

# **HOME INSPECTION REPORT**



812 Rublee Street, La Crosse, WI

**Inspection Date:** 9/16/2026

**Report Completion Date:** 9/16/2026

**Prepared For:**

Barb Sorenson

**Prepared By:**

**Scholze Home Inspections LLC**

**600 Deerwood Street**

**Holmen, WI 54636**

**608-769-3292**

**kory.scholze@hotmail.com**

**Report Number:**

**26-2971**

**Inspector:** Kory J. Scholze, WI License/Certification # 2428-106

**Report prepared by:** Kory J. Scholze

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# REPORT OVERVIEW

## DEFINITIONS OF TERMS USED IN THIS REPORT

**FUNCTIONAL** - Indicates the component is performing its function and condition is appropriate for its age or use.

**NEEDS MAINTENANCE** – Maintenance of the item is recommended to prevent premature failure or to maintain its functionality.

**NEEDS FURTHER EVALUATION** – Item is not functioning as intended, needs further evaluation by a qualified contractor.

**NEEDS REPAIR** – The condition of the item warrants repair or maintenance by a qualified professional but does pose a health or safety hazard to rise to the level of a defect.

**SAFETY HAZARD** - Denotes a condition that is unsafe and in need of prompt attention.

**DEFECT** – A condition of any component or an improvement that a home inspector determines, on the basis of the home inspector's judgement on the day of the inspection, would significantly impair the health or safety of the occupants of a property or that, if not repaired, removed, or replaced, would significantly shorten or adversely affect the expected normal life of the component or improvement.

**MONITOR** – Currently functioning but age or condition indicates that limited remaining life may be expected. Client is advised to budget for replacement, upgrading, or repairs.

## THE SCOPE OF THE INSPECTION

All components designated for inspection in the State of Wisconsin Standards of Practice are inspected, except as may be noted in the "Limitations of Inspection" sections within this report.

It is the goal of the inspection to put a home buyer in a better position to make a buying decision. Not all improvements will be identified during this inspection. Unexpected repairs should still be anticipated. The inspection should not be considered a guarantee or warranty of any kind.

All inspectors with Scholze Home Inspections LLC are members of WAHI (Wisconsin Association of Home Inspectors), follows the Wisconsin Standards of Practice and abides by the WAHI code of ethics.

A copy of the State of Wisconsin Standards of Practice is on pages 38 & 39.

Please refer to the Inspection Agreement contract (page 5) for an explanation of the scope of the inspection.

## BUILDING DATA

|                      |                           |
|----------------------|---------------------------|
| Approximate Age:     | 125 years, built in 1901  |
| Style:               | Single Family             |
| Main Entrance Faces: | North                     |
| State of Occupancy:  | Occupied                  |
| Weather Conditions:  | Sunny                     |
| Recent Rain:         | Yes                       |
| Ground cover:        | Dry                       |
| Temperature:         | Temperature 65-75 degrees |
| Attendees:           | Client                    |

## RECEIPT / INVOICE

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**Scholze Home Inspections LLC**  
**600 Deerwood Street**  
**Holmen, WI 54636**  
**608-769-3292**

Date: 9/16/2026

Inspection Number: 26-2971

Name: **Barb Sorenson**

Inspection: \$450.00  
Other

Total: 

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Paid in Full = \$450.00

- ☒ Check #: **2637**
- ☐ Cash
- ☐ Credit Card (Via Pay Pal – Add \$20.00 service fee)

Inspected By: Kory J. Scholze  
License/Certification #: 2428-106

**SCHOLZE HOME INSPECTIONS, LLC INSPECTION AGREEMENT** *(Please read the entire contract carefully)*

This agreement made by and between Inspector and Client. Client agrees to employ Inspector and Inspector agrees to conduct a real estate inspection and make a written report concerning the buildings and premises

1. **Inspection Fee.** As full consideration for the performance of the Inspection, Client shall pay the sum indicated below at the time of the Inspection unless otherwise mutually agreed upon.
2. **Scope of Work and Purpose.** Except as specified elsewhere in the Agreement, Inspector shall conduct a "home inspection" (the "Inspection") at the Property and Inspector shall draft and provide to Client an "inspection report" (the "Report") as defined in Wisconsin State Statute 440.97 and Wisconsin Administrative Code SPS 131.
3. **Access.** Client shall coordinate access to the Property and any adjacent properties or common areas, if necessary. Client shall indemnify, hold harmless and defend Inspector against any claims of trespassing by adjacent property owners or associations.
4. **Exclusions and Limitations.** The Inspection is designed and intended to only detect observable conditions of improvement to the Property, subject to certain limitations. The Inspection does not cover anything that is not readily observable during the Inspection, items that are concealed, not readily accessible, nor would require cleaning, alterations, excavation, enduring severe weather conditions or destructive testing. Client acknowledges and accepts that Inspector shall not dig, probe, dismantle or remove materials or items that could be potentially damaged nor enter unsafe or inaccessible areas to perform the Inspection. Inspector may indicate such limitations incurred during the Inspection on the Report. For the avoidance of doubt, the following are excluded from the Inspection and the Report:
  - a. Calculating the strength, adequacy or efficiency of an improvement to the Property or a component of an improvement to the Property
  - b. Entering any area or performing any procedure that may damage an improvement to the Property or a component of an improvement to the Property, or entering any area or performing any procedure that may be dangerous to the Inspector or other persons
  - c. Operating any component of an improvement to the Property that is inoperable
  - d. Operating any component of an improvement to the Property that does not respond to normal operating controls
  - e. Disturbing insulation or moving personal items, furniture, equipment, vegetation, soil, snow, ice, or debris that obstructs access to or visibility of an improvement to the Property
  - f. Determining the effectiveness of a component of an improvement to the Property
  - g. Predicting future conditions, including the failure of a component of an improvement to the Property
  - h. Projecting or estimating the operating costs of a component of an improvement to the Property;
  - i. Evaluating acoustic characteristics of a component of an improvement to the Property
  - j. Inspecting for the presence or absence of pests, including rodents, insects and wood damaging organisms
  - k. Inspecting cosmetic items, underground items, or items not permanently installed
  - l. Inspecting for the presence of any hazardous substances
  - m. Disassembling any component of an improvement to the Property, except for removing access panel that is normally removed by an occupant
  - n. Giving opinions on:
    - i. The life expectancy of an improvement
    - ii. Causes for needing major repairs
    - iii. The methods, materials, or cost of making repairs or corrections
    - iv. The suitability of improvements or components of improvements for a specialized use
    - v. The presence of mold, the type of mold, potential locations of mold or effects of mold
    - vi. The market value or marketability of the Property
    - vii. Whether the Property should or should not be purchased
5. **Condominium Inspections**  
 If the Property is part of a side-by side multi-unit condominium/townhouse, then excluded from the Inspection and the Report are: any property not individually legally owned by Client, any portion of the roof that is not directly above the Property's exterior/shared walls, any common areas with such adjoining property owner (hallways, lobbies, laundry rooms, parking lots, swimming pools, paths, greenspace, etc.), any system (plumbing, electric, cooling and heating, sprinkler, insulation and ventilation) not exclusively owned by Client. If the Property is part of a multi-unit condominium (1 single building), then excluded from the Inspection and the Report are: any property not individually legally owned by Client, any portion of the roof, any common areas not exclusively owned by Client (hallways, lobbies, laundry rooms, parking lots, swimming pools, paths, greenspace, etc.), any system (plumbing, electric, cooling and heating, sprinkler, insulation and ventilation) not exclusively owned by Client. If the Property is a member of an association (condominium or homeowner's), Inspector is not required to review any association documentation to perform the Inspection or draft the Report.
6. **No Warranty.** Inspector is **not providing any warranties or guarantees** (expressed or implied) as a result of the Inspection and/or the Report. The Report is limited only to the date and time of the Inspection and does not cover anything outside of such timeframe. Client acknowledges there is NO REPRESENTATION OF WARRANTY NOR GUARANTEE OF EXPECTED OR REMAINING FUTURE LIFE FOR ITEMS INSPECTED.

7. **Confidential Agreement.** Client shall not provide the Report to any third party without the Inspectors express written consent, which will not be unreasonably withheld. If Client provides the Report to a third party without Inspector's permission and the third party relies on the Report, Client shall indemnify and hold harmless Inspector from any claims made by the third party against the Inspector and for all reasonable attorney's fees incurred in defending said claims. In the case of a residential rental property, current or future, Client shall waive all claims for any consequential damages that may arise out of or relate to this Agreement. This includes, but is not limited to, claims for loss of use, any rental expenses incurred, loss of income, profit, or financing, loss of reputation or insolvency. The provisions of this section will survive termination of this Agreement.
8. **Dispute Resolution.** Inspector and Client (and any other person claiming to have relied upon the Report) specifically agree that any controversy or claim arising out of or relating to the Inspection, the Report or other services provided under this Agreement, or breach thereof, including any statutory, negligence, tort or other claims will be resolved exclusively by binding arbitration administered by **Construction Dispute Resolution Services, LLC** in accordance with its rules in effect on the date such controversy or claim arises, subject to the applicable Wisconsin Statutes and the Administrative Code. Client shall pay the reasonable attorney fees and costs incurred by Inspector (or the person performing the inspection on behalf of the Inspector) to enforce this arbitration provision. Information about the Construction Dispute Resolution Services, LLC, including costs, fees, rules and procedures are available by contacting:

**Construction Dispute Resolution Services, LLC (CDRS)**

4 Toro Lane, Santa Fe, NM 87508

Phone: (505) 473-7733 Toll-free: (888) 930-0011 Fax: (505) 474-9061

petergmerrill@cdrsllc.com www.constructiondisputes-cdrs.com

The fee to initiate arbitration with CDRS will be borne solely by the party initiating the arbitration, notwithstanding anything in the CDRS rules. Client and Inspector hereby authorize CDRS to provide a copy of all written arbitration awards to the Wisconsin Association of Home Inspectors, Inc. No dispute between the Parties to this Agreement will be consolidated with any other dispute involving any other Party or Parties without Inspector's express written consent, which will not be unreasonably withheld.

