <input checked="" type="checkbox"/> Rain Cap / Spark Arrestor <input checked="" type="checkbox"/> None noted <u>add</u> Defects Observed: ___ Cracked ___ Loose ___ Damaged ___ Deteriorated ___ not visible Flashing at chimney <input checked="" type="checkbox"/> secure ___ Loose ___ Damaged, repair / reseal / replace <input checked="" type="checkbox"/> BEFORE USE, have chimney sweep clean, further evaluate & repair as needed. ___ Temporary / non-standard repair observed, recommend mason evaluate and repair as needed. Course of Action: _____ </p>	<p> ___ Nothing noted to direct roof run off ___ On roof diverters were noted Gutters and Downspouts Material: <input checked="" type="checkbox"/> Aluminum ___ Copper ___ Plastic ___ Other metal Defects: ___ Loose ___ Broken ___ Out of adjustment ___ Remove debris which is sticking out of system ___ Stains over outer gutter edge indicate overflow, system may be clogged or undersized Leaking observed at: ___ Drains ___ Downspouts ___ Corners of gutters Discharge: <input checked="" type="checkbox"/> Discharges onto ground ___ Discharge extended 6 feet from foundation <input checked="" type="checkbox"/> Discharges into pipe or hole in ground ___ Did <input checked="" type="checkbox"/> Did not determine where pipe exits <input checked="" type="checkbox"/> Recommend change to ground discharge <input checked="" type="checkbox"/> Sufficient number of downspouts Add downspout at: ___ Front ___ Rear ___ Left ___ Right side ___ Downspouts blocked Gutters: ___ Rusty ___ Holding water (adjust) ___ Clean gutters </p>
<p style="text-align: center;">Exterior Ventilation</p> <p> Types: ___ Gable End Vents ___ Ridge Vent ___ Soffit Vent ___ Windows ___ Attic fan(s) ___ Roof vents ___ Turbines ___ Self opening & closing louvered vents. Side Walls: ___ No evidence noted to indicate need to increase ventilation ___ Spalling brick ___ Mould/mildew spores ___ Peeling or stained paint on exterior siding seems to indicate more ventilation is needed in side walls for the house to breathe better Course of Action: <input checked="" type="checkbox"/> Recommend adding ventilation </p>	<p> Course of Action: ___ Recommend add / adjust splash blocks ___ Recommend add extensions to downspouts to direct water farther away from foundation ___ Recommend redirect water discharge off lower roof – connect with lower gutters or direct to ground discharge ___ Downspout missing, re-install ___ Water penetration noted, make appropriate repairs ___ Have the appropriate type of contractor make repairs as needed to the above components </p>
<p>Additional Comments or Issues:</p>	

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

Vehicle Parking

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

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

Exterior

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

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 checked="" type="checkbox"/> wood <input type="checkbox"/> concrete stone with steps <input type="checkbox"/> walls enclose area <input type="checkbox"/> Deteriorated/damaged steps / supports pose safety hazard # <u>4</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> <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete</p> <p># <u>2</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: <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 type="checkbox"/> Close down openings for safety <input type="checkbox"/> Railings too low by today's standards, add / adjust for safety</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"/> Uneven/broken surfaces pose trip hazard</p> <p>Other walks: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Pavers <input type="checkbox"/> Slate <input type="checkbox"/> Gravel <input checked="" type="checkbox"/> Interlock / brick <input type="checkbox"/> Uneven/broken surfaces pose trip hazard</p>	<p style="text-align: center;">Secondary Entry</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location: _____</p> <p><input type="checkbox"/> Concrete slab <input type="checkbox"/> Porch of <input type="checkbox"/> wood <input type="checkbox"/> concrete stone with steps <input type="checkbox"/> walls enclose area <input type="checkbox"/> Deteriorated/damaged steps / supports pose safety hazard # _____ 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 type="checkbox"/> Railings too low by today's standards, add / adjust for safety</p>
<p style="text-align: center;">Fences</p> <p><input checked="" type="checkbox"/> Wood <input checked="" 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 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 style="text-align: center;">Patio</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location: _____</p> <p><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;">Additional Comments or Issues:</p> <p> </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 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>

