

INSPECTION OF



LOCATED AT:

Coldstream

FOR:

Sample

AS OF:

October 21, 2010

BY:

Ryan Raley / Home Inspector
Lic#RBI 771

SCOPE OF INSPECTION

File No. Sample
Case No.

This inspection was performed solely for Sample
on Oct 21, 2010
by PHT INSPECTIONS
for the house at Coldstream, Columbia, SC
and may not be relied upon by any other person.

The purpose of this inspection is to perform limited, visual and auditory on-site observations of the readily accessible areas of the primary structure, mechanical, and electrical systems of the building and to give a **personal opinion** as to whether or not the components of the building are performing the function for which they were intended or are in need of immediate repair. This report is not all encompassing, nor is it meant to be. It is very specific in the areas which are reported by the home inspector.

Please remember that almost every item in any house, except a brand new one, is in used condition and has ordinary wear and tear. Please also remember that older houses do not meet the same standard as newer houses, even though items in both might be performing functions for which they are intended.

We do not inspect any item which we cannot see in a normal inspection. For example, we do not move furniture, rugs, paintings, flooring, etc. Repairs or remodeling may hide evidence of prior damage or defects. We do not dismantle equipment to inspect component parts. We do suggest that YOU ask the seller about repairs, covered up items, or previous problems.

We do not hold ourselves to be specialists for any particular item. We are a general inspection company. If we report that an item is not performing its intended function or needs repair, we urge you to have that item examined by a specialist before purchasing the house.

The components of major systems and the standards of conduct of the inspection are governed by "Standards of Practice for Home Inspection Report" by The American Society of Home Inspectors, Copyright 1991.

These items are inspected following the "STANDARDS OF PRACTICE" and their performance and condition is rated either Acceptable, Not Present, Not Inspected, Marginal, or Defective. While many aspects of each component are inspected, for ease and clarity of reporting, not all are defined and described in complete detail on the written report.

It should be understood that we do not offer or imply any warranty, guarantee or insurance policy with regard to the continued soundness of construction, the usual life, adequacy, future performance, past or potential defects of any items inspected; or operability of equipment or appliances. It should be understood that the inspector cannot determine violations of construction, plumbing, electrical, mechanical or similar codes and ordinances and that the inspector's written report is the inspector's subjective determination of the condition of such items at the time the inspection was made. Estimates of the age of any components are approximate, and the design life of a component is determined according to manufacturers' specifications. As a courtesy the inspector includes "Estimated Cost to Cure" but these are not guaranteed estimates and you are urged to have a qualified specialist make further inspections or evaluations on the items in question, and to determine an exact repair/replacement cost before purchasing the property. Any items not listed in this report were not inspected and should not be assumed to be either in good or bad condition.

The term "Inspection" DOES NOT include all items. Specific items which are not part of the inspection include, but are not limited to: lead paint, asbestos, radon, toxic or flammable materials, refrigerators, freezers, remote overhead door transmitters/receivers, floor coverings, wall coverings, free-standing kitchen appliances, laundry appliances, water conditioners, underground storage tanks, driveways, tennis courts, play ground equipment or other recreational or leisure appliances, and self-cleaning or continuous-cleaning capabilities of ovens. Also excluded is an inspection for any non-wood infesting insects, such as fleas, cockroaches, bees, mites, ticks, flies, etc. A separate wood destroying inspection report, and radon sampling will be performed if contracted separately.

If you have any complaints about our inspection, you must notify us in writing within 7 days after you discover any problem and let us reinspect before changing the condition of the item, except in emergencies, of course. If the repairs are made before the inspection company reinspects the problem, then any claims against the inspection company's failure to adequately inspect such items is waived.

No suit or action shall be brought against the inspection company by any third party at any time beyond 1 year after the accrual of the cause of the action itself. If someone other than the client who ordered this inspection shall make any claim or file any lawsuit against the inspection company for failure of its services hereunder in any respect, the client agrees to indemnify, absolve and hold harmless the inspection company from any and all such claims and lawsuits including the payment of all damages, expenses, costs and attorneys' fees.

Should a party make any claim or file any lawsuit against the inspection company, such party shall pay all damages, expenses, costs and attorney fees of the inspection company if the complaining party does not win. If there is a claim, then all parties shall agree to submit to BINDING ARBITRATION in accordance with the Construction Industry Arbitration rules of the American Arbitration Association.

This report was furnished at the request of Sample
by the inspection company in determining the overall condition of the subject premises. Furthermore, this report is not to be used for determining the value of the premises or whether same should be purchased. Neither is it to be construed as a guarantee or warranty of the premises or the equipment therein or of their fitness for a specific use.

HOME INSPECTION REPORT

File No. Sample
Case No.

