

Your Inspection Report



1234 School House Road
Yourtown, US 12345

Prepared for: Bob Smith

Prepared by: Haworth Residential Inspections, LLC
9600 Colerain Ave., Suite 110
Cincinnati, OH 45251

Marginal Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

Lots and Grounds

1. Driveway: Asphalt Typical cracks in surface with weed growth
2. Patio: Concrete Paver Uneven pavers causing trip hazard along with weed growth
3. Window Wells: Drain not visible Debris blocking well, weed overgrowth, Uncover well drain



Exterior Surface and Components

4. Perimeter Walls Exterior Surface Type: Brick with Block Backup Stress cracks (stair step type) originating at foundation and running to window corner - repairs recommended.



5. Patio Door: Wood and Glass Slider Screen door missing
6. Window Screens: Vinyl mesh Screen is torn and will need repair

Roof

7. Electrical Mast: Mast without tie back at roof Recommend adding support "tie back" cable

Garage/Carport

8. Front Garage Floor/Foundation: Poured slab Minor floor cracks noted-seal cracks

Electrical

9. 120 VAC Branch Circuits: Copper Branch circuit neutral disconnected at main panel - Further review as to the purpose of circuit.



Structure

10. Differential Movement: Stair step crack with displacement Cracks will require monitoring

Attic

11. Main Attic Insulation Depth: 3"-5" Recommend additional insulation be installed, redistribute evenly where disturbed

Marginal Summary (Continued)

Basement

12. Main Basement Walls: Drywall, Wood Paneling, Plywood Damaged areas noted



Heating System

13. Basement Heating System Heating System Operation: Recommend replacement Boiler system is antiquated and lacks safety features found on newer units including non-sealing combustion chamber which can cause health issues



Plumbing

14. Water Lines: Galvanized and copper Copper to galvanized supply piping connections lacks dielectric unions



15. Drain Pipes: Galvanized, Cast iron Galvanized drainpipe present, Galvanized piping is subject to corrosion and will eventually require updating

16. Basement Water Heater Water Heater Operation: Corrections required
Condensation sill not installed prior to water heater gas valve



Kitchen

17. Main Level Kitchen Electrical: 110 VAC/220 VAC Non-GFCI circuit

18. Main Level Kitchen Plumbing/Fixtures: Various materials used Amateur installation of drain/trap



Laundry Room/Area

19. Basement Laundry Room/Area Dryer Vent: Flex Foil Flex foil venting is subject to lint build-up and is therefore a potential fire hazard- recommend rigid metal piping be installed



Defective Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

Lots and Grounds

1. Swale: Pooling due to overgrowth **Extensive overgrowth has clogged culvert drainage**
2. Vegetation: Trees, Shrubs/Weeds **Vegetation has been neglected, Tree limbs over hang the roof and should be cut back, Trees planted too close to structure, removal may be required, Heavy ivy growth along foundation and exterior brick**



Exterior Surface and Components

3. Exterior Lighting: Surface mount, Temporary **Temporary extension cord wiring present feeding exterior temporary lighting (safety concern). Properly install with Romex within conduit, Faulty GFCI outlet - replace outlet**



Roof

4. Main Roof Surface Material: Fiberglass shingle **Nail popping through shingle surface in various locations causing potential water intrusion (see diagram above marked "x")**
5. Flashing: Galvanized Metal **Inadequate flashing, prone to possible leaks**
6. Leader/Extension: Leaking **Damaged drain tile piping**



Defective Summary (Continued)

7. Rear Elevation Chimney Chimney: Brick Chimney requires tuck point repairs



8. Rear Elevation Chimney Flue/Flue Cap: Concrete Noted crack(s) in crown

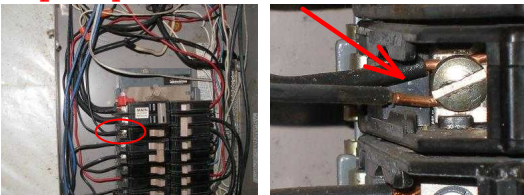


Electrical

9. Ground: Plumbing and rod in ground insufficient grounding - missing ground cable at ground rod connection strap, Correction by a licensed electrician is recommended



10. Basement Electric Panel Breakers: Copper Double taps are present at breakers. These circuits need to be moved to their own circuit breaker and cannot share a breaker. It is recommended that a qualified electrician inspect the new circuits and properly connect the new circuits to an individual breaker for each circuit