If the Client feels that there was some deficiency or flaw in the Inspection and/or the Report, Client shall immediately contact (within three (3) business days upon discovery of the alleged deficiency) the Inspector to schedule a meeting at the Property before performing any repairs. The purpose of this meeting is to discuss the alleged deficiency and to allow the Inspector a chance to observe the problem firsthand, as it was discovered, without alteration or repair. Performing repairs before the Inspector has an opportunity to review the alleged deficiency will constitute spoliation of evidence which CDRS will take into account should arbitration be requested through CDRS.

9. **Independent Contractor.** Inspector's relationship to Client is that of an independent consultant. This Agreement creates a contractual relationship between Client and Inspector. Client shall deal with Inspector in a professional manner and to communicate, cooperate and expeditiously reconcile any matter that may affect the proper execution and timely completion of the Inspection. Inspector shall be wholly responsible for the methods used and/or followed in performance of the Inspection and creation of the Report, subject to the applicable Wisconsin statutes and administrative codes.
10. **Notice.** Any notices required hereunder must be in writing and may only be: (1) personally served on the other party; or (2) by facsimile, e-mail, courier, express delivery or certified mail.
11. **Governing Law.** This Agreement and any other documents referred to herein will be governed by, construed and enforced in accordance with the laws of the State of Wisconsin.
12. **Non-Waiver.** No covenant or condition of this Agreement can be waived except by Inspector's express written consent. Failure by Inspector to insist upon strict performance of any terms or conditions of this Agreement or failure or delay in exercising any rights or remedies provided herein or by law will not be deemed a waiver of any right of Inspector to insist upon strict performance hereof or any of its rights or remedies in the future.
13. **Severability.** The provisions of this Agreement are severable. If any provision is determined to be illegal or unenforceable, such determination will have no effect on any other provision hereof, and the remainder of this Agreement will continue in full force and effect.
14. **Entire Agreement.** All agreements, covenants, representations and warranties, express or implied, oral or written, of the parties hereto concerning the subject matter hereof are contained herein. No other agreements, covenants, representations or warranties, express or implied, oral or written, have been made by any Party hereto to any other party concerning the subject matter hereof. All prior and contemporaneous conversations, negotiations, possible and alleged agreements, representations, covenants and warranties concerning the subject matter hereof are merged and set forth herein.
15. **Counterparts.** If this Agreement is executed in counterparts, each counterpart will be deemed an original, and all counterparts so executed will constitute one Agreement binding on all of the parties hereto, notwithstanding that all of the parties are not signatory to the same counterpart.

**Signed at Inspection by: Client**

**SERVICE WALKS**

**Material:** ☒ Concrete ☐ Flagstone ☐ Gravel ☐ Brick ☐ Pitting / Spalling  
☐ Trip Hazard ☐ Pitched towards home ☐ Settling cracks ☐ Typical cracks ☐ Fill cracks and seal  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible ☐ Snow Covered

**DRIVEWAY/PARKING**

**Material:** ☒ Concrete ☐ Asphalt ☐ Gravel/Dirt ☐ Brick ☐ Pitting / Spalling  
☐ Trip Hazard ☐ Pitched towards home ☐ Settling cracks ☐ Typical cracks ☐ Fill cracks and seal  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible ☐ Snow Covered

**STOOPS/STEPS**

☐ Uneven risers ☐ Rotted/Damaged ☐ Settled ☐ Typical cracks ☐ Pitting / Spalling  
**Material:** ☒ Concrete ☐ Wood ☐ Stone ☐ Railing/Balusters recommended  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible ☐ Snow Covered

**PATIO**☒ None**PORCH**

☐ Railing/Balusters recommended ☐ Rotted/Damaged  
**Support Pier:** ☐ Concrete ☐ Wood ☒ Block / Brick ☐ Paint or Stain recommended  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible ☐ Snow Covered

**DECK**☒ None**FENCE**☒ None**LANDSCAPING AFFECTING FOUNDATION**

☐ Wood or Siding in contact with / improper clearance to soil  
**Negative Grade:** ☐ East ☐ West ☐ North ☐ South ☐ Improper clearance between soil & basement windows  
☐ Recommend additional backfill ☐ Recommend window wells/covers ☐ Trim back trees/shrubbies  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible ☐ Snow Covered

**RETAINING WALL**☒ None**HOSE BIBS**

☐ None ☐ No anti-siphon valve ☐ Recommend Anti-siphon valve ☐ Leaking  
**Condition:** ☐ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☒ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not tested

**GENERAL COMMENTS**

Concrete driveway and walkway have typical cracking – fill and seal cracks as needed

Hose bib is broken / inoperable





|                                                  |  |                                                |  |                                             |  |                                                                           |  |
|--------------------------------------------------|--|------------------------------------------------|--|---------------------------------------------|--|---------------------------------------------------------------------------|--|
| <b>ROOF VISIBILITY</b>                           |  | <input checked="" type="checkbox"/> All        |  | <input type="checkbox"/> Partial            |  | <input type="checkbox"/> None                                             |  |
| <b>Inspected From:</b>                           |  | <input checked="" type="checkbox"/> Roof       |  | <input type="checkbox"/> Ladder at eaves    |  | <input type="checkbox"/> Ground ( <i>Inspection Limited</i> )             |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> With Binoculars                                  |  |
| <b>STYLE OF ROOF</b>                             |  |                                                |  |                                             |  |                                                                           |  |
| <b>Roof:</b> Type: <u>Asphalt &amp; Metal</u>    |  | Layers: <u>1</u>                               |  | Approx. age <u>10-15</u> Yrs.               |  |                                                                           |  |
| <b>Type:</b>                                     |  | <input checked="" type="checkbox"/> Gable      |  | <input checked="" type="checkbox"/> Hip     |  | <input type="checkbox"/> Mansard                                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Shed                                             |  |
| <b>Pitch:</b>                                    |  | <input type="checkbox"/> Low                   |  | <input checked="" type="checkbox"/> Medium  |  | <input type="checkbox"/> Steep                                            |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Flat                                             |  |
| <b>VENTILATION SYSTEM</b>                        |  |                                                |  |                                             |  |                                                                           |  |
|                                                  |  | <b>Type:</b>                                   |  | <input checked="" type="checkbox"/> Soffit  |  | <input type="checkbox"/> Ridge                                            |  |
|                                                  |  |                                                |  | <input checked="" type="checkbox"/> Gable   |  | <input checked="" type="checkbox"/> Roof                                  |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Turbine                                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Powered                                          |  |
| <b>Ventilation Present:</b>                      |  | <input checked="" type="checkbox"/> Yes        |  | <input type="checkbox"/> No                 |  | <input type="checkbox"/> DEFECT                                           |  |
| <b>FLASHING</b>                                  |  |                                                |  |                                             |  |                                                                           |  |
| <b>Material:</b>                                 |  | <input checked="" type="checkbox"/> Metal      |  | <input type="checkbox"/> Asphalt            |  | <input type="checkbox"/> Rusted                                           |  |
|                                                  |  | <input type="checkbox"/> Copper                |  | <input type="checkbox"/> Foam               |  | <input checked="" type="checkbox"/> Rubber                                |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Lead                                             |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> <i>Recommend Kick Out Flashing</i>               |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> <i>Separated from chimney/roof</i>               |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> <i>Recommend Sealing</i>                         |  |
| <b>Condition:</b>                                |  | <input checked="" type="checkbox"/> Functional |  | <input type="checkbox"/> Needs Maintenance  |  | <input type="checkbox"/> Needs Further Evaluation                         |  |
|                                                  |  | <input type="checkbox"/> DEFECT                |  | <input type="checkbox"/> Safety Hazard      |  | <input type="checkbox"/> Not Present                                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Needs Repair                                     |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Monitor                                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Not visible                                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Snow Covered                                     |  |
| <b>VALLEYS</b>                                   |  |                                                |  |                                             |  |                                                                           |  |
| <b>Material:</b>                                 |  | <input type="checkbox"/> Metal                 |  | <input checked="" type="checkbox"/> Asphalt |  | <input type="checkbox"/> Lead                                             |  |
|                                                  |  | <input type="checkbox"/> Holes                 |  | <input type="checkbox"/> Rusted             |  | <input type="checkbox"/> Recommend Sealing                                |  |
| <b>Condition:</b>                                |  | <input checked="" type="checkbox"/> Functional |  | <input type="checkbox"/> Needs Maintenance  |  | <input type="checkbox"/> Needs Further Evaluation                         |  |
|                                                  |  | <input type="checkbox"/> DEFECT                |  | <input type="checkbox"/> Safety Hazard      |  | <input type="checkbox"/> Not Present                                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Needs Repair                                     |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Monitor                                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Not visible                                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Snow Covered                                     |  |
| <b>CONDITION OF ROOF COVERINGS</b>               |  |                                                |  |                                             |  |                                                                           |  |
| <input type="checkbox"/> Curling                 |  | <input type="checkbox"/> Cracking              |  | <input type="checkbox"/> Ponding            |  | <input type="checkbox"/> Burn Spots                                       |  |
| <input type="checkbox"/> Nail popping            |  | <input type="checkbox"/> Granules missing      |  | <input type="checkbox"/> Alligating         |  | <input type="checkbox"/> Blistering                                       |  |
| <input checked="" type="checkbox"/> Moss buildup |  | <input type="checkbox"/> Exposed felt          |  | <input type="checkbox"/> Cupping            |  | <input type="checkbox"/> Incomplete/Improper Nailing                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Broken/Loose Tiles/Shingles                      |  |
|                                                  |  |                                                |  |                                             |  | <input checked="" type="checkbox"/> Missing Tabs/Shingles/Tiles           |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Evidence of Leakage                              |  |
| <b>Condition:</b>                                |  | <input type="checkbox"/> Functional            |  | <input type="checkbox"/> Needs Maintenance  |  | <input type="checkbox"/> Needs Further Evaluation                         |  |
|                                                  |  | <input type="checkbox"/> DEFECT                |  | <input type="checkbox"/> Safety Hazard      |  | <input type="checkbox"/> Not Present                                      |  |
|                                                  |  |                                                |  |                                             |  | <input checked="" type="checkbox"/> Needs Repair                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Monitor                                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Not visible                                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Snow Covered                                     |  |
| <b>PLUMBING VENTS</b>                            |  |                                                |  |                                             |  |                                                                           |  |
|                                                  |  | <b>Present:</b>                                |  | <input checked="" type="checkbox"/> Yes     |  | <input type="checkbox"/> No                                               |  |
| <b>Condition:</b>                                |  | <input checked="" type="checkbox"/> Functional |  | <input type="checkbox"/> Needs Maintenance  |  | <input type="checkbox"/> Needs Further Evaluation                         |  |
|                                                  |  | <input type="checkbox"/> DEFECT                |  | <input type="checkbox"/> Safety Hazard      |  | <input type="checkbox"/> Not Present                                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Needs Repair                                     |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Monitor                                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Not visible                                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Snow Covered                                     |  |
| <b>GUTTERS/SCUPPERS/EAVESTROUGH</b>              |  |                                                |  |                                             |  |                                                                           |  |
| <b>Material:</b>                                 |  | <input type="checkbox"/> Copper                |  | <input type="checkbox"/> Vinyl/Plastic      |  | <input checked="" type="checkbox"/> Metal                                 |  |
|                                                  |  | <input type="checkbox"/> Leaking:              |  | <input type="checkbox"/> Corners            |  | <input type="checkbox"/> Joints                                           |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Hole in main run                                 |  |
|                                                  |  |                                                |  |                                             |  | <input checked="" type="checkbox"/> Trim back trees overhanging roof      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Improperly sloped                                |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Missing spikes                                   |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Recommend repair/replacement of damaged sections |  |
| <b>Condition:</b>                                |  | <input type="checkbox"/> Functional            |  | <input type="checkbox"/> Needs Maintenance  |  | <input type="checkbox"/> Needs Further Evaluation                         |  |
|                                                  |  | <input type="checkbox"/> DEFECT                |  | <input type="checkbox"/> Safety Hazard      |  | <input type="checkbox"/> Not Present                                      |  |
|                                                  |  |                                                |  |                                             |  | <input checked="" type="checkbox"/> Needs Repair                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Monitor                                          |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Not visible                                      |  |
|                                                  |  |                                                |  |                                             |  | <input type="checkbox"/> Snow Covered                                     |  |
| <b>GENERAL COMMENTS</b>                          |  |                                                |  |                                             |  |                                                                           |  |