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

Grounds & Air Conditioning

Grading	Air Conditioning
<p>Within 6 feet of foundation:</p> <p><input checked="" type="checkbox"/> Front of house, slopes toward <input checked="" type="checkbox"/> away from house _____ is relatively level,</p> <p><input checked="" type="checkbox"/> Right of house, slopes toward <input checked="" type="checkbox"/> away from house _____ is relatively level</p> <p><input checked="" type="checkbox"/> Left of house, slopes toward <input checked="" type="checkbox"/> away from house _____ is relatively level</p> <p><input checked="" type="checkbox"/> Rear of house, slopes <i>N/A due to deck</i> toward _____ away from house _____ is relatively level.</p> <p>Beyond 6 feet:</p> <p>_____ Entire lot is relatively level</p> <p><input checked="" type="checkbox"/> Slopes away from house, acceptable</p> <p>_____ Slopes towards the house, should be graded away</p> <p><input checked="" type="checkbox"/> Recommend grading slope to direct water a minimum of 6 feet from foundation to minimize water penetration</p> <p>_____ General grading should be addressed as larger depressions can pose a trip hazard</p> <p>_____ Ravine lot, potential erosion concerns</p> <p>Recommend the following negative effect on the building is addressed:</p> <p>_____ General grading could not be assessed due to snow.</p>	<p>_____ None Noted</p> <p>Location: <u>right side</u></p> <p>Brand name on central unit: <u>Goodman</u></p> <p>Type: <input checked="" type="checkbox"/> Central Air _____ Heat Pump _____ Gas Chiller _____ Evaporative Cooler <input checked="" type="checkbox"/> Electric Compressor _____ Roof or attic mounted (or other) system _____ Ductless Air Conditioning system _____ Water cooling system, recommend replace</p> <p>_____ In use during inspection _____ Operated</p> <p><input checked="" type="checkbox"/> Not operated (see opposite page for testing limitations)</p> <p>Visible portion of equipment appears to be <input checked="" type="checkbox"/> Newer _____ Midlife _____ Older or Approximately _____ Years old</p> <p>Central unit appears <input checked="" type="checkbox"/> level _____ not level Outdoor fan is: _____ obstructed Outdoor grills are: _____ damaged _____ dirty <i>Have all debris removed before use</i> Compressor is _____ noisy</p> <p>Ductwork <input checked="" type="checkbox"/> in common with heating _____ independent from heating.</p> <p>With unit running, house seemed to cool _____ slowly _____ quickly _____ adequately _____ not at all</p> <p>Course of Action: _____</p> <p>Individual room units _____ observed _____ operated _____ not operated Results: _____ received cooling _____ did not receive cooling</p> <p>Course of Action: _____</p>
<p style="text-align: center;">Trees, Shrubs, & Plantings</p> <p>Trees, shrubs and other plantings near the home should allow the home to breathe</p> <p>_____ None noted near house which appear to pose a possible hazard to the house at the present time.</p> <p><input checked="" type="checkbox"/> Planting(s) noted <u>overhanging</u> / touching / near to / climbing on house</p> <p>These conditions should be corrected, usually involving cutting back, pruning or removal of the planting.</p> <p>_____ Other plantings, away from house, should be inspected by client and attended to as needed</p>	<p style="text-align: center;">Environmental</p> <p>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:</p> <p>_____ Dead foliage, out of season - looks unusual</p> <p>_____ Dark stains on soil _____ Oil slick or stain on water</p> <p>Abandoned _____ motor vehicle(s) _____ batteries _____ Paint cans</p> <p>_____ Pipes into the ground may indicate buried storage tanks</p> <p>_____ Out of use storage tanks</p> <p>_____ Homes of this era may have additional environmental hazards/concerns. (i.e., lead, asbestos, etc.) that are not visible to the inspector</p> <p>Course of Action:</p> <p>_____ Recommend further evaluation by an appropriate contractor before any renovations of the property.</p>
<p>Additional Comments or Issues:</p>	

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

Copper Aluminum Knob & Tube

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

Defects:

Ungrounded outlets Reversed polarity
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: 150 Amps
 Circuit breaker Fuses Knife switch
Location Main panel box Other

Service Size 150 Amps Circuit Breaker Fuses
110-120 volt circuits: (number) 20 15A 1 20A 30A
220-240 volt circuits: (number)
20A 30A 1 40A 50A 60A 70A

Branch wiring

Copper Aluminum Knob & Tube
BX Cable (Metallic sheathed) Romex (Non-metallic sheathed) Not determined

As observed: inside panel box
Circuits labeled? Yes No Some
 Panel has been upgraded from original

Sub Panels None noted # noted,
Panel Rated 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
 Panel may be overloaded, have evaluated and repaired as needed main circuit
 Have an electrician check panel and rectify deficiencies as needed.