Structure

11. Piers/Posts: Steel posts Post bolts are loose



Attic

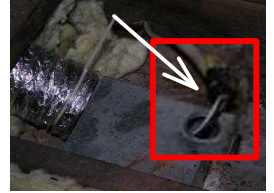
12. Main Attic Ventilation: Roof only Insufficient ventilation for size of structure, missing soffit ventilation



13. Main Attic Attic Fan: Direct drive Critter damage noted at exhaust fan shroud screening

Defective Summary (Continued)

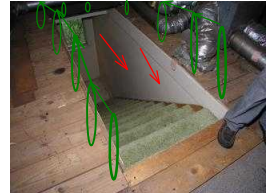
14. Main Attic Wiring/Lighting: 110 VAC lighting circuit **Exposed wiring at fixture**



15. Main Attic Bathroom Fan Venting: Electric fan **Bathroom improperly vents into attic and may cause moisture damage to the insulation along with wood decay**



16. Attic Stairs/Railings: Wood stairs with no handrails or guardrails **Missing railings and guardrails leaving unprotected stairwell opening (safety issue)**



Basement

17. Main Basement Electrical: 110 VAC **Reversed polarity exists at several basement outlets**



18. Main Basement Moisture Location: Various spots along perimeter walls



19. Main Basement Basement Stairs/Railings: Wood stairs with no handrails



Air Conditioning

20. Main AC System A/C System Operation: Inoperative **A qualified air conditioning contractor is recommended to evaluate and estimate repairs or replacement to abandoned compressor unit**

Defective Summary (Continued)

Plumbing

21. Main Water Shutoff: Basement Wrench being used as shut off handle - corrections required



22. Gas Service Lines: Black Iron Missing termination cap at exterior abandoned gas line



23. Basement Water Heater Flue Pipe: Single wall Install screws at exhaust vent piping fittings, loose piping at chimney



Bathroom

24. Hall Bathroom Electrical: 110 VAC Non-GFCI circuit, Reversed polarity present



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Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

| | | |
|----|---------------|--|
| A | Acceptable | Functional with no obvious signs of defect. |
| NP | Not Present | Item not present or not found. |
| NI | Not Inspected | Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection. |
| M | Marginal | Item is not fully functional and requires repair or servicing. |
| D | Defective | Item needs immediate repair or replacement. It is unable to perform its intended function. |

General Information

Property Information

Property Address 1234 School House Road
City Yourtown State US Zip 12345
Contact Name Ima Goodagent
Phone (111)-111-1111 Fax (111)-111-1111

Client Information

Client Name Bob Smith
Client Address 3212 Homestead Dr.
City Lake County State IL Zip 12345
Phone (111)-111-1234 Fax (111)-111-2345
E-Mail buyer@usedhouse.com

Inspection Company

Inspector Name Wesley Haworth
Company Name Haworth Residential Inspections, LLC
Address 9600 Colerain Ave., Suite 110
City Cincinnati State OH Zip 45251
Phone 513-522-7362 Fax 513-729-4683
E-Mail info@palm-tech.com
File Number 22222
Amount Received \$350.00

Conditions

Others Present Inspector Only Property Occupied Vacant
Estimated Age 70 Entrance Faces Northwest
Inspection Date 10/20/2009
Start Time 9:00am End Time 1:00pm
Electric On Yes No Not Applicable
Gas/Oil On Yes No Not Applicable
Water On Yes No Not Applicable
Temperature 73 degrees
Weather Partly cloudy Soil Conditions Dry- No precipitation for past 2 weeks
Space Below Grade Basement
Building Type Single family Garage Detached
Sewage Disposal City How Verified Visual Inspection

General Information (Continued)

Water Source City How Verified Visual Inspection
 Additions/Modifications Upgraded electrical service
 Permits Obtained Electrical How Verified Multiple Listing Service

Lots and Grounds

- | | A | NP | NI | M | D | |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Driveway: Asphalt Typical cracks in surface with weed growth |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walks: Concrete |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: Concrete |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch: Concrete |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Patio: Concrete Paver Uneven pavers causing trip hazard along with weed growth |
| 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deck: |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grading: Flat to negative pitch Improper soil slope towards foundation, recommend the addition of fill dirt to improve grade |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Swale: Pooling due to overgrowth Extensive overgrowth has clogged culvert drainage |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vegetation: Trees, Shrubs/Weeds Vegetation has been neglected, Tree limbs over hang the roof and should be cut back, Trees planted too close to structure, removal may be required, Heavy ivy growth along foundation and exterior brick |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window Wells: Drain not visible Debris blocking well, weed overgrowth, Uncover well drain |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fences: Picket |