GENERAL

SUBJECT

Property Address: Coldstream
City: Columbia State: SC Zip Code: _____
Homeowner: _____ Telephone #: _____

CLIENT

Name: Sample File Number: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Fax #: _____

INSPECTION COMPANY

Name: PHT INSPECTIONS
Inspector: Ryan Raley / Home Inspector
Address: 238 Catawba Trail
City: Lexington State: S.C Zip Code: 29072
Telephone #: (803) 356-8982 Fax #: (803) 808-5696

CONDITIONS OF INSPECTION

Date: Oct 21, 2010
Time: _____
Temperature: _____ Weather: Raining
Soil: Dry Damp Wet Frozen Snow Covered
Others Present: Buyer / Agent
House Occupied: Yes No
Utilities Status: Power On / Water On
Entrance Faces: East West North South

BUILDING

Estimated Age: _____
Building Type: One Family Condo Townhouse _____
 Multi Family
Space Below Grade: None Crawl Basement
Garage: Attached Detached Carport None
Water Source: _____
Sewage Disposal: _____
Additions/Modifications: N/A
Permits Obtained: N/A
How Verified: N/A

The inspection and report are designed to conform to the standard Real Estate contract requirements and does not include an inspection of cosmetic or aesthetic items. The inspection will be performed only on readily accessible components of the home. This includes general systems and components and is aimed at identifying any system or component, which requires immediate attention or major repair. The inspection is performed in compliance with accepted standards of practice and conforms to or exceeds the standards established by the S.C. Residential Builders Commission.

DEFINITIONS

Below are listed the meanings of the ratings used for each feature of the house.

- ACCEPTABLE** Refers to functional or sound items at time of inspection, without observed signs of a substantial defect.
- NOT PRESENT** Item not present, and is not appropriate for the property inspected.
- NOT INSPECTED** Items in this category were shut down, disconnected or de-energized or were inaccessible or improper conditions for inspection were encountered at time of inspection and were therefore not inspected.
- MARGINAL** Item observed is partially functional. Needs repair and/or servicing to correct a problem.
- DEFECTIVE** Item observed needs immediate repair or replacement because it is failing to fulfill its intended function.

The "cure" and "cost of cure" indicated by the inspector are suggestions and should not be used in place of expert opinion and/or estimates.

Client: Sample
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Client File #:

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LOTS & GROUNDS (LG)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walks: Concrete
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stoops/Steps: SEE SUMMARY
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio: Concrete
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decks/Balcony: _____
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Porch: _____
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining Walls: _____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SURFACE WATER CONTROL: SEE SUMMARY
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grading: SEE SUMMARY
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swale: _____
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement Stairwell Drain (external): _____
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Wells: _____
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Surface Drain: _____
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveway: Concrete- settlement cracks in concrete
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: It is beyond the scope of the inspection to include site stability information or geological conditions. USFT (underground fuel storage tank) location determination is beyond the scope of this inspection. The inspector cannot determine the future stability of wood decks, patios or balconies. The current general condition is observed and reported without regard to current age or expected life. Subterranean drains are not evaluated.

EXTERIOR SURFACE & COMPONENTS (ES)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1: Brick
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#2: Vinyl
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#3: Masonite
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim: _____
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fascia: _____
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soffits: _____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Entry Doors: Front door needs adjusted
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear Door
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows: _____
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Screens: _____
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement Windows: _____
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: _____

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ROOF (R)

	Acceptable	Not Present	Not Inspected	Marginal	Defective			
1						Method of Inspection: <u>From ground</u>		
						Not able to inspect: _____ % Obstructed by: <u>Design</u>		
2	<input checked="" type="checkbox"/>					#1: <u>Comp Shingles</u>	Design Life: <u>20-25</u>	Age: <u>5 EST</u>
3		<input checked="" type="checkbox"/>				#2: <u>N/A</u>	Design Life: <u>N/A</u>	Age: <u>N/A</u>
4		<input checked="" type="checkbox"/>				#3: <u>N/A</u>	Design Life: <u>N/A</u>	Age: <u>N/A</u>
5		<input checked="" type="checkbox"/>				#4: <u>N/A</u>	Design Life: <u>N/A</u>	Age: <u>N/A</u>
6		<input checked="" type="checkbox"/>				#5: <u>N/A</u>	Design Life: <u>N/A</u>	Age: <u>N/A</u>
7	<input checked="" type="checkbox"/>					Flashing/Valleys: _____		
8		<input checked="" type="checkbox"/>				Skylights: _____		
9	<input checked="" type="checkbox"/>					Chimney(s): _____		
10				<input checked="" type="checkbox"/>		Flue/Flue Cap: <u>SEE SUMMARY</u>		
11	<input checked="" type="checkbox"/>					Plumbing Vents: <u>PVC</u>		
12		<input checked="" type="checkbox"/>				_____		
13		<input checked="" type="checkbox"/>				_____		
14				<input checked="" type="checkbox"/>		Gutters: <u>SEE SUMMARY</u>		
15				<input checked="" type="checkbox"/>		Downspouts/Extensions: <u>SEE SUMMARY</u>		
16						_____		

Remarks: The report is an opinion of the general condition and quality of the roof. The inspector cannot and does not offer an opinion or warranty as to whether the roof may be subject for future leakage. The inspector cannot offer an opinion of current leakage unless occurs and is visible at the time of the inspection. Gutters and subsurface drains are not water tested for leakage and blockage. Ongoing maintenance of roof drain systems is required to avoid water problems at the roof and foundation. It is beyond the scope of this inspection to determine the presence of asbestos or other hazardous material not specified. In the event the inspector notes "asbestos-like" material this is not a specific declaration of the presence of asbestos.