General Limitations

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

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
<p>Entry Location <input checked="" type="checkbox"/> Basement _____ <input checked="" type="checkbox"/> Public _____ Meter Location <input checked="" type="checkbox"/> Basement _____ _____ Private _____ Location of wellhead _____</p> <p>Main Shutoff valve: <u>at entry</u></p> <p>Supply Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____ _____ Brass _____ Lead _____ Could not determine _____ Conditions requiring attention: _____</p> <hr/> <p>Distribution Pipes: <input checked="" type="checkbox"/> Copper _____ Plastic _____ Galvanized _____ _____ Brass _____ Lead _____ Kitec _____ Unknown metal _____ Conditions requiring attention: <u>loose piping</u></p> <hr/> <p>Leaks in water supply system <input checked="" type="checkbox"/> None noted _____ _____ Rust / Corrosion noted _____</p>	<p style="text-align: center;">Waste System</p> <p>Pipes: <input checked="" type="checkbox"/> ABS Plastic <input checked="" type="checkbox"/> Cast Iron _____ Copper _____ Lead _____ _____ Galvanized Steel _____ Brass _____ Not Visible _____ Pipes observed <u>basement + roof</u> Main waste line clean-outs _____ were _____ were not observed _____ Cheater vent(s) noted _____ Venting <input checked="" type="checkbox"/> was _____ was not observed extending through roof _____ and _____ was _____ was not seen in attic <u>(Kitchen)</u> <input checked="" type="checkbox"/> 'S' traps noted in drainage system, should be rectified _____ No 'P' traps visible _____ Conditions requiring attention: <u>vent stacks loose and too high (on exterior)</u></p> <p>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 _____</p> <p>Discharge <input checked="" type="checkbox"/> Public _____ Private _____ Reported by _____ Vendor _____ Realtor _____ Not Determined _____ Drain line exits at _____</p> <hr/> <p>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 _____</p>
<p style="text-align: center;">Hose Bibs</p> <p>Number <u>1</u> Noted _____ <input checked="" type="checkbox"/> When turned on water came out, when turned off the water <input checked="" type="checkbox"/> did _____ did not shut off fully. _____ _____ When turned on water did not come out _____ _____ Not tested, because _____</p> <p>Interior: <input checked="" type="checkbox"/> Hose bib shut off valve(s) located <u>(add new handle)</u> _____ _____ Did not locate at _____, locate and leave accessible _____ _____ Frost protected, interior shutoff may not be required _____</p>	<p style="text-align: center;">Domestic Water Heater</p> <p>Location <input checked="" type="checkbox"/> basement _____ <input checked="" type="checkbox"/> Rental _____ Owned <input checked="" type="checkbox"/> unknown _____ Estimated age / year <u>(2009)</u> Make: <u>John Wood</u> <input checked="" type="checkbox"/> Gas _____ Electric _____ Oil _____ Propane _____ _____ Water on Demand system _____ Integral with heating system _____ Rated Capacity <u>151</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. _____ _____ No _____ Some _____ Extensive rust / corrosion / water noted at base of unit indicates unit is leaking. _____</p> <p>Vent Pipe: <input checked="" type="checkbox"/> does _____ does not slope or rise to exhaust _____ _____ pipe loose _____ connection(s) loose _____ _____ rusted or deteriorated _____ _____ joint to exhaust in need of repair _____</p>
<p style="text-align: center;">Functional Flow</p> <p><input checked="" type="checkbox"/> Tested _____ Not Tested because _____</p> <p>Method: <input checked="" type="checkbox"/> With multiple fixtures running, flushed toilet(s) to over stress flow, observed decrease in flow: _____ minimal _____ acceptable _____ excessive _____</p>	<p style="text-align: center;">Hot Water Output:</p> <p>Hot water <input checked="" type="checkbox"/> was _____ was not received at hot water faucets which were operated, in random testing, indicating the system <input checked="" type="checkbox"/> is _____ is not providing hot water to these faucets. After about <u>10</u> minutes of running hot water at <u>2nd fl.</u> sink faucet, water coming from faucet was <input checked="" type="checkbox"/> hot _____ warm _____ cold.</p>
<p>Additional Comments or Issues:</p> 	