Exterior Surface and Components

A NP NI M D

Perimeter Walls Exterior Surface

1. Type: Brick with Block Backup **Stress cracks (stair step type) originating at foundation and running to window corner - repairs recommended.**



Rear Addition Exterior Surface

2. Type: T1-11 Plywood Siding
3. Trim: wood
4. Fascia: Wood
5. Soffits: Wood **See attic ventilation notes**
6. Door Bell: Hard wired
7. Entry Doors: Wood
8. Patio Door: Wood and Glass Slider **Screen door missing**
9. Windows: Wood casement, Single Pane **Minor paint peeling noted**
10. Storm Windows:
11. Window Screens: Vinyl mesh **Screen is torn and will need repair**
12. Basement Windows: Steel casement
13. Exterior Lighting: Surface mount, Temporary **Temporary extension cord wiring present feeding exterior temporary lighting (safety concern). Properly install with Romex within conduit, Faulty GFCI outlet - replace outlet**
14. Exterior Electric Outlets: 110 VAC GFCI
15. Hose Bibs: Gate
16. Gas Meter: Garage
17. Main Gas Valve: Located at gas meter



Roof

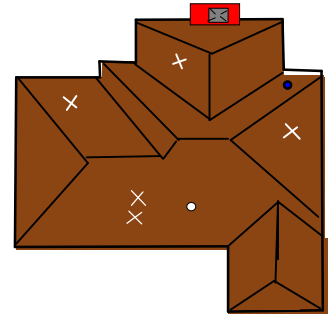
A NP NI M D

Main Roof Surface

1. Method of Inspection: On roof



2. Roof Diagram



3. Unable to Inspect: 0%

4. Material: Fiberglass shingle Nail popping through shingle surface in various locations causing potential water intrusion (see diagram above marked "x")



5. Type: Hip

6. Approximate Age: 15

7. Flashing: Galvanized Metal Inadequate flashing, prone to possible leaks



8. Valleys: Metal

9. Skylights:

10. Plumbing Vents: Copper

11. Electrical Mast: Mast without tie back at roof Recommend adding support "tie back" cable

12. Gutters: Aluminum

13. Downspouts: Aluminum

14. Leader/Extension: Leaking Damaged drain tile piping



Roof (Continued)

Rear Elevation Chimney

15. Chimney: Brick **Chimney requires tuck point repairs**



16. Flue/Flue Cap: Concrete **Noted crack(s) in crown**



17. Chimney Flashing: Metal

Garage/Carport

A NP NI M D

Front Garage

1. Type of Structure: Attached Car Spaces: 2
2. Garage Doors: Steel
3. Door Operation: Mechanized
4. Door Opener: Overhead Door
5. Service Doors: Wood, Fire rated
6. Ceiling: Plaster
7. Walls: Plaster
8. Floor/Foundation: Poured slab **Minor floor cracks noted-seal cracks**
9. Hose Bibs:
10. Electrical: 110 VAC Non-GFCI circuit - recommend GFCI circuit be installed
11. Smoke Detector:
12. Heating:
13. Windows:

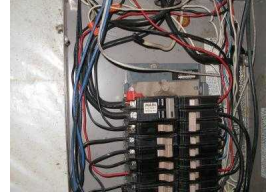
Electrical

A NP NI M D

1. Service Size Amps: 125 Volts: 110-240 VAC

2. Service: Aluminum

3. 120 VAC Branch Circuits: Copper **Branch circuit neutral disconnected at main panel - Further review as to the purpose of circuit.**



4. 240 VAC Branch Circuits: Copper

5. Aluminum Wiring:

6. Conductor Type: Non-metallic sheathed cable

7. Ground: Plumbing and rod in ground **insufficient grounding - missing ground cable at ground rod connection strap, Correction by a licensed electrician is recommended**