GARAGE/CARPORT (G/C)

	Acceptable	Not Present	Not Inspected	Marginal	Defective			
1						<input type="checkbox"/> None <input checked="" type="checkbox"/> Garage <input type="checkbox"/> Carport: <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Tuckunder	Car Spaces: <u>2</u>	
2	<input checked="" type="checkbox"/>					Door Operation/Condition: _____		
3	<input checked="" type="checkbox"/>					Automatic Door Opener: _____		
4	<input checked="" type="checkbox"/>					Foundation/Slab: _____		
5	<input checked="" type="checkbox"/>					Roof/Roof Structure: _____		
6	<input checked="" type="checkbox"/>					Electrical: <u>No GFCI outlets located at garage.</u>		
7	<input checked="" type="checkbox"/>					Interior Walls/Ceiling: _____		
8	<input checked="" type="checkbox"/>					Gutters/Downspouts: _____		
9	<input checked="" type="checkbox"/>					Door - Service/To House: _____		
10	<input checked="" type="checkbox"/>					Windows: _____		
11		<input checked="" type="checkbox"/>				Heating: _____		
12		<input checked="" type="checkbox"/>				Evidence of past/present water penetration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						If yes, describe: <u>SEE SUMMARY</u>		
13						_____		
14						_____		

Remarks: _____

OUTBUILDING (OB)

Acceptable
Not Present
Not Inspected
Marginal
Defective

Present Not Present

Location: #1): _____
#2): _____

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Walls: _____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Foundation: _____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Windows: _____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing: _____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Source: _____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof/Roof Structure: _____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: Outbuildings are not inspected due to inspectors limitations.

STRUCTURE (S)

Acceptable
Not Present
Not Inspected
Marginal
Defective

1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation: <u>Concrete pier</u> Type: <u>Crawl space</u> Evidence of past/present excessive differential movement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Visible cracks in foundation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>Minor stress cracks located at foundation wall. Common for this age home.</u>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beams: SEE SUMMARY
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bearing Walls: _____
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joists/Trusses: _____
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piers/Posts: _____
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Slab: _____
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Rails/Stairs: _____
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subfloor: _____
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Remarks: Most slabs experience some degree of cracking as a result of shrinkage due to the drying process. Most cracks in the slabs, unless severe, are not visible or noticeable due to the floor covering. Floor coverings are not removed for this inspection. The inspector does not determine the effectiveness of any device or system installed to remove hazardous substance. No engineering calculations are performed during this inspection.

HOME INSPECTION REPORT

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ATTIC (A)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1						Method of Inspection: <u>Entered- Limited access due too design of subject.</u>
						Not able to inspect: <u>65</u> %. Obstructed by: <u>Design/Duct work</u>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Framing: <i>Appears that new wood has been installed at rear of second floor.</i>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheathing: <i>SEE SUMMARY</i>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation: _____
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic Fan: _____
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole House Fan: _____
7						Evidence of past/present water penetration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>Old moisture stains located on sheathing.</u>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insulation: <i>SEE SUMMARY</i>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: The inspector is not required to move debris, insulation and duct work or other items, which may impede access or limit visibility, or enter any area with less than 24 inches of clearance. The inspector may not be able to detect problems or defects that have been concealed or camouflaged.

BASEMENT (B)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump: _____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slab: _____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat: _____
4						Evidence of past/present water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls: _____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation: _____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation: _____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Railing: _____
9						Not able to inspect: _____ %. Obstructed by: _____
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: Most slabs experience some degree of cracking as a result of shrinkage due to the drying process. Most cracks in the slabs, unless severe, are not visible or noticeable due to the floor covering. Floor coverings are not removed for this inspection. The inspector does not determine the effectiveness of any device or system installed to remove hazardous substance. No engineering calculations are performed during this inspection.

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CRAWL SPACE (CS)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1						Method of Inspection: <u>Entered</u>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not able to inspect: <u>20</u> %. Obstructed by: <u>Design/Duct work</u>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture: _____
4						Access: <u>Crawl space door-</u>
						Evidence of past/present water penetration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						If yes, describe: <u>SEE SUMMARY</u>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump: _____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ventilation: <u>Foundation vents- SEE SUMMARY</u>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: The inspector is not required to move debris, insulation and duct work or other items, which may impede access or limit visibility, or enter any area with less than 24 inches of clearance.