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

Heating

General Heating System		Distribution	
<p>Fuel: <input checked="" type="checkbox"/> Gas ___ Oil ___ Electric ___ Wood ___ Propane</p> <p>Type: <input checked="" type="checkbox"/> Forced Air ___ Electric Baseboard ___ Electric Radiant ___ Hot Water Radiant ___ Boiler ___ Steam Boiler ___ Geothermal <input checked="" type="checkbox"/> High efficiency ___ mid-efficiency ___ low efficiency ___ Integral with water heater / water on demand system Approximate age/year of system <u>02</u> as evidenced by: <u>Serial #</u> _____ Brand Name: <u>Keep Rite</u> ___ Furnace not operated due to temperature (see opposite page for testing limitations)</p> <p>Recommend <input checked="" type="checkbox"/> Service <input checked="" type="checkbox"/> Clean Furnace ___ Remove filler pipes for previous heating system ___ Improve clearance around furnace for safety and access ___ Previous oil tank noted ___ Oil line noted below surface, recommend further evaluation. Estimated age of oil tank _____ ___ Add vent to furnace room <input checked="" type="checkbox"/> Corrosion/rust/water noted in furnace, evaluate and repair</p>		<p>Ductwork / Registers ___ Unobserved Radiant ___ Baseboard heaters Thermostat(s) ___ on units ___ on wall ___ Radiators ___ Bleed valves ___ Leaks / Corrosion ___ Heat equal at both ends, indicates proper distribution within unit ___ Boiler system: pressure release valve extension missing</p> <p>Heat supply & return PIPES: ___ Copper <input checked="" type="checkbox"/> Galvanized Iron ___ Plastic ___ Unknown material Observed in: <input checked="" type="checkbox"/> basement ___ crawlspace ___ attic some <input checked="" type="checkbox"/> most pipes not visible</p> <p>Heat Distribution: ___ was <input checked="" type="checkbox"/> was not found in each room – add as needed Distribution missing from: <u>basement areas + off</u></p> <p>Heat Recovery Ventilator (HRV) noted: ___ working properly ___ Recommend maintenance ___ Recommend service</p> <p>Course of Action: <input checked="" type="checkbox"/> Clean Ducts <input checked="" type="checkbox"/> Insulation on heating pipes/vents, recommend test for asbestos ___ Seal gaps/joints at ductwork and plenum to maximize the efficiency of distribution system.</p>	
<p>Controls</p> <p>Heating System <input checked="" type="checkbox"/> was ___ was not in use during inspection Thermostat(s) were located <input checked="" type="checkbox"/> main floor _____ The system seems to be regulated by individual controls ___ in each heated area ___ on the heating units themselves When turned on by above thermostat(s)/control(s), units <input checked="" type="checkbox"/> fired or gave heat ___ did not fire or give heat. HRV control (s) located in _____ ___ A furnace electrical disconnect noted ___ above _____ the unit ___ An automatic Shut-Off Safety Device(s) was noted on the oil line at ___ tank ___ burner</p>		<p>Heat Exchanger</p> <p>Heat exchanger is hidden from view, inside the unit, and therefore cannot be inspected. ___ The following evidence suggests that the heat exchanger may be defective _____</p>	
<p>Energy Supply</p> <p><input checked="" type="checkbox"/> Gas, believed to be public ___ Electricity ___ Oil tank in basement ___ Fill pipes indicate possible buried oil tank ___ Gas, onsite, evidenced by white storage tank Entry Location <u>front</u> ___ Gas meter location appears too close to vent/A/C, have checked by HVAC technician <input checked="" type="checkbox"/> Bond gas line to proper ground Fuel Leaks noted? <input checked="" type="checkbox"/> No ___ Yes</p>		<p>Filters</p> <p><input checked="" type="checkbox"/> Air Filter in warm air heating/cooling unit. ___ Washable <input checked="" type="checkbox"/> Disposable ___ Electronic ___ HEPA Location <input checked="" type="checkbox"/> at furnace <input checked="" type="checkbox"/> in return grill ___ Not installed properly to correctly filter air ___ None noted, have it located and evaluated or have installed by heating contractor. ___ Heating contractor should rectify defects. ___ Recommend non-allergy type filter ___ Filter appears clogged/blocked replace/clean</p> <p>Oil Line Filter: Located ___ near entry into basement ___ near oil tank ___ near furnace Oil filters should be serviced by a heating contractor annually along with the oil heating unit.</p>	
<p>Flue Pipes</p> <p><input checked="" type="checkbox"/> Flue pipes were identified <input checked="" type="checkbox"/> Do ___ Do not rise slightly to chimney / exhaust ___ Joints appear loose ___ Rusted or deteriorated ___ Connection to exhaust is loose or in need of repair ___ Pipes too close to combustibles, recommend repair</p>		<p>Humidifier</p> <p><input checked="" type="checkbox"/> None noted Location: ___ return duct ___ heating duct ___ Filter appears clean ___ Adjust water level ___ Working ___ Not working ___ Disconnected ___ Parts Missing ___ humidifier should be replaced ___ Drum type humidifier, recommend replace with drip type Humidistat Located: _____</p>	
<p>Supplemental Heat</p> <p><input checked="" type="checkbox"/> None noted ___ Some noted Type, Location, and operation: _____ _____</p>			
<p>Additional Comments or Issues:</p>			