8. Smoke Detectors: Battery operated

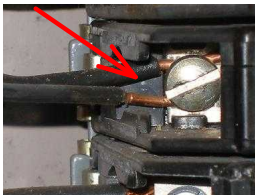
Basement Electric Panel

9. Manufacturer: Cutler-Hammer

10. Maximum Capacity: 100 Amps

11. Main Breaker Size: 100 Amps

12. Breakers: Copper **Double taps are present at breakers. These circuits need to be moved to their own circuit breaker and cannot share a breaker. It is recommended that a qualified electrician inspect the new circuits and properly connect the new circuits to an individual breaker for each circuit**



13. AFCI:

14. GFCI:

15. Is the panel bonded? Yes No

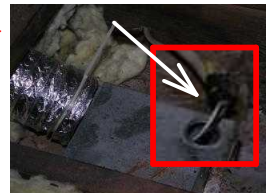
Structure

- | | A | NP | NI | M | D | |
|----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structure Type: Masonry |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: Poured |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Differential Movement: Stair step crack with displacement Cracks will require monitoring |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beams: Steel I-Beam |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists/Trusses: 2x10 |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Piers/Posts: Steel posts Post bolts are loose |
| | | | | | | |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Slab: Poured slab |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairs/Handrails: Wood stairs with wood handrails |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subfloor: Dimensional wood |



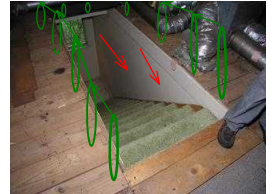
Attic

- | | A | NP | NI | M | D | |
|-------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Main Attic | | | | | | |
| 1. | | | | | | Method of Inspection: In the attic |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: 10% Safety and footing |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Framing: 2x6 Rafter |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sheathing: Dimensional wood |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ventilation: Roof only Insufficient ventilation for size of structure, missing soffit ventilation |
| | | | | | | |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: Rockwool, Fiberglass |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insulation Depth: 3"-5" Recommend additional insulation be installed, redistribute evenly where disturbed |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attic Fan: Direct drive Critter damage noted at exhaust fan shroud screening |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wiring/Lighting: 110 VAC lighting circuit Exposed wiring at fixture |
| | | | | | | |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Penetration: No Previous water penetration noted |



Attic (Continued)

11. Bathroom Fan Venting: Electric fan Bathroom improperly vents into attic and may cause moisture damage to the insulation along with wood decay
12. Attic Stairs/Railings: Wood stairs with no handrails or guardrails Missing railings and guardrails leaving unprotected stairwell opening (safety issue)



Basement

A NP NI M D

Main Basement

1. Unable to Inspect: 50% Basement partially finished restricting view
2. Ceiling: Drywall
3. Walls: Drywall, Wood Paneling, Plywood Damaged areas noted
4. Floor: Carpet
5. Floor Drain: Surface drain
6. Doors: Hollow wood
7. Windows: Steel casement
8. Electrical: 110 VAC Reversed polarity exists at several basement outlets



9. Sump Pump:
10. Moisture Location: Various spots along perimeter walls



Basement (Continued)

11. Basement Stairs/Railings: Wood stairs with no handrails



Air Conditioning

Main AC System

1. A/C System Operation: Appears serviceable
2. Condensate Removal: Plastic tubing
3. Exterior Unit: Pad mounted
4. Manufacturer: Goodman
5. Model Number: CK-036 Serial Number: 321-543-76
6. Area Served: Partial house Approximate Age: 15
7. Fuel Type: 220 VAC Temperature Differential: N/A
8. Type: Central A/C Capacity: 3 Ton
9. Electrical Disconnect: Fused
A NP NI M D

Main AC System

10. A/C System Operation: Inoperative A qualified air conditioning contractor is recommended to evaluate and estimate repairs or replacement to abandoned compressor unit
11. Condensate Removal:
12. Exterior Unit: Pad mounted System out of service at time of inspection



13. Manufacturer: Goodman
14. Model Number: CK-030 Serial Number: 123-234-23
15. Area Served: Partial house Approximate Age: 15
16. Fuel Type: 220 VAC Temperature Differential: N/A
17. Type: Central A/C Capacity: 2.5 Ton
18. Electrical Disconnect: Fused
19. Exposed Ductwork: Metal
20. Blower Fan/Filters: Direct drive with disposable filter
21. Thermostats: Individual

Heating System

A NP NI M D

Basement Heating System

1. Heating System Operation: Recommend replacement Boiler system is antiquated and lacks safety features found on newer units including non-sealing combustion chamber which can cause health issues