AIR CONDITIONING SYSTEM (AC)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1						Manufacturer: <u>RHEEM</u> Type: <u>Gas Pac</u>
2						Design Life: <u>N/A</u> Approximate Age: <u>1987</u> Area Served: <u>N/A</u>
3						Manufacturer: _____ Type: _____
4						Design Life: <u>N/A</u> Approximate Age: <u>N/A</u> Area Served: <u>N/A</u>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer: <u>N/A</u> Type: <u>N/A</u>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Design Life: <u>N/A</u> Approximate Age: <u>N/A</u> Area Served: <u>N/A</u>
7						System(s) Operation: <u>Recommend HVAC</u> Temperature Differential: _____
8						<input checked="" type="checkbox"/> Due to season, heat pump operated in heating mode only, cooling mode uses same components in a reversed cycle.
9						<input checked="" type="checkbox"/> Cool outdoor temperatures prevented operation of the A/C. Compressor damage could result if operated at less than 60 degrees Fahrenheit.
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric Disconnect: <u>Located by the unit</u>
11						Refrigerant Lines/Insulation: <u>Recommend HVAC letter</u>
12						Thermostat(s): <u>Recommend HVAC letter</u>
13						Blower Fans/Filter: <u>Recommend HVAC letter</u>
14						Condenser: <u>Recommend HVAC letter</u>
						Exposed Ductwork: <u>Recommend HVAC letter</u>
						Condensate Removal: <u>N/A</u>
						<u>Recommend HVAC letter</u>

Remarks: No representation is made regarding line integrity or coolant charges since the inspector does not perform pressure test on coolant systems. The inspector will not operate the cooling system if the outside temperature is less than 60 degrees (F). Window or wall mounted and gas fired units are not inspected. Pressure checks of system coolant and system coolant leaks are not checked. The inspector does not check the electric draw (current) or the cooling/heating distribution (ducts, vent, flue). The uniformity of the supply of conditioned air to the various parts of the structure is not calculated. The types of insulation material used for wrapping pipes, ducts, jackets and boilers are not determined. The inspector will not operate equipment outside it's normal operating range determined by the inspector.

Client: Sample
Page 6 of 10

Client File #:

HOME INSPECTION REPORT

File No. Sample
Case No. _____

HEATING SYSTEM (HS)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
						<input checked="" type="checkbox"/> Present <input type="checkbox"/> Not Present
1						Manufacturer: <u>Rheem</u> Type: <u>Gas Pac</u> Capacity: <u>42,000 BTU</u> Design Life: <u>N/A</u> Approximate Age: <u>1987</u> Area Served: <u>N/A</u>
2						Manufacturer: _____ Type: _____ Capacity: _____ Design Life: <u>N/A</u> Approximate Age: <u>N/A</u> Area Served: <u>N/A</u>
3						Manufacturer: <u>N/A</u> Type: <u>N/A</u> Capacity: <u>N/A</u> Design Life: <u>N/A</u> Approximate Age: <u>N/A</u> Area Served: <u>N/A</u>
4						Manufacturer: <u>N/A</u> Type: <u>N/A</u> Capacity: <u>N/A</u> Design Life: <u>N/A</u> Approximate Age: <u>N/A</u> Area Served: <u>N/A</u>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System(s) Operation: <u>Recommend HVAC letter</u> Temperature Differential: <u>N/A</u> <input checked="" type="checkbox"/> Due to season, heat pump operated in heating mode only, cooling mode uses same components in a reversed cycle.
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Draft Control: <u>Recommend HVAC letter</u>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System: <u>Recommend HVAC letter</u>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribution: <u>Recommend HVAC letter</u>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Tank/Lines: <u>Recommend HVAC letter</u>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermostat(s): <u>Recommend HVAC letter</u>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blower Fans/Filter: <u>Recommend HVAC letter</u>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier: <u>Recommend HVAC letter</u>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger: <u>Recommend HVAC letter</u> % Visible: _____
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Relief Valve(s): <u>Recommend HVAC letter</u>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circulator Pump: <u>Recommend HVAC letter</u>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suspected Asbestos: <input type="checkbox"/> Friable Location: _____
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustion Air Supply: <u>N/A</u>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abandoned fuel tank present: <input type="checkbox"/> Underground <input type="checkbox"/> Oil <input type="checkbox"/> Gasoline <input type="checkbox"/> LP Gas
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Recommend HVAC letter</u>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: The inspector does not activate pilot lights. It is recommended all homes having a fuel burning system should have a carbon monoxide detector installed. The inspector cannot thoroughly inspect many heat exchangers due to the need to dismantling or other technical procedures. This is beyond the scope of the inspection. The inspector does not determine the efficiency or adequacy of the heating system. Accessories such as humidifier, air purifiers, motorized dampers and heat reclaimers are not inspected. The inspector does not dismantle any equipment.

FIREPLACE/WOOD BURNING DEVICES (FP)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
						<input checked="" type="checkbox"/> Present <input type="checkbox"/> Not Present # of Units: <u>1</u>
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace: _____
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free-standing Stove: _____
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert: _____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue: SEE SUMMARY % Inspected: <u>50</u>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damper: _____
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Starter: _____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Location: #1) <u>Living Room</u> #3) _____ #2) _____ #4) _____

Remarks: The inspector does not inspect gas fireplaces or the internal portion of flue.

HOME INSPECTION REPORT

File No. Sample
Case No.

ELECTRICAL (E)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1						Service Size AMPS: <u>200</u> VOLTS: <u>120/240-Copper</u>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Cable: <u>Underground-SEE SUMMARY</u>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panel: _____
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Branch Circuits (110/220): _____
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground: _____
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Conductors: _____
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aluminum wire present in 110 volt circuits: _____
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFI: _____
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subpanel: _____
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: The inspector will not determine the adequacy of the electrical service for servicing the home. A GFCI (ground fault circuit interrupter) is required within 6 feet of any water source and exterior outlets. The inspector will not: dismantle any device other than to gain access to visibly inspect, probe or test device into panels, inspect any electrical equipment which is not readily accessible, remove switch or outlet cover plates, trace wiring, inspect ancillary systems (telephones, audio/video, landscaping, security, ect.).