Roof coverings / shingles appear to be approximately 10-15 years old

One ridge shingle is torn - replace

No Gutters on some of the eaves, recommend adding

Recommend trimming back trees that overhang roof – trees depositing debris on roof (holds moisture)



\*This inspection is made on the basis of what is visible and accessible on the day of the inspection and is not a warranty of the roof system or how long it will be watertight in the future. Many leaks occur only under conditions of prolonged rain, and these conditions may not be present at the time of the inspection. Clients are encouraged to ask the current owner about the presence of roof leaks.



## EXTERIOR

|                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
|------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>SIDING</b>                                  |  | <b>Material:</b> <input type="checkbox"/> Stone <input type="checkbox"/> Slate <input type="checkbox"/> Block/Brick <input type="checkbox"/> Fiberboard <input type="checkbox"/> Fiber-cement <input type="checkbox"/> Stucco<br><input type="checkbox"/> EIFS* Not Inspected <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Metal <input type="checkbox"/> Typical cracks<br><input type="checkbox"/> Peeling paint <input type="checkbox"/> <i>Recommend painting</i> <input checked="" type="checkbox"/> <i>Wood rot</i> <input checked="" type="checkbox"/> <i>Loose/Missing/Holes</i><br><b>Condition:</b> <input type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor<br><input checked="" type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                                                                                                                                                                  |  |  |  |  |  |
| <b>1.)TRIM 2.)SOFFIT 3.)FASCIA 4.)FLASHING</b> |  | <input checked="" type="checkbox"/> <i>Recommend painting</i> <input type="checkbox"/> <i>Damaged wood</i><br><b>Material:</b> <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Fiberboard <input checked="" type="checkbox"/> Aluminum/Steel <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco<br><b>Condition:</b> <input type="checkbox"/> Functional <input checked="" type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor<br><input type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| <b>CAULKING</b>                                |  | <input type="checkbox"/> <i>Recommend around windows/doors/masonry ledges/corners/utility penetrations</i><br><b>Condition:</b> <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor<br><input type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| <b>WINDOWS &amp; SCREENS</b>                   |  | <input type="checkbox"/> <i>Failed/fogged insulated glass</i> <input type="checkbox"/> <i>Cracked or broken Glass</i> <input type="checkbox"/> <i>Rotted/Damaged</i><br><b>Material:</b> <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum/Vinyl Clad<br><b>Screens:</b> <input type="checkbox"/> Torn <input type="checkbox"/> Bent <input type="checkbox"/> Not installed <input checked="" type="checkbox"/> Glazing Compound/Caulk needed<br><b>Storms:</b> <input type="checkbox"/> Not installed <input type="checkbox"/> Wood <input type="checkbox"/> Clad comb. <input type="checkbox"/> Wood/metal comb. <input checked="" type="checkbox"/> Metal<br><b>Condition:</b> <input type="checkbox"/> Functional <input checked="" type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor<br><input type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                                                                                            |  |  |  |  |  |
| <b>SERVICE ENTRY</b>                           |  | <input type="checkbox"/> Underground <input checked="" type="checkbox"/> Overhead <input type="checkbox"/> <i>Weather head/mast needs repair</i> <input type="checkbox"/> <i>Overhead wires too low</i><br><b>Exterior receptacles:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Condition:</b> <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor<br><input type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| <b>EXTERIOR WALL CONSTRUCTION</b>              |  | <b>Type:</b> <input checked="" type="checkbox"/> Framed <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Post Framed<br><b>Condition:</b> <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor<br><input type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| <b>EXTERIOR DOORS</b>                          |  | <b>1.) ENTRANCE 2.) PATIO 3.)STORM</b><br><b>Weather stripping:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> Replace <input type="checkbox"/> <i>Failed/fogged insulated glass</i> <input type="checkbox"/> <i>Cracked or broken Glass</i> <input type="checkbox"/> <i>Rotted/Damaged</i><br><b>Condition:</b> <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor<br><input type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| <b>EXTERIOR A/C</b>                            |  | <b>UNIT Location:</b> Roof <b>Brand:</b> Carrier MFR. Date = 2/1995<br>Serial#: 0895E08810 Model #: 38CKB024300 Approximate age: 31 yrs.<br><b>Outside Disconnect:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Maximum fuse/breaker rating: 20 Amp Fuses/breakers installed: ??? Amp<br><b>Level:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Cabinet/housing rusted</i> <input type="checkbox"/> <i>Improperly sized fuses/breakers</i><br><b>Condenser Fins:</b> <input type="checkbox"/> <i>Damaged</i> <input type="checkbox"/> Need cleaning <input type="checkbox"/> <i>Damaged base/pad</i><br><input type="checkbox"/> <i>Damaged Refrigerant Line</i> <b>Insulation:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Replace<br><b>Condition:</b> <input type="checkbox"/> Functional <input checked="" type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor<br><input type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> <i>Safety Hazard</i> <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible <input type="checkbox"/> Not tested |  |  |  |  |  |

### GENERAL COMMENTS

Wood and fiberboard siding has wood rot / damage, porch has OSB siding, recommend exterior grade coverings

Wood Windows and trim need paint

AC unit is 31 years old



\*Structural defects may be hidden behind dense foliage, vines, snow, stored items, debris or finishes and cannot be included in this inspection. Additional defects may be found when repairs are made to items listed in this report or when remodeling is done on the exterior. We cannot be held responsible for any hidden defects found after the inspection.