2. Manufacturer: NRC
3. Model Number: Not Listed Serial Number: Not Listed
4. Type: Boiler system Capacity: Not Listed
5. Area Served: Whole building Approximate Age: 70
6. Fuel Type: Natural gas
7. Unable to Inspect: 0%
8. Distribution: Hot water, One pipe
9. Circulator: Pump
10. Draft Control: Manual
11. Flue Pipe: Single Wall Metal
12. Controls: Relief valve
13. Thermostats: Single Zone
14. Suspected Asbestos: No

Plumbing

A NP NI M D

1. Service Line: 3/4" Copper
2. Main Water Shutoff: Basement Wrench being used as shut off handle - corrections required



3. Water Lines: Galvanized and copper Copper to galvanized supply piping connections lacks dielectric unions



4. Drain Pipes: Galvanized, Cast iron Galvanized drainpipe present, Galvanized piping is subject to corrosion and will eventually require updating
5. Service Caps: Accessible
6. Vent Pipes: Cast iron

Plumbing (Continued)

7. Gas Service Lines: Black Iron **Missing termination cap at exterior abandoned gas line**



Basement Water Heater

8. Water Heater Operation: Corrections required **Condensation sill not installed prior to water heater gas valve**



9. Manufacturer: A.O. Smith
10. Model Number: 3409FD0G0 Serial Number: 0304-494567
11. Type: Natural gas Capacity: 40 Gal.
12. Approximate Age: 4 Area Served: Whole building

13. Flue Pipe: Single wall **Install screws at exhaust vent piping fittings, loose piping at chimney**



14. TPRV and Drain Tube: Copper

Bathroom

A NP NI M D

Hall Bathroom

1. Closet: Single small
2. Ceiling: Plaster
3. Walls: Plaster, Ceramic Tile
4. Floor: Ceramic tile
5. Doors: Hollow wood
6. Windows: Wood casement
7. Electrical: 110 VAC **Non-GFCI circuit, Reversed polarity present**



8. Counter/Cabinet: Laminate and wood
9. Sink/Basin: China Bowl
10. Faucets/Traps: Galvanized Piping

Bathroom (Continued)

- 11. Tub/Surround: Porcelain tub and fiberglass surround
- 12. Toilets: 3 Gallon Tank China
- 13. HVAC Source: Boiler Heat, Air exchange ventilation
- 14. Ventilation: Window

Kitchen

A NP NI M D

Main Level Kitchen

- 1. Cooking Appliances:
- 2. Ventilator: Broan
- 3. Disposal:
- 4. Dishwasher: Sears
- 5. Air Gap Present? Yes No
- 6. Trash Compactor:
- 7. Refrigerator:
- 8. Microwave:
- 9. Sink: Porcelain Coated
- 10. Electrical: 110 VAC/220 VAC **Non-GFCI circuit**
- 11. Plumbing/Fixtures: Various materials used **Amateur installation of drain/trap**

- 12. Counter Tops: Laminate
- 13. Cabinets: Wood
- 14. Pantry: Small
- 15. Ceiling: Plaster
- 16. Walls: Plaster
- 17. Floor: Vinyl floor covering Worn areas noted (minor)
- 18. Doors: Hollow wood
- 19. Windows: Wood casement
- 20. HVAC Source: Boiler Heat, Air exchange ventilation



Bedroom

A NP NI M D

Main Floor Bedroom

- | | | | | | | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Large |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Plaster |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Plaster |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Solid wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Wood casement |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Boiler Heat, Air exchange ventilation |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Battery operated with light |

Living Space

A NP NI M D

Main Floor Living Space

- | | | | | | | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Large |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Plaster |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Plaster |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet, Hardwood Newly installed carpet, recently refinished hardwoods |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Solid wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Wood casement |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Boiler Heat, Air exchange ventilation |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Battery operated |

Laundry Room/Area

A NP NI M D

Basement Laundry Room/Area

- | | | | | | | |
|----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC/220 VAC |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub: Concrete |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub Drain: Galvanized |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer Hose Bib: Gate valves |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer and Dryer Electrical: 110-240 VAC |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Dryer Vent: Flex Foil Flex foil venting is subject to lint build-up and is therefore a potential fire hazard- recommend rigid metal piping be installed |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer Drain: Drains to laundry tub |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: Surface drain |