PLUMBING (P)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1						Water Source: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private How Verified? <u>N/A</u> Location: <u>Front crawl</u>
2						Sewage Service: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private How Verified? <u>N/A</u> Location: _____
3						Water Service on? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Water Shut-off: <u>Front Yard</u>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Pipes: <u>Copper</u>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drain Pipes: <u>PVC-SEE SUMMARY</u>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent Pipes: <u>PVC</u>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Tub: <u>N/A</u>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Tub Pump/Drain Pit: <u>N/A</u>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Pressure (Flow Rate): <u>N/A</u>
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13						Water Heater: Manufacturer: <u>Whirl Pool</u> Type: <u>40 Gallon Electric</u> Design Life: <u>N/A</u> Approximate Age: <u>N/A</u>
14						Manufacturer: _____ Type: _____ Design Life: _____ Approximate Age: _____
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation: _____
16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System: _____
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature/Pressure Relief Valve: _____
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Supply Lines: _____
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sewage Disposal: _____
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Tank/Pump Equipment: _____
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: See Attached Addendum.

HOME INSPECTION REPORT

File No. Sample
Case No.

KITCHEN (K)

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking Appliances: <u>Oven & Cook top</u>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal: _____
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher: _____
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation: _____
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Built-ins: <u>Micro-wave</u>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Fixtures: _____
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Source: _____
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Countertops: _____
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets: _____
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Walls: _____
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor: _____
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors: _____
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows: _____
15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Remarks: The inspector does not check trash compactors. The inspector does not test washing machines and dryers other than for functional operation. The adequacy of the washer to wash clothes or the dryer to dry clothes is not tested. The condition of the wall behind these units of floors under these units are not inspected. Self cleaning and continuous cleaning operations, timing devices, clocks, thermostat accuracy and lights are not checks during this inspection. The inspector will not move appliances. The ability of the dishwasher is not tested. The inspector does not operate programmable feature of device.

BATHROOMS (BA)

of Bathrooms: 3
 Location: #1) Master Bath #5) _____
 #2) Hall Bath #6) _____
 #3) Down Stairs Bath #7) _____
 #4) _____ #8) _____

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling/Walls/Floors: SEE SUMMARY
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Windows: _____
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Source: _____
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Countertops/Cabinets: _____
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ventilation: SEE SUMMARY
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet(s): _____
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tub/Shower(s) (Including Surround): Caulk needed at tubs and surrounding areas
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sinks/Basins/Traps/Faucets: SEE SUMMARY
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Remarks: See Plumbing Comments.

HOME INSPECTION REPORT

File No. Sample
Case No.

BEDROOMS (BR)

Location: #1) Master Bedroom #5) _____
 #2) Guest Bedroom #6) _____
 #3) Guest Bedroom #7) _____
 #4) Guest Bedroom #8) _____

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling/Walls: SEE SUMMARY
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors: _____
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors: _____
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows: _____
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: _____
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Source: _____
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closets: _____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Remarks: The inspector does not determine the condition of thermopane windows due to weather, temperature and lighting variations. The condition of walls behind framing, wallpaper, drywall, paneling, coverings, and furniture cannot be determined. Determining the presence of asbestos in acoustic sprayed ceilings is beyond the scope of this inspection. The inspector will not determine the origin of odors or stains in carpet. The condition of wood flooring below carpet is not inspected. Firewall rating determination is beyond the scope of this inspection.

LIVING ROOM, DINING ROOM, FAMILY ROOM, DEN (LR)

Location: #1) Living Room: _____
 #2) Dining Room: _____
 #3) Family Room: _____
 #4) Den: _____
 #5) _____
 #6) _____

	Acceptable	Not Present	Not Inspected	Marginal	Defective	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling/Walls: SEE SUMMARY
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors: _____
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors: _____
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows: _____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electrical: SEE SUMMARY
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Source: _____
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closets: _____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: The inspector does not determine the condition of thermopane windows due to weather, temperature and lighting variations. The condition of walls behind framing, wallpaper, drywall, paneling, coverings, and furniture cannot be determined. Determining the presence of asbestos in acoustic sprayed ceilings is beyond the scope of this inspection. The inspector will not determine the origin of odors or stains in carpet. The condition of wood flooring below carpet is not inspected. Firewall rating determination is beyond the scope of this inspection.

FINAL

Final Comments: The inspector will not provide a cost to cure due to the fluctuating material cost and contractors labor cost. The inspector is not liable for any differential and repair cost.