This confidential report is prepared exclusively for Barb Sorenson

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## GARAGE/CARPORT

|                                                                                                                                                                                      |  |                                                                                                                                                              |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|--------------------------------|--------------------------------|
| <b>TYPE</b>                                                                                                                                                                          |  | <input checked="" type="checkbox"/> Attached                                                                                                                 |                                                   | <input type="checkbox"/> Detached                                                       | <input checked="" type="checkbox"/> 1-car        | <input type="checkbox"/> 2-car                                     | <input type="checkbox"/> 3-car | <input type="checkbox"/> 4-car |
| <b>OVERHEAD DOOR(S)</b>                                                                                                                                                              |  | <input type="checkbox"/> N/A                                                                                                                                 |                                                   | <input type="checkbox"/> Overhead door hardware loose                                   |                                                  | <input type="checkbox"/> Safety Cable Recommended                  |                                |                                |
| <b>Material:</b>                                                                                                                                                                     |  | <input type="checkbox"/> Wood                                                                                                                                |                                                   | <input type="checkbox"/> Fiberglass                                                     | <input type="checkbox"/> Masonite                | <input checked="" type="checkbox"/> Metal                          |                                |                                |
| <b>Recommend Priming/Painting Inside &amp; Edges:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Weather stripping missing/damaged |  |                                                                                                                                                              |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Functional                                                                                                               | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input type="checkbox"/> Needs Repair            | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             | <input type="checkbox"/> Not tested                                |                                |                                |
| <b>AUTOMATIC OPENER</b>                                                                                                                                                              |  | <b>Present:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                          |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Safety Reverse:</b>                                                                                                                                                               |  | <input checked="" type="checkbox"/> Yes                                                                                                                      | <input type="checkbox"/> No                       | <input type="checkbox"/> Need(s) adjusting                                              | <input type="checkbox"/> Improperly Installed    | <input checked="" type="checkbox"/> Handyman/extension cord wiring |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input type="checkbox"/> Functional                                                                                                                          | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input checked="" type="checkbox"/> Needs Repair | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             | <input type="checkbox"/> Not tested                                |                                |                                |
| <b>ROOFING</b>                                                                                                                                                                       |  | <b>Material:</b> <input checked="" type="checkbox"/> Same as house                                                                                           |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Functional                                                                                                               | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input checked="" type="checkbox"/> Needs Repair | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             |                                                                    |                                |                                |
| <b>GUTTERS / EAVESTROUGH</b>                                                                                                                                                         |  | <input checked="" type="checkbox"/> None                                                                                                                     |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input type="checkbox"/> Functional                                                                                                                          | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input type="checkbox"/> Needs Repair            | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input checked="" type="checkbox"/> Not Present                                         | <input type="checkbox"/> Not visible             |                                                                    |                                |                                |
| <b>SIDING / TRIM</b>                                                                                                                                                                 |  | <input type="checkbox"/> Rotted/Damaged                                                                                                                      |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Siding:</b>                                                                                                                                                                       |  | <input checked="" type="checkbox"/> Same as house                                                                                                            |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Trim:</b>                                                                                                                                                                         |  | <input checked="" type="checkbox"/> Same as house                                                                                                            |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Functional                                                                                                               | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input type="checkbox"/> Needs Repair            | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             |                                                                    |                                |                                |
| <b>WINDOWS</b>                                                                                                                                                                       |  | <input type="checkbox"/> Failed/fogged insulated glass                                                                                                       |                                                   | <input type="checkbox"/> Cracked or broken Glass                                        |                                                  | <input type="checkbox"/> Rotted/Damaged                            |                                |                                |
| <b>Material:</b>                                                                                                                                                                     |  | <input type="checkbox"/> Wood                                                                                                                                | <input checked="" type="checkbox"/> Metal         | <input type="checkbox"/> Vinyl                                                          | <input type="checkbox"/> Aluminum/Vinyl Clad     | <input type="checkbox"/> Glazing Compound/Caulk needed             |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Functional                                                                                                               | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input type="checkbox"/> Needs Repair            | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             |                                                                    |                                |                                |
| <b>FLOOR</b>                                                                                                                                                                         |  | <b>Material:</b> <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> Large settling cracks <input checked="" type="checkbox"/> Typical cracks <input type="checkbox"/> Pitting / Spalling                |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Functional                                                                                                               | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input type="checkbox"/> Needs Repair            | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             |                                                                    |                                |                                |
| <b>HEAT / IGNITION SOURCES</b>                                                                                                                                                       |  | <b>Present:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                          |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>EXTERIOR SERVICE DOOR</b>                                                                                                                                                         |  | <input type="checkbox"/> None                                                                                                                                |                                                   | <input type="checkbox"/> Damaged/Rusted                                                 |                                                  | <input type="checkbox"/> Rotted/Damaged                            |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Functional                                                                                                               | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input type="checkbox"/> Needs Repair            | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             |                                                                    |                                |                                |
| <b>ELECTRICAL RECEPTALS</b>                                                                                                                                                          |  | <b>Present:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                          |                                                   | <input type="checkbox"/> Cover plates missing                                           |                                                  |                                                                    |                                |                                |
| <b>Reverse polarity:</b>                                                                                                                                                             |  | <input type="checkbox"/> Yes                                                                                                                                 | <input checked="" type="checkbox"/> No            | <b>Open ground:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                  | <input checked="" type="checkbox"/> Two Prong Outlets              |                                |                                |
| <b>GFCI Present:</b>                                                                                                                                                                 |  | <input type="checkbox"/> Yes                                                                                                                                 | <input checked="" type="checkbox"/> No            | <b>Operable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No               |                                                  | <input checked="" type="checkbox"/> Recommend GFCI Receptacles     |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input type="checkbox"/> Functional                                                                                                                          | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input checked="" type="checkbox"/> Needs Repair | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input type="checkbox"/> DEFECT                                                                                                                              | <input type="checkbox"/> Safety Hazard            | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             | <input checked="" type="checkbox"/> Handyman/extension cord wiring |                                |                                |
| <b>FIRE SEPARATION WALLS &amp; CEILING</b>                                                                                                                                           |  | <b>Between garage &amp; living area:</b> <input type="checkbox"/> Present <input checked="" type="checkbox"/> Missing                                        |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |
| <b>Fire door:</b>                                                                                                                                                                    |  | <input type="checkbox"/> Present                                                                                                                             | <input type="checkbox"/> Not verifiable           | <input checked="" type="checkbox"/> Not a fire door                                     |                                                  |                                                                    |                                |                                |
| <b>Condition:</b>                                                                                                                                                                    |  | <input type="checkbox"/> Functional                                                                                                                          | <input type="checkbox"/> Needs Maintenance        | <input type="checkbox"/> Needs Further Evaluation                                       | <input type="checkbox"/> Needs Repair            | <input type="checkbox"/> Monitor                                   |                                |                                |
|                                                                                                                                                                                      |  | <input checked="" type="checkbox"/> DEFECT                                                                                                                   | <input checked="" type="checkbox"/> Safety Hazard | <input type="checkbox"/> Not Present                                                    | <input type="checkbox"/> Not visible             |                                                                    |                                |                                |
| <b>GENERAL COMMENTS</b>                                                                                                                                                              |  |                                                                                                                                                              |                                                   |                                                                                         |                                                  |                                                                    |                                |                                |

Garage door opener is powered with an extension cord, recommend removal and adding a dedicated outlet

Garage floor has typical cracks and settling.

Garage outlets are not GFCI protected, older 2 prong outlets, inoperable outlets and lights

Firewall is missing between the home and the garage – possible safety hazard





|                                                         |                                                |                                                                                                                                        |                                                                     |                                                                                               |                                                                                                                         |
|---------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>COUNTERTOPS</b>                                      |                                                | <input type="checkbox"/> Recommend caulking                                                                                            |                                                                     | <input type="checkbox"/> Loose                                                                |                                                                                                                         |
| <b>Condition:</b>                                       | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                             | <input type="checkbox"/> Needs Further Evaluation                   | <input type="checkbox"/> Needs Repair                                                         | <input type="checkbox"/> Monitor                                                                                        |
|                                                         | <input type="checkbox"/> DEFECT                | <input type="checkbox"/> Safety Hazard                                                                                                 | <input type="checkbox"/> Not Present                                | <input type="checkbox"/> Not visible                                                          |                                                                                                                         |
| <b>CABINETS</b>                                         |                                                | <input type="checkbox"/> Recommend adjustment                                                                                          |                                                                     |                                                                                               |                                                                                                                         |
| <b>Condition:</b>                                       | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                             | <input type="checkbox"/> Needs Further Evaluation                   | <input type="checkbox"/> Needs Repair                                                         | <input type="checkbox"/> Monitor                                                                                        |
|                                                         | <input type="checkbox"/> DEFECT                | <input type="checkbox"/> Safety Hazard                                                                                                 | <input type="checkbox"/> Not Present                                | <input type="checkbox"/> Not visible                                                          |                                                                                                                         |
| <b>PLUMBING COMMENTS</b>                                |                                                | <b>Functional Drainage:</b>                                                                                                            |                                                                     | <input checked="" type="checkbox"/> Yes                                                       | <input type="checkbox"/> No                                                                                             |
|                                                         |                                                | <b>Faucet Leaks:</b>                                                                                                                   |                                                                     | <input type="checkbox"/> Yes                                                                  | <input checked="" type="checkbox"/> No                                                                                  |
|                                                         |                                                |                                                                                                                                        |                                                                     | <b>Functional Flow:</b>                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                     |
|                                                         |                                                |                                                                                                                                        |                                                                     | <b>Pipes leak/corroded:</b>                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                     |
| <b>Sink/Faucet:</b>                                     | <input type="checkbox"/> Corroded              | <input type="checkbox"/> Chipped                                                                                                       | <input type="checkbox"/> Cracked                                    |                                                                                               |                                                                                                                         |
| <b>Condition:</b>                                       | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                             | <input type="checkbox"/> Needs Further Evaluation                   | <input type="checkbox"/> Needs Repair                                                         | <input type="checkbox"/> Monitor                                                                                        |
|                                                         | <input type="checkbox"/> DEFECT                | <input type="checkbox"/> Safety Hazard                                                                                                 | <input type="checkbox"/> Not Present                                | <input type="checkbox"/> Not visible                                                          |                                                                                                                         |
| <b>WALLS &amp; CEILING</b>                              |                                                | <input type="checkbox"/> Typical cracks                                                                                                |                                                                     | <input type="checkbox"/> Moisture stains                                                      |                                                                                                                         |
| <b>Condition:</b>                                       | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                             | <input type="checkbox"/> Needs Further Evaluation                   | <input type="checkbox"/> Needs Repair                                                         | <input type="checkbox"/> Monitor                                                                                        |
|                                                         | <input type="checkbox"/> DEFECT                | <input type="checkbox"/> Safety Hazard                                                                                                 | <input type="checkbox"/> Not Present                                | <input type="checkbox"/> Not visible                                                          |                                                                                                                         |
| <b>HEATING / COOLING SOURCE</b>                         |                                                | <b>Present:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                    |                                                                     |                                                                                               |                                                                                                                         |
| <b>FLOOR</b>                                            |                                                | <input type="checkbox"/> Sloping <input type="checkbox"/> Squeaks <input type="checkbox"/> Damage <input type="checkbox"/> Trip Hazard |                                                                     |                                                                                               |                                                                                                                         |
| <b>Condition:</b>                                       | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                             | <input type="checkbox"/> Needs Further Evaluation                   | <input type="checkbox"/> Needs Repair                                                         | <input type="checkbox"/> Monitor                                                                                        |
|                                                         | <input type="checkbox"/> DEFECT                | <input type="checkbox"/> Safety Hazard                                                                                                 | <input type="checkbox"/> Not Present                                | <input type="checkbox"/> Not visible                                                          |                                                                                                                         |
| <b>APPLIANCES</b>                                       |                                                |                                                                                                                                        |                                                                     |                                                                                               |                                                                                                                         |
| <input type="checkbox"/> Disposal                       | Operable:                                      | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                         | <input type="checkbox"/> Trash compactor                                                      | Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                      |
| <input checked="" type="checkbox"/> Oven                | Operable:                                      | <input checked="" type="checkbox"/> Yes                                                                                                | <input type="checkbox"/> No                                         | <input checked="" type="checkbox"/> Exhaust fan                                               | Operable: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                           |
| <input checked="" type="checkbox"/> Range               | Operable:                                      | <input checked="" type="checkbox"/> Yes                                                                                                | <input type="checkbox"/> No                                         | <input checked="" type="checkbox"/> Refrigerator                                              | Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                           |
| <input type="checkbox"/> Dishwasher                     | Operable:                                      | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No                                         | <input type="checkbox"/> Microwave                                                            | Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                      |
| <b>Dishwasher Airgap:</b>                               |                                                | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No and/or                                  | <b>Dishwasher Drain Line Looped:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                         |
| <b>Receptacles Present:</b>                             |                                                | <input checked="" type="checkbox"/> Yes                                                                                                | <input type="checkbox"/> No                                         | Operable:                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cover plates missing       |
| <b>GFCI:</b>                                            |                                                | <input type="checkbox"/> Yes                                                                                                           | <input checked="" type="checkbox"/> No                              | Operable:                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Recommend GFCI Receptacles |
| <b>Open ground/Reverse polarity within 6' of water:</b> |                                                |                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Two Prong Outlets                                                    |                                                                                                                         |
| <b>Condition:</b>                                       | <input type="checkbox"/> Functional            | <input type="checkbox"/> Needs Maintenance                                                                                             | <input type="checkbox"/> Needs Further Evaluation                   | <input checked="" type="checkbox"/> Needs Repair                                              | <input type="checkbox"/> Monitor                                                                                        |
|                                                         | <input type="checkbox"/> DEFECT                | <input type="checkbox"/> Safety Hazard                                                                                                 | <input type="checkbox"/> Not Present                                | <input type="checkbox"/> Not visible                                                          |                                                                                                                         |