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

Basement & Crawl Space

<p>Basement</p> <p><u>75%</u> Percent of lowest level <input type="checkbox"/> Finished <input type="checkbox"/> Partially finished Exterior access / egress <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Direct walk out <input type="checkbox"/> Up exterior stairway bulkhead</p> <p>Foundation walls: <input type="checkbox"/> Covered <input type="checkbox"/> Visible Approximate percentage visible _____ <i>Limitations to a thorough inspection:</i> <input type="checkbox"/> Storage <input type="checkbox"/> Insulation <input type="checkbox"/> Walls finished / drywall / painted Visible areas: <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Brick & Mortar <input type="checkbox"/> Stone & Mortar <input checked="" type="checkbox"/> Stucco over unknown Condition: <u>deteriorated areas</u> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Evidence of previous wall repair <input type="checkbox"/> Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak</p> <p>Defects noted: <input checked="" type="checkbox"/> Settlement cracks <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/> Monitor over time <input type="checkbox"/> Significant, have a mason repair <input type="checkbox"/> Have cracks / leaky areas repaired to prevent ongoing leakage</p>	<p>Basement Ceilings</p> <p><input checked="" type="checkbox"/> Exposed to view <input type="checkbox"/> Hidden from view <input type="checkbox"/> Partial view Ceilings finished? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak</p> <hr/> <p>Crawl Space</p> <p><input type="checkbox"/> None noted <u>25%</u> Percent of lowest level <input checked="" type="checkbox"/> Accessible <input type="checkbox"/> Not Accessible <input type="checkbox"/> Entered <input checked="" type="checkbox"/> Not Entered, because <u>too low</u></p> <p>Floors: <input checked="" type="checkbox"/> concrete <input type="checkbox"/> dirt Ventilation: <input type="checkbox"/> noted <input type="checkbox"/> none noted (add Ventilation) Type: <input type="checkbox"/> wall vents <input checked="" type="checkbox"/> vents into basement <input type="checkbox"/> Recommend adding ventilation to this area to prevent condensation / moisture problems <input type="checkbox"/> Additional ventilation recommended <input type="checkbox"/> Evidence of moisture; determine source and repair as needed</p> <p>Insulation observed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No Vapour Barrier: <input type="checkbox"/> on warm side of insulation <input checked="" type="checkbox"/> None noted <input type="checkbox"/> Installed improperly Moisture Evidence: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Not noted Water Penetration Evidence: <input type="checkbox"/> noted <input checked="" type="checkbox"/> none noted</p>
<p>Basement Floors</p> <p><input checked="" type="checkbox"/> concrete <input type="checkbox"/> dirt All Covered with <input type="checkbox"/> tile <input type="checkbox"/> sheet goods <input type="checkbox"/> carpeting <input checked="" type="checkbox"/> painted <input type="checkbox"/> Hardwood / softwood / laminated wood</p> <p><i>Limitations to a thorough inspection:</i> <input type="checkbox"/> Storage <input type="checkbox"/> Floors finished / covered <input type="checkbox"/> Excessive Furniture Approximate percentage visible _____ <input type="checkbox"/> Satisfactory</p> <p>Defects: <u>broken + patched spots</u> <input type="checkbox"/> Settlement Cracks in floor were noted which appear to be: <input type="checkbox"/> newer <input type="checkbox"/> older <input type="checkbox"/> small, probably not major defects at this time, which should be monitored over time to see if they worsen <input type="checkbox"/> larger major defects <input type="checkbox"/> showing differential settlement <input type="checkbox"/> heaving <input type="checkbox"/> Evidence suggests hollow under floor <input type="checkbox"/> Evidence of <input type="checkbox"/> Previous <input type="checkbox"/> Active leak</p> <p>Moisture Evidence: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Not noted Water Penetration Evidence: <input type="checkbox"/> noted <input checked="" type="checkbox"/> none noted</p>	<p>Slab on Grade</p> <p><input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Percent of lowest level <input type="checkbox"/> concrete <input type="checkbox"/> wood <input type="checkbox"/> unknown / not visible slab: <input type="checkbox"/> at about grade level <input type="checkbox"/> slightly above/below grade <i>The support system below grade is not observed and is unknown.</i> The exterior perimeter of the slab, where visible, cracks were <input type="checkbox"/> were not noted. <input type="checkbox"/> No areas visible Exposed interior floor coverings are of: <input type="checkbox"/> concrete <input type="checkbox"/> vinyl <input type="checkbox"/> wall to wall carpet <input type="checkbox"/> hardwood <input type="checkbox"/> softwood <input type="checkbox"/> carpet less than wall to wall in coverage Observed <input type="checkbox"/> broken <input type="checkbox"/> warped <input type="checkbox"/> rippled <input type="checkbox"/> floor coverings, which may indicate cracks in the slab.</p>
<p>Exterior Support Piers</p> <p><input checked="" type="checkbox"/> Not Applicable Support columns of <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Block <input type="checkbox"/> Brick were observed under the _____ Support columns condition looked <input type="checkbox"/> Satisfactory</p>	<p>Floor Drainage</p> <p>Floor Drainage observed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> did <input type="checkbox"/> did not have protective perforated cover Trap primer noted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence of trap cracked / broken <input type="checkbox"/> Recommend install backflow preventer</p>
<p>Cold Room</p> <p><input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Install/replace weatherstripping at door <input type="checkbox"/> Venting installed <input type="checkbox"/> venting blocked, open and leave active <input type="checkbox"/> No venting, proper venting to be added <input type="checkbox"/> It is not recommended to finish or partially finish a cold room. Revert area to original state.</p>	
<p>Additional Comments or Issues:</p>	