Inspector's Name: Ryan Raley / Home Inspector Date: _____

Client: Sample
Page 10 of 10

Client File #: _____

ADDENDUM

Borrower:	File No.: Sample	
Property Address: Coldstream	Case No.:	
City: Columbia	State: SC	Zip:
Lender: Sample		

Plumbing: Remark

Underground and wall hidden pipes cannot be judged for sizing, leaks, and corrosion or other damage/problems. Water quality testing and testing for hazardous material is not performed during this inspection. Sizing of pipes and adequacy determination are not performed. Some polybutylene plastic piping supply system have documented problem. Some ABS plastic drain systems have documented problems. Contact the polybutylene/ABS manufacturer or a plumbing expert for details regarding these problems. Underground pipes for sprinkler systems are not tested. Supply water pressure exceeding 80 psi can cause damage to fixtures and can cause leaks. Underground fuel supply lines and fuel tanks cannot be inspected or judged. Fuel pipes inside walls concealed from view cannot be judged. The inspector does not determine sizing or adequacy of fuel lines.

The inspector is not required to inspect the following:

Operate a main shut-off valve. Inspect any system that has been shut down and secured. Inspect and components that are not readily accessible or visible. Inspect any exterior plumbing component such as private sewer system, water wells, pressure tanks, sprinkler systems, spas, or swimming pools. Inspect fire sprinkler systems. Inspect or operate drain pumps or waste ejectors pumps. Inspect the quality/potability of water. Inspect water conditioning such as water softeners or water filters. Determine the effectiveness of anti-siphoning devices. Determine proper sizing, design or use of proper materials in the system.

Water Heaters:

The inspector does not provide an estimate of remaining life of water heaters. Solar heating elements are not inspected. The inspector does not activate pilot lights. The water heater pressure relief valve is not tested. Manually opening this valve may result in leaking. The water heater shut-off valve, if present, is not operated. The inspector will not remove an insulation blanket to gain access to water heater.

Extra Comments

While this summary page is intended to highlight the defects identified during the inspection, it does not represent a complete accounting of the findings. Please refer to the entire report for an accurate description of the condition of the described property, and related disclaimers pertaining to the investigation.

ADDENDUM

Borrower:

File No.: Sample

Property Address: Coldstream

Case No.:

City: Columbia

State: SC

Zip:

Lender: Sample



Summary

AT THE TIME OF INSPECTION THE INSPECTOR NOTED:

EXTERIOR:

1. Grading sloping towards rear, right, and front of subject.
2. Evidence of water proofing at garage door and front right of subject.
3. Gutter downspouts need to be directed away from subject.
4. Shrubs need to be cut back from subject property.
5. Missing handrails located at left side stoop.
6. Loose and missing bricks located at left side stoop.
7. Wood rot located at left stoop entry door (casing).
8. Damaged/ missing glazing located at breakfast window.
9. Missing storm windows located at rear of subject.
10. Damage flashing located at HVAC unit.
11. Damage or missing foundation vent screens.
12. Damaged or clogged dryer vent cover at left side of subject.
13. Evidence of past flooding located at garage.

ROOF:

1. Debris located at valleys and guttering system.

INTERIOR:

1. Chimney flue needs to be swept before use (build up in flue).
2. Old moisture stain on ceiling located above fireplace (no signs of active leaking).
3. Loose handrails located at FROG.
4. Dryer duct runs thru laundry room closet.
5. Doors need to be adjusted at laundry closet and master bathroom.
6. Old moisture stains on ceilings located at master bedroom, master bathroom, 1st floor hall bathroom, and bedroom closet.
7. Missing plate located at front door dead bolt.
8. Excessive noise located at master bathroom vent fan.
9. Damage window latch located at master bathroom.

ELECTRICAL:

1. Service meter is incased at HVAC unit flashing.
2. 5 open ground outlets located at living room.

ADDENDUM

Borrower:

File No.: Sample

Property Address: Coldstream

Case No.:

City: Columbia

State: SC

Zip:

Lender: Sample

PLUMBING:

1. Leak located at master bathroom shower head.
2. Leak located at 2nd floor tub faucet handle.
3. Improper slope at drain line under kitchen (crawl space).

ATTIC:

1. Missing insulation on scuttle doors (FROG).
2. Patched sheathing located at FROG scuttle.
3. Evidence of possible past smoke and fire damage. Black stained sheathing and new wood installed at rear attic. The Inspector did not note any structural problems at time inspection. Limited access due too design.

CRAWL SPACE:

1. Missing insulation on sections of duct work.
2. Evidence of past moisture invasion at crawl space (interior french drain with sump pump has been installed).
3. Evidence of damage located at front door sill (see termite letter).
4. Moisture on some sills located at subject (see termite letter).
5. New sill has been replaced on left side of subject.
6. New joist and subfloor has been installed under 1st floor bathroom.

THE INSPECTOR RECOMMENDS ALL MAJOR REPAIRS BE PERFORMED BY A LICENSED CONTRACTOR.

THE INSPECTOR RECOMMENDS:

1. TERMITE LETTER (MOISTURE READINGS).
2. HVAC LETTER

Borrower:	File No.: Sample	
Property Address: Coldstream	Case No.:	
City: Columbia	State: SC	Zip:
Lender: Sample		



Down spout needs to be directed away from subject.

Evidence of waterproofing at foundation wall.



Debris in gutter system.



Damage and clogged dryer vent.

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City: Columbia	State: SC	Zip:
Lender: Sample		



Loose and missing bricks at stoop.