**GENERAL COMMENTS**

Kitchen outlets are not GFCI protected  
 Kitchen exhaust fan is inoperable



|                                                                                                             |                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LAUNDRY</b>                                                                                              |                                                                                                                                                                                                                                                                                 |
| <b>Laundry sink:</b>                                                                                        | <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                         |
| <b>Cross connections:</b>                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                             |
| <b>Dryer vented:</b>                                                                                        | <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Floor <input type="checkbox"/> Not vented                                                                                                                                    |
| <input type="checkbox"/> Plastic Dryer Vent not recommended <input type="checkbox"/> Not vented to Exterior |                                                                                                                                                                                                                                                                                 |
| <b>Electrical:</b>                                                                                          | Open ground/reverse polarity within 6' of water: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Cover plates missing                                                                                                              |
| <b>GFCI present:</b>                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Operable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend GFCI Receptacles                                                                               |
| <b>Appliances:</b>                                                                                          | <input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer <input checked="" type="checkbox"/> Not tested <b>Washer hook-up lines/valves:</b> <input type="checkbox"/> Leaking <input type="checkbox"/> Corroded <input type="checkbox"/> Not visible |
| <b>Gas Shut-off Valve:</b>                                                                                  | <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                         |
| <b>Condition:</b>                                                                                           | <input type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor                                                                         |
|                                                                                                             | <input type="checkbox"/> DEFECT <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Not Present <input checked="" type="checkbox"/> Not tested                                                                                                                      |

**GENERAL COMMENTS**

Washer and dryer are owned by the tenant and are not tested



## BATHROOM(S)

2<sup>ND</sup> FLOOR BATHROOM

|                                 |                                         |                                               |                                                                   |                                                  |                                        |                                                                |                                                                                                 |
|---------------------------------|-----------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------|----------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Sinks:</b>                   | <b>Faucet leaks:</b>                    | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                                       | <b>Pipes leak:</b>                               | <input type="checkbox"/> Yes           | <input type="checkbox"/> No                                    | <input type="checkbox"/> <b>DEFECT</b>                                                          |
| <b>Tubs:</b>                    | <input checked="" type="checkbox"/> N/A |                                               |                                                                   |                                                  |                                        |                                                                |                                                                                                 |
| <b>Showers:</b>                 | <input checked="" type="checkbox"/> N/A |                                               |                                                                   |                                                  |                                        |                                                                |                                                                                                 |
| <b>Toilet: Bowl Loose:</b>      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No        | <b>Operable:</b>                                                  | <input checked="" type="checkbox"/> Yes          | <input type="checkbox"/> No            | <input type="checkbox"/> Cracked bowl                          | <input checked="" type="checkbox"/> Toilet leaks/runs <input type="checkbox"/> <b>DEFECT</b>    |
| <b>Caulk/Grouting Needed:</b>   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No        | Where:                                                            |                                                  |                                        |                                                                |                                                                                                 |
| <b>Functional Flow:</b>         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No                   | <b>Functional Drainage:</b>                                       | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No            | <input type="checkbox"/> Mechanical Drain Stops Broken         |                                                                                                 |
| <b>Moisture stains present:</b> | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No        | <input type="checkbox"/> Walls                                    | <input type="checkbox"/> Ceilings                | <input type="checkbox"/> Cabinetry     |                                                                |                                                                                                 |
| <b>Doors &amp; Windows:</b>     | <input type="checkbox"/> Holes          | <input type="checkbox"/> Wood Rot / Damage    | <input type="checkbox"/> Cracked glass or leaking insulated glass | <input type="checkbox"/> Broken/Missing hardware |                                        |                                                                |                                                                                                 |
| <b>Receptacles Present:</b>     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                   | <b>Operable:</b>                                                  | <input checked="" type="checkbox"/> Yes          | <input type="checkbox"/> No            | <input type="checkbox"/> Cover plates missing                  |                                                                                                 |
| <b>GFCI:</b>                    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No        | <b>Operable:</b>                                                  | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Recommend GFCI Receptacles |                                                                                                 |
| <b>Reverse polarity:</b>        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No        | <b>Open ground:</b>                                               | <input type="checkbox"/> Yes                     | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Two Prong Outlets                     |                                                                                                 |
| <b>Exhaust fan:</b>             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                   | <b>Operable:</b>                                                  | <input checked="" type="checkbox"/> Yes          | <input type="checkbox"/> No            | <input type="checkbox"/> Noisy                                 | <b>Heat source present:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>Condition:</b>               | <input type="checkbox"/> Functional     | <input type="checkbox"/> Needs Maintenance    | <input type="checkbox"/> Needs Further Evaluation                 | <input checked="" type="checkbox"/> Needs Repair | <input type="checkbox"/> Monitor       |                                                                |                                                                                                 |
|                                 | <input type="checkbox"/> <b>DEFECT</b>  | <input type="checkbox"/> <b>Safety Hazard</b> | <input type="checkbox"/> Not Present                              | <input type="checkbox"/> Not visible             |                                        |                                                                |                                                                                                 |

## GENERAL COMMENTS

2<sup>nd</sup> floor bathroom sink is turned off / not operable  
 2<sup>nd</sup> floor bathroom toilet runs constantly  
 2<sup>nd</sup> floor Bathroom outlet is not GFCI protected



## BATHROOM(S)

1<sup>ST</sup> FLOOR BATHROOM

**Sinks:** **Faucet leaks:** ☐ Yes ☒ No **Pipes leak:** ☐ Yes ☒ No ☐ **DEFECT**  
**Tubs:** ☒ N/A  
**Showers:** **Faucet leaks:** ☐ Yes ☒ No **Pipes leak:** ☐ Yes ☒ No ☐ **DEFECT**  
**Toilet: Bowl Loose:** ☐ Yes ☒ No **Operable:** ☒ Yes ☐ No ☐ Cracked bowl ☐ Toilet leaks ☐ **DEFECT**  
**Shower/Tub area:** ☒ Ceramic/Plastic ☐ Fiberglass ☐ Masonite ☐ Rotted floors  
**Caulk/Grouting Needed:** ☐ Yes ☒ No Where:  
**Functional Flow:** ☒ Yes ☐ No **Functional Drainage:** ☒ Yes ☐ No ☐ Mechanical Drain Stops Broken  
**Moisture stains present:** ☐ Yes ☒ No ☐ Walls ☐ Ceilings ☐ Cabinetry  
**Doors & Windows:** ☐ Holes ☐ Wood Rot / Damage ☐ Cracked glass or leaking insulated glass ☐ Broken/Missing hardware  
**Receptacles Present:** ☐ Yes ☒ No  
**Exhaust fan:** ☒ Yes ☐ No **Operable:** ☒ Yes ☐ No ☐ Noisy **Heat source present:** ☒ Yes ☐ No  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ **DEFECT** ☐ **Safety Hazard** ☐ Not Present ☐ Not visible

## GENERAL COMMENTS



## ROOMS

2<sup>ND</sup> FLOOR BEDROOM

**Walls & Ceiling:** ☐ Typical cracks ☐ Damage **Holes:** ☐ Doors ☐ Walls ☐ Ceilings  
**Moisture stains:** ☐ Yes ☒ No Where: ☐ Damage  
**Floor:** ☐ Squeaks ☐ Slopes ☐ Damage  
**Electrical:** **Switches:** ☒ Yes ☐ No **Receptacles:** ☒ Yes ☐ No **Operable:** ☒ Yes ☐ No  
**Open ground/Reverse polarity:** ☐ Yes ☒ No ☐ Cover plates missing ☐ Two Prong Outlets  
**Ceiling Fan:** ☒ N/A **Light Fixture:** **Operable:** ☒ Yes ☐ No  
**Heating Source Present:** ☐ Yes ☒ Not visible **Egress Restricted:** ☐ Yes ☒ No  
**Doors & Windows:** ☐ Holes ☐ Wood Rot / Damage ☐ Cracked glass or leaking insulated glass ☐ Broken/Missing hardware  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible

1<sup>ST</sup> FLOOR BEDROOM

**Walls & Ceiling:** ☐ Typical cracks ☐ Damage **Holes:** ☐ Doors ☐ Walls ☐ Ceilings  
**Moisture stains:** ☐ Yes ☒ No Where: ☐ Damage  
**Floor:** ☐ Squeaks ☐ Slopes ☐ Damage  
**Electrical:** **Switches:** ☒ Yes ☐ No **Receptacles:** ☒ Yes ☐ No **Operable:** ☒ Yes ☐ No  
**Open ground/Reverse polarity:** ☐ Yes ☒ No ☐ Cover plates missing ☐ Two Prong Outlets  
**Ceiling Fan:** ☒ N/A **Light Fixture:** **Operable:** ☒ Yes ☐ No  
**Heating Source Present:** ☒ Yes ☐ Not visible **Egress Restricted:** ☐ Yes ☒ No  
**Doors & Windows:** ☐ Holes ☐ Wood Rot / Damage ☐ Cracked glass or leaking insulated glass ☐ Broken/Missing hardware  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible

## GENERAL COMMENTS



## ROOMS

## LIVING ROOM

**Walls & Ceiling:** ☐ Typical cracks ☐ Damage **Holes:** ☐ Doors ☐ Walls ☐ Ceilings  
**Moisture stains:** ☐ Yes ☒ No Where:  
**Floor:** ☐ Squeaks ☐ Slopes ☐ Damage  
**Electrical:** **Switches:** ☒ Yes ☐ No **Receptacles:** ☒ Yes ☐ No **Operable:** ☒ Yes ☐ No  
**Open ground/Reverse polarity:** ☐ Yes ☒ No ☐ Cover plates missing ☐ Two Prong Outlets  
**Ceiling Fan:** ☒ N/A **Light Fixture: Operable:** ☒ Yes ☐ No  
**Heating Source Present:** ☒ Yes ☐ Not visible **Egress Restricted:** ☐ Yes ☒ No  
**Doors & Windows:** ☐ Holes ☐ Wood Rot / Damage ☐ Cracked glass or leaking insulated glass ☐ Broken/Missing hardware  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible

## DINING ROOM

**Walls & Ceiling:** ☐ Typical cracks ☐ Damage **Holes:** ☐ Doors ☐ Walls ☐ Ceilings  
**Moisture stains:** ☐ Yes ☒ No Where:  
**Floor:** ☐ Squeaks ☐ Slopes ☐ Damage  
**Electrical:** **Switches:** ☒ Yes ☐ No **Receptacles:** ☒ Yes ☐ No **Operable:** ☒ Yes ☐ No  
**Open ground/Reverse polarity:** ☐ Yes ☒ No ☐ Cover plates missing ☐ Two Prong Outlets  
**Ceiling Fan:** ☒ N/A **Light Fixture: Operable:** ☒ Yes ☐ No  
**Heating Source Present:** ☒ Yes ☐ Not visible **Egress Restricted:** ☐ Yes ☒ No  
**Doors & Windows:** ☐ Holes ☐ Wood Rot / Damage ☐ Cracked glass or leaking insulated glass ☐ Broken/Missing hardware  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible

## PORCH

**Walls & Ceiling:** ☐ Typical cracks ☐ Damage **Holes:** ☐ Doors ☐ Walls ☐ Ceilings  
**Moisture stains:** ☐ Yes ☒ No Where:  
**Floor:** ☐ Squeaks ☐ Slopes ☐ Damage  
**Electrical:** **Switches:** ☒ Yes ☐ No **Receptacles:** ☒ Yes ☐ No **Operable:** ☒ Yes ☐ No  
**Open ground/Reverse polarity:** ☐ Yes ☒ No ☐ Cover plates missing ☐ Two Prong Outlets  
**Ceiling Fan: Operable:** ☒ Yes ☐ No **Light Fixture: Operable:** ☒ Yes ☐ No  
**Heating Source Present:** ☐ Yes ☒ Not visible **Egress Restricted:** ☐ Yes ☒ No  
**Doors & Windows:** ☐ Holes ☐ Wood Rot / Damage ☐ Cracked glass or leaking insulated glass ☐ Broken/Missing hardware  
**Condition:** ☒ Functional ☐ Needs Maintenance ☐ Needs Further Evaluation ☐ Needs Repair ☐ Monitor  
☐ DEFECT ☐ Safety Hazard ☐ Not Present ☐ Not visible

## GENERAL COMMENTS



## ROOMS

### GENERAL COMMENTS

No other rooms, page is intentionally left blank

**INTERIOR WINDOWS / GLASS**

☒ Representative number of windows operated      ☐ Painted / stuck shut      ☐ *Wood rot*  
☐ Glazing compound needed      ☐ Cracked glass      ☐ Hardware missing      ☐ *Broken counter-balance mechanism*  
**Evidence of Leaking Insulated Glass:**      ☐ Yes      ☒ No      ☐ N/A      **Safety Glazing Needed:**      ☐ Yes      ☒ No  
**Security Bars Present:**      ☐ Yes      ☒ No      ☐ Not tested      ☐ *Test release mechanism before moving in*  
**Condition:**      ☐ Functional      ☐ Needs Maintenance      ☐ Needs Further Evaluation      ☒ Needs Repair      ☐ Monitor  
                          ☐ *DEFECT*      ☐ *Safety Hazard*      ☐ Not Present      ☐ Not visible

**FIREPLACE**Location(s): Living room

**Type:**      ☐ Gas      ☐ Wood      ☐ *Woodburner stove*      ☒ Electric      ☐ Ventless      ☐ Pellet Stove  
**Condition:**      ☐ Functional      ☐ Needs Maintenance      ☐ Needs Further Evaluation      ☐ Needs Repair      ☐ Monitor  
                          ☐ *DEFECT*      ☐ *Safety Hazard*      ☐ Not Present      ☐ Not visible      ☒ Not tested

**STAIRS / STEPS / BALCONIES**☐ Hand Rail/Railing/Balusters Recommended      ☐ Hand Rail/Railing Loose

**Condition:**      ☒ Functional      ☐ Needs Maintenance      ☐ Needs Further Evaluation      ☐ Needs Repair      ☐ Monitor  
                          ☐ *DEFECT*      ☐ *Safety Hazard*      ☐ Not Present      ☐ Not visible

**SMOKE / CARBON MONOXIDE DETECTORS**

**Smoke Detector:**      **Present:**      ☒ Yes      ☒ No      **Operable:**      ☒ Yes      ☐ No      ☐ Not tested  
**CO Detector:**      **Present:**      ☐ Yes      ☒ No      **Operable:**      ☐ Yes      ☐ No      ☐ Not tested  
**Condition:**      ☐ Functional      ☐ Needs Maintenance      ☐ Needs Further Evaluation      ☐ Needs Repair      ☐ Monitor  
                          ☒ *DEFECT*      ☒ *Safety Hazard*      ☐ Not Present      ☐ Not visible

**ATTIC / STRUCTURE / FRAMING / INSULATION**

**Access:**      ☐ Stairs      ☐ Pulldown      ☒ Scuttlehole/Hatch      ☐ No access      **Access Limited By:** Closet shelves and clothes  
**Inspected From:**      ☒ Access panel      ☐ In the attic      ☐ *Not Inspected*  
**Location:**      ☒ Bedroom hall      ☐ Bedroom closet      ☐ Garage      ☐ Other:  
**Flooring:**      ☐ Complete      ☒ Partial      ☐ None  
**Insulation:**      ☒ Batts      ☒ Loose      ☒ Fiber glass      ☐ Cellulose      ☐ Foam      ☐ Rockwool      ☐ \*Vermiculite      ☐ Not visible  
 Depth: 4 - 8      ☐ *Recommend additional insulation (12+ " of attic insulation is recommended)*  
                          ☐ *Damaged*      ☐ *Displaced*      ☐ *Missing*      ☐ *Compressed*  
**Installed In:**      ☐ Rafters      ☒ Walls      ☒ Between ceiling joists      ☐ Underside of Roof Deck      ☐ Not visible  
**Vapor Barriers:**      ☐ Kraft/foil faced      ☒ Plastic      ☐ *Improperly Installed*      ☐ Not visible  
**Ventilation:**      ☒ *Appears adequate*      ☐ *Recommend additional ventilation*      ☐ *Recommend Baffles @ Eaves*  
**Fans Exhausted To:** Attic:      ☒ Yes      ☐ No      Outside:      ☐ Yes      ☒ No      ☐ Not visible  
**HVAC Duct:**      ☒ N/A      **Chimney Chase:**      ☒ N/A  
**Structural Problems Observed:**      ☐ Yes      ☒ No      ☐ *Recommend repair*      ☐ *Recommend Structural Engineer*  
**Roof Structure:**      ☒ Wood      ☐ Metal      ☒ Rafters      ☐ Trusses  
                          ☐ Collar Ties      ☐ Purlins      ☐ Knee Wall      ☐ Not Visible  
**Ceiling Joists:**      ☒ Wood      ☐ Metal      ☐ Not visible  
**Sheathing:**      ☐ Plywood      ☒ OSB      ☒ Planking      ☐ Rotted      ☐ Stained      ☐ Delaminated  
**Evidence of Condensation/Moisture Leaking:**      ☐ Yes      ☒ No      ☐ Cracking  
**Electrical:**      ☐ *Open junction box(es)*      ☐ *Handyman wiring*      ☐ *Visible knob-and-tube*  
**Condition:**      ☐ Functional      ☐ Needs Maintenance      ☐ Needs Further Evaluation      ☐ Needs Repair      ☐ Monitor  
                          ☒ *DEFECT*      ☐ *Safety Hazard*      ☐ Not Present      ☐ Not visible

**GENERAL COMMENTS**

Wood window trim needs paint  
 Electric fireplace is not tested  
 2<sup>nd</sup> floor and basement Smoke and CO detectors were missing / inoperable – safety hazard  
 2<sup>nd</sup> floor bathroom exhaust fan discharges into attic – recommend extending to the exterior  
 Recommend cleaning attic spaces and making improvements as needed



\*Window glass fogging can be difficult to detect especially in older or dirty windows, only visible and readily accessible windows have been opened or operated.  
 Window defects may exist that cannot be detected because windows and / or window components were blocked by interior furniture or exterior vegetation.