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

Water Penetration & Internal Structure

Water Penetration	Foundation Structure
<p><input type="checkbox"/> No signs noted</p> <p><input type="checkbox"/> Evidence indicates a one time flooding</p> <p><input checked="" type="checkbox"/> Some extensive evidence of ongoing water penetration was observed</p> <p>Evidence observed:</p> <p><input checked="" type="checkbox"/> Water stains on: _____</p> <p><input checked="" type="checkbox"/> On walls, _____ at base of wall _____ floors base of stairs _____ around furnace</p> <p><input checked="" type="checkbox"/> Efflorescence _____ Rot _____</p> <p><input type="checkbox"/> Microbial growth / mildew _____</p> <p><input type="checkbox"/> Rust on nail heads/ baseboard heaters, etc. _____</p> <p><input type="checkbox"/> Sump pump, see section _____</p> <p><input type="checkbox"/> Wall board damaged _____</p> <p><input type="checkbox"/> Damp or wet floor coverings _____</p> <p><input type="checkbox"/> Lifting tile _____</p> <p><input type="checkbox"/> Other _____</p> <p>Limitations to inspection:</p> <p><input type="checkbox"/> Subfloor & carpet _____ Storage _____ Furniture _____</p> <p>Course of Action:</p> <p><input type="checkbox"/> Overall, stains indicate previous flooding</p> <p><input checked="" type="checkbox"/> Further evaluation necessary</p> <p><input type="checkbox"/> Repair current leak issues noted _____</p> <p><input type="checkbox"/> Further evaluation and testing for possible mould recommended (and remediation work performed as required)</p>	<p>Joists</p> <p><input type="checkbox"/> Not visible</p> <p><input checked="" type="checkbox"/> Wood _____ Steel _____</p> <p>Condition _____ good _____ defects noted, see below</p> <p>_____ Span and beams appear adequate</p> <p>Defects Observed:</p> <p>_____ Cracks / cuts that reduce effectiveness, repair _____</p> <p>_____ Joists span too large, add additional support</p> <p><input checked="" type="checkbox"/> Rot on joists has reduced strength, repair _____</p> <p><input checked="" type="checkbox"/> Evidence of sagging floors that is, _____</p> <p><input checked="" type="checkbox"/> Minor / older, monitor over time for changes _____</p> <p>_____ Movement appears to be recent and/ or ongoing, add additional supports</p> <p>Add (#) _____ joist hanger(s) _____</p> <p>Columns</p> <p><input type="checkbox"/> Not visible</p> <p><input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> steel _____ poured concrete <input checked="" type="checkbox"/> block / brick</p> <p>_____ Appears to have been altered/removed have evaluated _____</p> <p>Condition:</p> <p>_____ Columns appear sufficient and in good condition</p> <p>_____ Columns appear to have shifted, repair immediately</p> <p><input checked="" type="checkbox"/> Defects observed: deteriorated and or Rot under sized (repair/replace)</p> <p><input checked="" type="checkbox"/> Cracks have reduced strength, add additional support/ _____</p> <p>_____ Insect infestation appears to have compromised columns, repair immediately</p>
<p style="text-align: center;">General Dampness</p> <p><input type="checkbox"/> None noted</p> <p><input type="checkbox"/> Feels damp _____ Smells damp _____</p> <p><input type="checkbox"/> Dehumidifier noted</p> <p>Location: _____</p> <p><input type="checkbox"/> Dehumidifier was running during inspection</p> <p><input type="checkbox"/> Evidence that dehumidifier running continuously</p> <p><input type="checkbox"/> Recommend use of dehumidifier in basement</p>	<p style="text-align: center;">Sump Pump</p> <p><input checked="" type="checkbox"/> None noted</p> <p>Location: _____</p> <p><input type="checkbox"/> submersible _____ pedestal _____</p> <p><input type="checkbox"/> Running continuously</p> <p><input type="checkbox"/> Activated _____ Not working _____</p> <p><input type="checkbox"/> Could not test unit _____ No water in the hole _____</p> <p><input type="checkbox"/> Not plugged in (Electrical) _____</p> <p><input type="checkbox"/> Recommend backup system or alarm _____</p> <p><input type="checkbox"/> Operating properly _____ Slow _____ Replace _____</p> <p>Discharge</p> <p>_____ Exterior _____ Storm drain _____ Unknown _____ Sewer connection _____</p> <p>Course of Action:</p> <p>_____ repair/replace _____</p> <p>_____ install sump pump _____</p> <p>_____ Redirect discharge _____</p> <p>_____ install check valve _____</p>
<p style="text-align: center;">Basement Ventilation</p> <p><input type="checkbox"/> None noted</p> <p>Type:</p> <p><input type="checkbox"/> Louvered wall vents _____</p> <p><input checked="" type="checkbox"/> Window <u>S</u> _____</p> <p><input type="checkbox"/> Area open to main and / or upper floors (open stairwell) _____</p> <p><input type="checkbox"/> Exhaust fan _____</p> <p><input type="checkbox"/> Air Exchanging unit _____</p> <p><input type="checkbox"/> Other _____</p> <p>Course of Action:</p> <p><input type="checkbox"/> Add additional ventilation to reduce condensation / moist air _____</p>	
<p>Additional Comments or Issues:</p> 	