Wood rot at left door casing.



Missing and cracking glazing at breakfast window.

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Property Address: Coldstream	Case No.:	
City: Columbia	State: SC	Zip:
Lender: Sample		



Damage flashing at HVAC unit.

Meter Incased at HVAC unit.



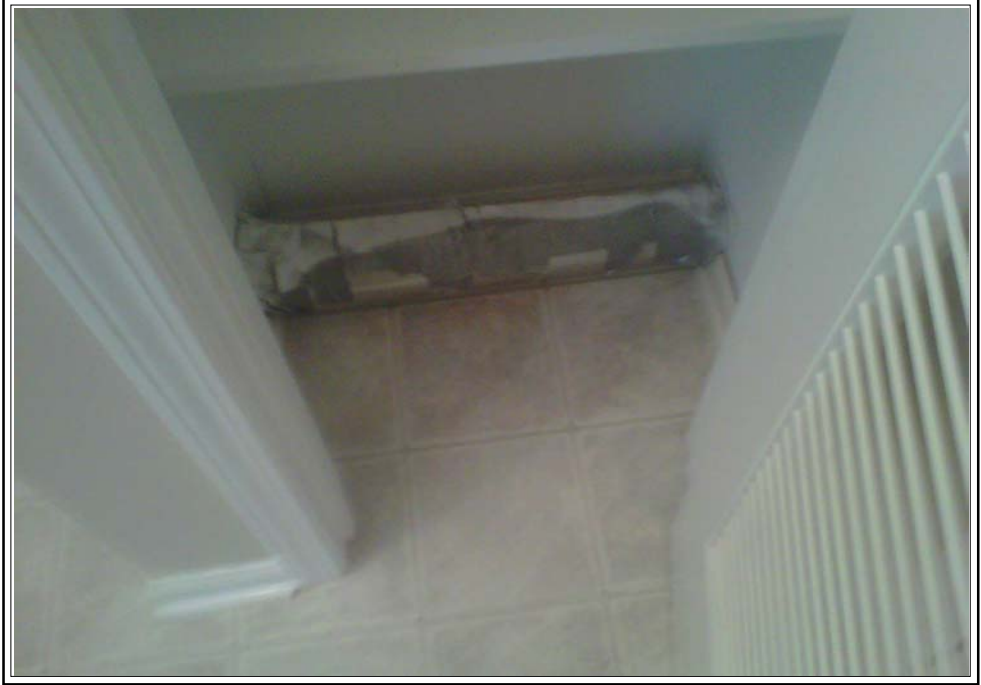
Evidence of moisture invasion at left rear foundation vent.

Damaged foundation vent screens.

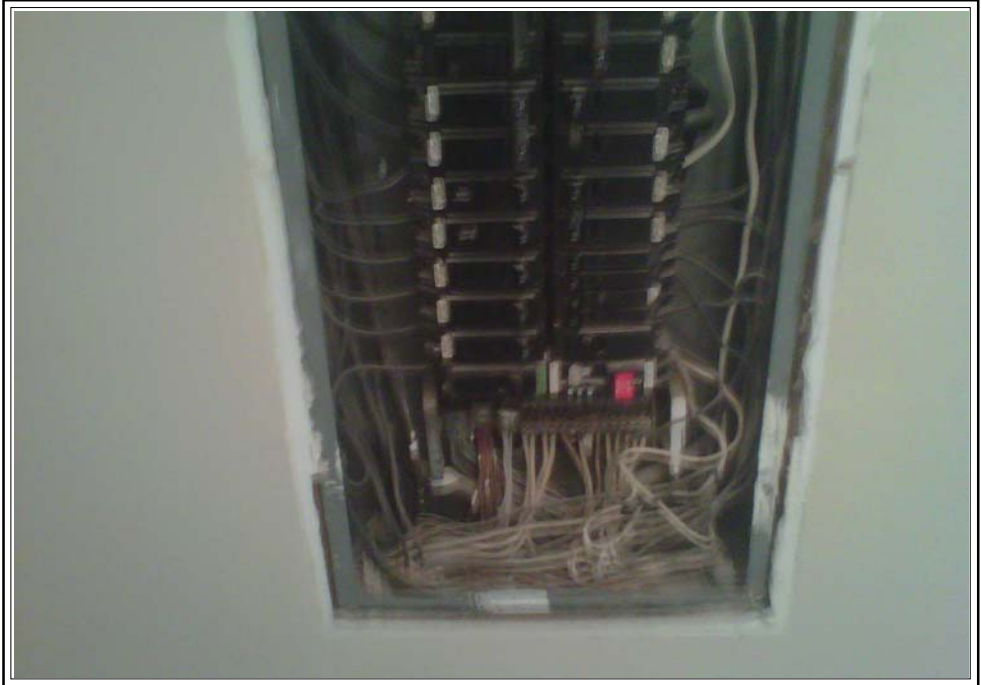


Patched sheathing in attic areas.