|                                                                             |                                                |                                                                                                                                                 |                                                    |                                                                        |                                          |                                                 |                                          |
|-----------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|------------------------------------------|
| <b>STAIRS</b>                                                               |                                                | <input type="checkbox"/> Typical wear and tear                                                                                                  |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Handrail:</b>                                                            | <input checked="" type="checkbox"/> Yes        | <input type="checkbox"/> No                                                                                                                     | <input type="checkbox"/> Loose                     | <input type="checkbox"/> <i>Handrail/Railing/Balusters Recommended</i> |                                          |                                                 |                                          |
| <b>Headway Over Stairs:</b>                                                 | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> <i>Low clearance</i>                                                                                                   |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                                      | <input type="checkbox"/> Needs Further Evaluation  | <input type="checkbox"/> Needs Repair                                  | <input type="checkbox"/> Monitor         |                                                 |                                          |
|                                                                             | <input type="checkbox"/> <i>DEFECT</i>         | <input type="checkbox"/> <i>Safety Hazard</i>                                                                                                   | <input type="checkbox"/> Not Present               | <input type="checkbox"/> Not visible                                   |                                          |                                                 |                                          |
| <b>FOUNDATION WALLS</b>                                                     |                                                | <input checked="" type="checkbox"/> Typical cracks                                                                                              |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Material:</b>                                                            | <input type="checkbox"/> ICF                   | <input checked="" type="checkbox"/> Brick                                                                                                       | <input checked="" type="checkbox"/> Concrete block | <input checked="" type="checkbox"/> Stone                              | <input type="checkbox"/> Poured concrete | <input type="checkbox"/> Wood                   | <input type="checkbox"/> Piers & columns |
| <b>Horizontal Cracks:</b>                                                   | <input type="checkbox"/> North                 |                                                                                                                                                 | <input type="checkbox"/> South                     |                                                                        | <input type="checkbox"/> East            | <input type="checkbox"/> West                   |                                          |
| <b>Step Cracks:</b>                                                         | <input type="checkbox"/> North                 |                                                                                                                                                 | <input type="checkbox"/> South                     |                                                                        | <input type="checkbox"/> East            | <input type="checkbox"/> West                   |                                          |
| <b>Vertical Cracks:</b>                                                     | <input type="checkbox"/> North                 |                                                                                                                                                 | <input type="checkbox"/> South                     |                                                                        | <input type="checkbox"/> East            | <input type="checkbox"/> West                   |                                          |
| <b>Covered Walls:</b>                                                       | <input type="checkbox"/> North                 |                                                                                                                                                 | <input type="checkbox"/> South                     |                                                                        | <input type="checkbox"/> East            | <input type="checkbox"/> West                   |                                          |
| <b>Movement Apparent:</b>                                                   | <input type="checkbox"/> North                 |                                                                                                                                                 | <input type="checkbox"/> South                     |                                                                        | <input type="checkbox"/> East            | <input type="checkbox"/> West                   |                                          |
| <b>Indication of Moisture:</b>                                              | <input checked="" type="checkbox"/> Yes        |                                                                                                                                                 | <input type="checkbox"/> No                        |                                                                        | <input type="checkbox"/> Fresh           | <input checked="" type="checkbox"/> Old stain   |                                          |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                                      | <input type="checkbox"/> Needs Further Evaluation  | <input type="checkbox"/> Needs Repair                                  | <input type="checkbox"/> Monitor         |                                                 |                                          |
|                                                                             | <input type="checkbox"/> <i>DEFECT</i>         | <input type="checkbox"/> <i>Safety Hazard</i>                                                                                                   | <input type="checkbox"/> Not Present               | <input type="checkbox"/> Not visible                                   |                                          |                                                 |                                          |
| <b>FLOOR</b>                                                                |                                                |                                                                                                                                                 |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Material:</b>                                                            | <input checked="" type="checkbox"/> Concrete   |                                                                                                                                                 | <input type="checkbox"/> Dirt/Gravel               |                                                                        | <input type="checkbox"/> Not visible     | <input type="checkbox"/> Typical cracks         |                                          |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                                      | <input type="checkbox"/> Needs Further Evaluation  | <input type="checkbox"/> Needs Repair                                  | <input type="checkbox"/> Monitor         |                                                 |                                          |
|                                                                             | <input type="checkbox"/> <i>DEFECT</i>         | <input type="checkbox"/> <i>Safety Hazard</i>                                                                                                   | <input type="checkbox"/> Not Present               | <input type="checkbox"/> Not visible                                   |                                          |                                                 |                                          |
| <b>DRAINAGE</b>                                                             |                                                |                                                                                                                                                 |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Sump Pump:</b>                                                           | <input type="checkbox"/> Yes                   | <input checked="" type="checkbox"/> No                                                                                                          | <input type="checkbox"/> Working                   | <input type="checkbox"/> Not working                                   | <input type="checkbox"/> Needs cleaning  | <input type="checkbox"/> <i>Pump not tested</i> |                                          |
| <b>Floor Drains:</b>                                                        | <input type="checkbox"/> Yes                   | <input checked="" type="checkbox"/> Not visible                                                                                                 |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                                      | <input type="checkbox"/> Needs Further Evaluation  | <input type="checkbox"/> Needs Repair                                  | <input type="checkbox"/> Monitor         |                                                 |                                          |
|                                                                             | <input type="checkbox"/> <i>DEFECT</i>         | <input type="checkbox"/> <i>Safety Hazard</i>                                                                                                   | <input type="checkbox"/> Not Present               | <input type="checkbox"/> Not visible                                   |                                          |                                                 |                                          |
| <b>GIRDERS / BEAMS</b>                                                      |                                                | <input type="checkbox"/> <i>Wood rot / damage</i> <input type="checkbox"/> Stained/rusted                                                       |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Material:</b>                                                            | <input checked="" type="checkbox"/> Wood       | <input type="checkbox"/> Steel                                                                                                                  | <input type="checkbox"/> Concrete                  | <input type="checkbox"/> Block                                         | <input type="checkbox"/> LVL             | <input type="checkbox"/> Bearing Wall           |                                          |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                                      | <input type="checkbox"/> Needs Further Evaluation  | <input type="checkbox"/> Needs Repair                                  | <input type="checkbox"/> Monitor         |                                                 |                                          |
|                                                                             | <input type="checkbox"/> <i>DEFECT</i>         | <input type="checkbox"/> <i>Safety Hazard</i>                                                                                                   | <input type="checkbox"/> Not Present               | <input type="checkbox"/> Not visible                                   |                                          |                                                 |                                          |
| <b>COLUMNS</b>                                                              |                                                | <input type="checkbox"/> <i>Wood rot / damage</i> <input type="checkbox"/> Stained/rusted                                                       |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Material:</b>                                                            | <input checked="" type="checkbox"/> Wood       | <input type="checkbox"/> Steel                                                                                                                  | <input type="checkbox"/> Concrete                  | <input type="checkbox"/> Block                                         | <input type="checkbox"/> Bearing Wall    |                                                 |                                          |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                                      | <input type="checkbox"/> Needs Further Evaluation  | <input type="checkbox"/> Needs Repair                                  | <input type="checkbox"/> Monitor         |                                                 |                                          |
|                                                                             | <input type="checkbox"/> <i>DEFECT</i>         | <input type="checkbox"/> <i>Safety Hazard</i>                                                                                                   | <input type="checkbox"/> Not Present               | <input type="checkbox"/> Not visible                                   |                                          |                                                 |                                          |
| <b>JOISTS</b>                                                               |                                                | <input type="checkbox"/> <i>Wood rot / damage</i> <input type="checkbox"/> Stained/rusted <input type="checkbox"/> <i>Sagging/alterd joists</i> |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Material:</b>                                                            | <input checked="" type="checkbox"/> Wood       | <input type="checkbox"/> Steel                                                                                                                  | <input type="checkbox"/> Truss                     | <input type="checkbox"/> Engineered I-Type                             | <input type="checkbox"/> 2x6-8           | <input checked="" type="checkbox"/> 2x10        | <input type="checkbox"/> 2x12            |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                                      | <input type="checkbox"/> Needs Further Evaluation  | <input type="checkbox"/> Needs Repair                                  | <input type="checkbox"/> Monitor         |                                                 |                                          |
|                                                                             | <input type="checkbox"/> <i>DEFECT</i>         | <input type="checkbox"/> <i>Safety Hazard</i>                                                                                                   | <input type="checkbox"/> Not Present               | <input type="checkbox"/> Not visible                                   |                                          |                                                 |                                          |
| <b>SUB FLOOR</b>                                                            |                                                | <input type="checkbox"/> <i>Wood rot / damage</i> <input type="checkbox"/> Indication of moisture stains/rotting                                |                                                    |                                                                        |                                          |                                                 |                                          |
| ** Areas around shower stalls, etc., as viewed from basement or crawl space |                                                |                                                                                                                                                 |                                                    |                                                                        |                                          |                                                 |                                          |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional | <input type="checkbox"/> Needs Maintenance                                                                                                      | <input type="checkbox"/> Needs Further Evaluation  | <input type="checkbox"/> Needs Repair                                  | <input type="checkbox"/> Monitor         |                                                 |                                          |
|                                                                             | <input type="checkbox"/> <i>DEFECT</i>         | <input type="checkbox"/> <i>Safety Hazard</i>                                                                                                   | <input type="checkbox"/> Not Present               | <input type="checkbox"/> Not visible                                   |                                          |                                                 |                                          |

**GENERAL COMMENTS**

Foundation is over 100 years old: monitor for cracks, movement, & moisture penetration, take corrective action if needed

Basement lights were inoperable



\*Only the readily visible portions of the foundation and structure were observed. Foundation surfaces hidden behind finishes cannot be observed by the inspector. Defects may be present at hidden foundation areas that could allow water infiltration or may have been caused by structural movement. Some foundation cracking is typical of settlement and shrinkage and does not usually indicate a structural deficiency. Every crack or opening in the foundation wall (or floor) is a potential source for moisture entry. We strongly recommend that the client make an inquiry with the current owner as to whether there has ever been any moisture, seepage or flooding into the house or foundation.