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

Laundry & Wet Bar

<p style="text-align: center;">Laundry Area</p> <p><input type="checkbox"/> No laundry provisions noted</p> <p>Location: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Main floor <input type="checkbox"/> Upper floor</p> <p><input type="checkbox"/> In/near bedrooms <input type="checkbox"/> In bathroom <input checked="" type="checkbox"/> In/near kitchen</p> <hr/> <p style="text-align: center;">Appliances: Laundry</p> <p>Clothes Washer CST2302573</p> <p><input type="checkbox"/> None noted</p> <p>Brand <u>Kenmore</u></p> <p>Age: <input checked="" type="checkbox"/> Newer <input type="checkbox"/> Older <input type="checkbox"/> Midlife</p> <p><input type="checkbox"/> Connections for water & drain were noted</p> <p><input checked="" type="checkbox"/> Connections not visible</p> <p>Condition of water hoses: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Replace</p> <p>Electrical Outlet <input 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 MT3201540</p> <p><input type="checkbox"/> None noted</p> <p>Brand <u>Kenmore</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 checked="" 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 <i>(All dryer vents require regular maintenance, see preventative maintenance booklet for more information)</i></p> <p>Have an appliance repair contractor repair noted defects.</p>	<p style="text-align: center;">Laundry Tub</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>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> <hr/> <p style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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>Location ___ Basement <input checked="" type="checkbox"/> Main floor ___ Upper floor</p>	<p>Range/Cooktop N/A Brand: <u>Jenn Air</u> Style: <input checked="" type="checkbox"/> Free Standing ___ Built in Fuel type: ___ Electric <input checked="" type="checkbox"/> Gas ___ Other ___ Age: <input checked="" type="checkbox"/> Newer ___ Older ___ Midlife ___ Not operated ___ In use during inspection, indicating portion being used is performing its major function <input checked="" type="checkbox"/> Operated and found that # <u>4</u> burners gave heat and # <u>0</u> did not give heat</p>
<p>Cabinets <input checked="" type="checkbox"/> Wooden ___ Plastic Laminate ___ Other ___ Cabinets <input checked="" type="checkbox"/> are ___ are not secure ___ end of life Doors and drawers: <input checked="" type="checkbox"/> function as expected <input checked="" type="checkbox"/> loose cabinets ___ missing hardware ___ missing door or drawer fronts ___ broken drawers ___ warped doors ___ adjust doors Stored items affecting visibility as to condition at time of inspection were: <input checked="" type="checkbox"/> Minimal ___ Normal ___ Extensive</p>	<p>Oven Brand: ___ <input checked="" type="checkbox"/> Part of the stove ___ Built in Fuel Type: ___ Electric <input checked="" type="checkbox"/> Gas ___ Self cleaning (Not checked) Age: ___ Newer ___ Older ___ Midlife ___ See Stove ___ Not operated, ___ In use during inspection, indicating the portion being used is performing its major function</p>
<p>Counter Tops <input checked="" type="checkbox"/> Plastic Laminate ___ Ceramic Tile ___ Granite/Marble/Corian <input checked="" type="checkbox"/> are ___ are not secure ___ loose (unsafe) ___ missing ___ large areas heat scorched or damaged Stored items affecting visibility of counter tops at time of inspection <input checked="" type="checkbox"/> minimal ___ about normal ___ extensive</p>	<p>Bake and broil <input checked="" type="checkbox"/> did ___ did not give heat when turned on.</p>
<p>Sink <input checked="" type="checkbox"/> Stainless Steel ___ Porcelain ___ Plastic ___ Undetermined material ___ Ran the water and found leaks <input checked="" type="checkbox"/> None noted ___ Above the sink ___ below the sink. ___ Have leaks repaired by plumber Sink ___ chipped/cracked. Stopper/strainer <input checked="" type="checkbox"/> was ___ was not noted</p>	<p>Refrigerator S02026854 Brand: <u>Jenn Air</u> Age: <input checked="" type="checkbox"/> Newer ___ Older ___ Midlife <input checked="" type="checkbox"/> In use during inspection ___ Operated ___ Not operated ___ Items in cooling section felt cool, in freezer section felt frozen -indicates doing major functions Features: <input checked="" type="checkbox"/> Ice maker <input checked="" type="checkbox"/> Water & Ice through door <input checked="" type="checkbox"/> Frost Free Magnetic Seal: ___ Damaged / Broken <u>(Ice maker off)</u></p>
<p>Disposal <input checked="" type="checkbox"/> None noted Brand: ___ horsepower ___ Leaks noted? ___ Yes ___ No ___ Have leaks repaired by plumber ___ Tested unit, results: ___</p>	<p>Dishwasher FL5036046 Brand: <u>Kitchen Aid</u> Age: ___ Newer <input checked="" type="checkbox"/> Older ___ Midlife <input checked="" type="checkbox"/> Operated ___ In use during inspection ___ Not operated ___ items/storage in machine <input checked="" type="checkbox"/> Heard ___ Did not hear water come in, splash and pump out, indicating that the appliance is doing its major functions ___ Recommend relocate drain to sink side of P trap ___ Recommend secure unit</p>
<p>Ventilation ___ None Noted, other than doors and windows ___ Fan integral with a built-in Microwave or cooktop <input checked="" type="checkbox"/> Exhaust fan appears to vent to exterior ___ Recirculates air within the room <input checked="" type="checkbox"/> Light <input checked="" type="checkbox"/> When the components were turned on, they seemed to perform their major function. ___ Fan sounds excessively noisy Filters: <input checked="" type="checkbox"/> Observed ___ None Noted</p>	<p>Built in Microwave <input checked="" type="checkbox"/> None noted Brand: ___ Age: ___ Newer ___ Older ___ Midlife ___ Heated container of water, indicating does major function ___ Too close to cooktop, repair as needed ___ Not operated,</p>
<p>Electrical <input checked="" type="checkbox"/> Ground Fault Interrupter ___ None Noted <input checked="" type="checkbox"/> Recommend add GFI's for safety <input checked="" type="checkbox"/> at sink <u>left</u> ___ Inadequate number of electrical outlets</p>	<p>Other Appliance <input checked="" type="checkbox"/> None noted Brand: ___ ___ Operated ___ Not Operated</p>
<p>Kitchen Floor ___ Laminate ___ Vinyl Tile <input checked="" type="checkbox"/> Ceramic Tile ___ Wood ___ Carpet ___ <input checked="" type="checkbox"/> Normal amount of bounce ___ excessive bounce noted ___ Have a flooring contractor correct any defects or deficiencies noted in floor.</p>	