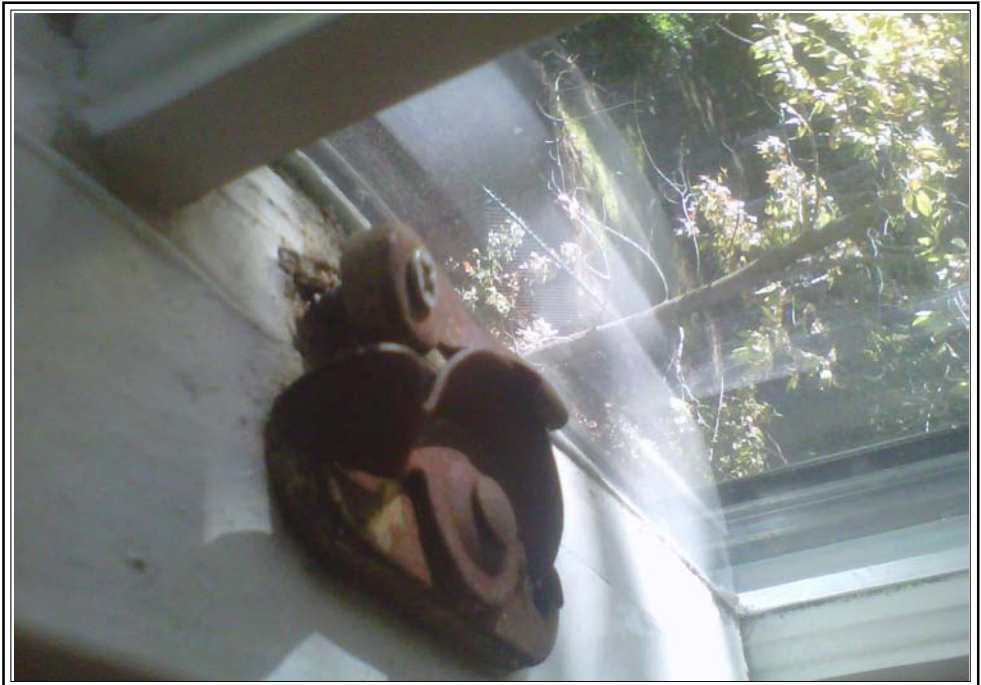
Borrower:	File No.: Sample	
Property Address: Coldstream	Case No.:	
City: Columbia	State: SC	Zip:
Lender: Sample		



Dryer duct runs thru laundry closet.



Panel



Damage at window latch at master bathroom.

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City: Columbia	State: SC	Zip:
Lender: Sample		



Leak at 2nd floor hall bathroom tub (faucet stem).



Black stains on sheathing located attic.
Possible smoke stains.

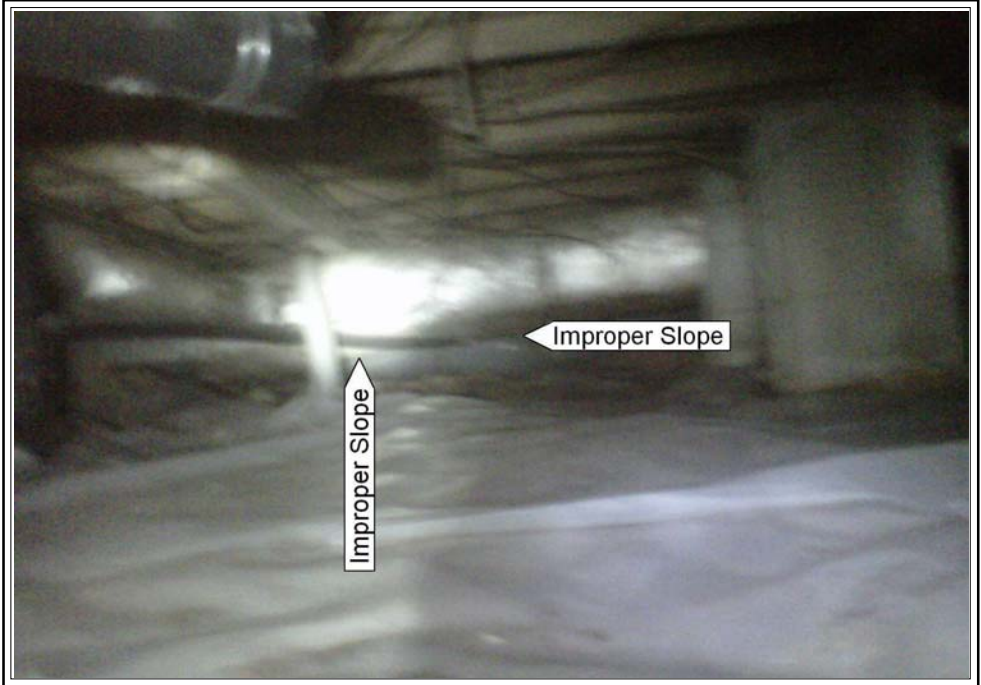


Left side sill has been replaced in crawl.
Floor jacks installed for extra support.

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Property Address: Coldstream	Case No.:	
City: Columbia	State: SC	Zip:
Lender: Sample		



Missing insulation on metal duct work.



Improper slope located at drain line.



Evidence of past moisture invasion at crawl space.

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City: Columbia	State: SC	Zip:
Lender: Sample		



Evidence of damage sill located at front stoop area (crawl space).