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

Bathrooms

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

Smoke Detectors

_____ None Noted, have an electrician install immediately
 # 1 Smoke Detectors
 Not Tested as may be connected to wired / wireless alarm system in house, they should be tested by alarm company before sleeping in house.
Course of Action:
 Install additional smoke detectors
 _____ upper floor main floor Basement
 _____ Within 5 feet of bedroom doors
 _____ Replace smoke detectors
 _____ Relocate smoke detectors
 Test smoke detectors monthly
 Test smoke detectors before sleeping in the house

Carbon Monoxide (CO) Detectors

_____ No permanently installed CO detectors noted
 # 1 CO Detectors
 Not Tested as may be connected to wired / wireless alarm system in house, they should be tested by alarm company before sleeping in house.
 Install CO detector in hall on all sleeping levels at knee level
 _____ Replace Carbon Monoxide detectors
 Test CO detectors before sleeping in the house

Interior Fire Sprinkler System

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

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

General Interior

Ceilings

Drywall Wood Metal Acoustic ceiling tiles
 Plaster over Wood lath Metal mesh wall board
 Unknown backer material
 Appears recently painted / papered Nail pops were noted
 No major defects were noted
 Water stains in _____ area
 Appears dry, monitor over time

The following major defects were noted:

cracks + unfinished areas

Walls

Drywall Wood Panel covered
 Plaster over: Wood lath Metal mesh wall board
 Unknown backer material Unknown materials
 No major defects were noted
 Appears recently painted / papered Nail pops were noted
The following major defects were noted:

Floors

Wall to wall carpet Room sized rugs Hardwood
 Laminated Wood Plywood Sheet goods
 Vinyl tiles Ceramic tile
When bounced on, a normal amount of bounce was noted excessive bounce was noted
 Slanted floors noted on main upper floor, monitor for ongoing movement

Trim

None noted (base of walls, around doors & windows)
Mainly, material type of: Wood Plastic
Trim is Painted Stained Unfinished
 Paint or finish was observed to be peeling.
Trim was observed to be loose missing in some a few most places

Stairs, Balconies, & Railings

To Basement To Attic Between living levels
 Felt solid under foot, rise and run felt about even

Trip hazards observed:

Uneven rise and run from step to step
 Weak or springy treads or stringers
 Loose treads Low head room Shallow treads noted
 Loose handrails noted on *2nd floor* stairs
 Loose carpet or tread coverings
 Large openings in rail system should be closed down
 Steep steps (rise too high)
 No handrails noted on Basement stairs
Course of Action: *repair broken pickets*
 Add handrail for safety
 Railings too low by today's standards, add / adjust for safety

Additional Comments or Issues:

Doors

Mainly door types of: Hollow core Wood Plastic
 Hinged one side Bi-fold Louvered Mirrored
 Sliders

Defects noted:

Some adjustments could be made to the door fit
 Doors do not open and close easily
 Doors or hinges feel/look loose
 Doors with holes & broken parts
 Doors missing from opening which normally would be expected to have doors.
 Doors with missing, broken or damaged hardware / locks

Windows

Primarily the following types of windows were observed:

Single hung Double hung Casement
 Sliding Awning Hopper Fixed panes

Some Most seem to have insulated glazing (glass)
They appear to be made of: Wood Metal Plastic
 A combination of materials Unknown

Random tested windows and found

Window Sash Do Do not open or close under normal pressure

Defects:

Broken glass
 Broken, rotted or loose sash pieces
 Broken or defective counter balance devices
 Missing handles, locks, and hardware
 Missing screens Damaged screens, replace
 Stains, indicating leaks or condensation
 Fogged up / Condensation noted broken thermal seals
 Recommend replace windows for energy conservation

Skylights and Roof Windows

None noted from interior
 Appear fixed Operated did not operate
Results: _____
 Some Most seem to have insulated glazing (glass)
Leaks (around unit): None noted Small stains noted
 Excessive staining/damage noted
Condensation/Leaks (abutting glass) None noted
 Small stains noted Excessive stains noted
 Active water penetration observed

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

Insulation

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

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.