## CRAWL SPACE

|                                                                             |                                                                                |                                                                |                                                                      |                                                                                                         |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>CRAWL SPACE</b>                                                          | <input type="checkbox"/> Full crawlspace                                       |                                                                | <input checked="" type="checkbox"/> Combination basement/crawl space |                                                                                                         |
| Conditioned (heated/cooled):                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |                                                                |                                                                      |                                                                                                         |
| <b>ACCESS</b>                                                               | <input type="checkbox"/> Exterior                                              | <input type="checkbox"/> Interior hatch/door                   | <input checked="" type="checkbox"/> Via basement                     | <input type="checkbox"/> No Access                                                                      |
| <b>Inspected from:</b>                                                      | <input checked="" type="checkbox"/> Access panel                               | <input type="checkbox"/> In the crawl space                    |                                                                      |                                                                                                         |
| <b>FOUNDATION WALLS</b>                                                     | <input checked="" type="checkbox"/> Typical cracks                             |                                                                |                                                                      |                                                                                                         |
| <b>Material:</b>                                                            | <input type="checkbox"/> ICF                                                   | <input type="checkbox"/> Brick                                 | <input checked="" type="checkbox"/> Concrete block                   | <input checked="" type="checkbox"/> Stone                                                               |
|                                                                             | <input type="checkbox"/> Poured concrete                                       |                                                                | <input type="checkbox"/> Wood                                        | <input type="checkbox"/> Piers & columns                                                                |
| <b>Horizontal Cracks:</b>                                                   | <input type="checkbox"/> North                                                 | <input type="checkbox"/> South                                 | <input type="checkbox"/> East                                        | <input type="checkbox"/> West                                                                           |
| <b>Step Cracks:</b>                                                         | <input type="checkbox"/> North                                                 | <input type="checkbox"/> South                                 | <input type="checkbox"/> East                                        | <input type="checkbox"/> West                                                                           |
| <b>Vertical Cracks:</b>                                                     | <input type="checkbox"/> North                                                 | <input type="checkbox"/> South                                 | <input type="checkbox"/> East                                        | <input type="checkbox"/> West                                                                           |
| <b>Covered Walls:</b>                                                       | <input type="checkbox"/> North                                                 | <input type="checkbox"/> South                                 | <input type="checkbox"/> East                                        | <input type="checkbox"/> West                                                                           |
| <b>Movement Apparent:</b>                                                   | <input type="checkbox"/> North                                                 | <input type="checkbox"/> South                                 | <input type="checkbox"/> East                                        | <input type="checkbox"/> West                                                                           |
| <b>Indication of Moisture:</b>                                              | <input type="checkbox"/> Yes                                                   | <input checked="" type="checkbox"/> No                         | <input type="checkbox"/> Fresh                                       | <input type="checkbox"/> Old stain                                                                      |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional                                 | <input type="checkbox"/> Needs Maintenance                     | <input type="checkbox"/> Needs Further Evaluation                    | <input type="checkbox"/> Needs Repair                                                                   |
|                                                                             | <input type="checkbox"/> DEFECT                                                | <input type="checkbox"/> Safety Hazard                         | <input type="checkbox"/> Not Present                                 | <input type="checkbox"/> Monitor                                                                        |
| <b>FLOOR</b>                                                                | <input type="checkbox"/> Concrete                                              | <input type="checkbox"/> Gravel                                | <input checked="" type="checkbox"/> Dirt                             | <input type="checkbox"/> Typical cracks                                                                 |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional                                 | <input type="checkbox"/> Needs Maintenance                     | <input type="checkbox"/> Needs Further Evaluation                    | <input type="checkbox"/> Needs Repair                                                                   |
|                                                                             | <input type="checkbox"/> DEFECT                                                | <input type="checkbox"/> Safety Hazard                         | <input type="checkbox"/> Not Present                                 | <input type="checkbox"/> Monitor                                                                        |
| <b>DRAINAGE</b>                                                             | Sump pump: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                |                                                                      |                                                                                                         |
| Standing Water:                                                             | <input type="checkbox"/> Yes                                                   | <input checked="" type="checkbox"/> No                         | <input type="checkbox"/> Not visible                                 | <b>Evidence of moisture damage:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional                                 | <input type="checkbox"/> Needs Maintenance                     | <input type="checkbox"/> Needs Further Evaluation                    | <input type="checkbox"/> Needs Repair                                                                   |
|                                                                             | <input type="checkbox"/> DEFECT                                                | <input type="checkbox"/> Safety Hazard                         | <input type="checkbox"/> Not Present                                 | <input type="checkbox"/> Monitor                                                                        |
| <b>VENTILATION</b>                                                          | <input type="checkbox"/> Wall vents                                            | <input type="checkbox"/> Power vents                           | <input checked="" type="checkbox"/> None apparent                    |                                                                                                         |
| <b>GIRDERS / BEAMS / COLUMNS</b>                                            | <input type="checkbox"/> Steel                                                 | <input checked="" type="checkbox"/> Wood                       | <input checked="" type="checkbox"/> Masonry                          | <input type="checkbox"/> Wood rot                                                                       |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional                                 | <input type="checkbox"/> Needs Maintenance                     | <input type="checkbox"/> Needs Further Evaluation                    | <input type="checkbox"/> Needs Repair                                                                   |
|                                                                             | <input type="checkbox"/> DEFECT                                                | <input type="checkbox"/> Safety Hazard                         | <input type="checkbox"/> Not Present                                 | <input type="checkbox"/> Monitor                                                                        |
| <b>JOISTS</b>                                                               | <b>Material:</b>                                                               | <input checked="" type="checkbox"/> Wood                       | <input type="checkbox"/> Steel                                       | <input type="checkbox"/> Truss                                                                          |
|                                                                             | <input type="checkbox"/> 2x8                                                   | <input checked="" type="checkbox"/> 2x10                       | <input type="checkbox"/> 2x12                                        | <input type="checkbox"/> Engineered I-Type                                                              |
|                                                                             | <input type="checkbox"/> Wood rot                                              |                                                                | <input checked="" type="checkbox"/> Not visible                      |                                                                                                         |
|                                                                             | <input type="checkbox"/> Sagging/altered joists                                |                                                                |                                                                      |                                                                                                         |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional                                 | <input type="checkbox"/> Needs Maintenance                     | <input type="checkbox"/> Needs Further Evaluation                    | <input type="checkbox"/> Needs Repair                                                                   |
|                                                                             | <input type="checkbox"/> DEFECT                                                | <input type="checkbox"/> Safety Hazard                         | <input type="checkbox"/> Not Present                                 | <input type="checkbox"/> Monitor                                                                        |
| <b>SUB FLOOR</b>                                                            | <input type="checkbox"/> Wood rot / damage                                     | <input type="checkbox"/> Indication of moisture stains/rotting |                                                                      |                                                                                                         |
| ** Areas around shower stalls, etc., as viewed from basement or crawl space |                                                                                |                                                                |                                                                      |                                                                                                         |
| <b>Condition:</b>                                                           | <input checked="" type="checkbox"/> Functional                                 | <input type="checkbox"/> Needs Maintenance                     | <input type="checkbox"/> Needs Further Evaluation                    | <input type="checkbox"/> Needs Repair                                                                   |
|                                                                             | <input type="checkbox"/> DEFECT                                                | <input type="checkbox"/> Safety Hazard                         | <input type="checkbox"/> Not Present                                 | <input type="checkbox"/> Monitor                                                                        |
| <b>INSULATION</b>                                                           | <input checked="" type="checkbox"/> None                                       | <b>Type:</b>                                                   | <input checked="" type="checkbox"/> Recommend adding                 | <b>Location:</b> <input type="checkbox"/> Walls <input type="checkbox"/> Between floor joists           |
| <b>Condition:</b>                                                           | <input type="checkbox"/> Functional                                            | <input type="checkbox"/> Needs Maintenance                     | <input type="checkbox"/> Needs Further Evaluation                    | <input type="checkbox"/> Needs Repair                                                                   |
|                                                                             | <input type="checkbox"/> DEFECT                                                | <input type="checkbox"/> Safety Hazard                         | <input checked="" type="checkbox"/> Not Present                      | <input type="checkbox"/> Monitor                                                                        |
| <b>VAPOR BARRIER</b>                                                        | <input type="checkbox"/> Yes                                                   | <input checked="" type="checkbox"/> No                         | <input type="checkbox"/> Recommend adding                            | <input type="checkbox"/> Kraft/foil face <input type="checkbox"/> Plastic                               |
| <b>Condition:</b>                                                           | <input type="checkbox"/> Functional                                            | <input type="checkbox"/> Needs Maintenance                     | <input type="checkbox"/> Needs Further Evaluation                    | <input type="checkbox"/> Needs Repair                                                                   |
|                                                                             | <input type="checkbox"/> DEFECT                                                | <input type="checkbox"/> Safety Hazard                         | <input checked="" type="checkbox"/> Not Present                      | <input type="checkbox"/> Monitor                                                                        |

## GENERAL COMMENTS

Foundation is over 100 years old: monitor for cracks, movement, & moisture penetration, take corrective action if needed



\*Only the readily visible portions of the foundation and structure were observed. Foundation surfaces hidden behind finishes cannot be observed by the inspector. Defects may be present at hidden foundation areas that could allow water infiltration or may have been caused by structural movement. Some foundation cracking is typical of settlement and shrinkage and does not usually indicate a structural deficiency. Every crack or opening in the foundation wall (or floor) is a potential source for moisture entry. We strongly recommend that the client make an inquiry with the current owner as to whether there has ever been any moisture, seepage or flooding into the house or foundation.



|                                           |                                                                                                                                                                                                                    |                                                                                                          |                                                                                                  |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>WATER SERVICE</b>                      |                                                                                                                                                                                                                    | <b>Main Water Shut-off Location:</b> Basement                                                            |                                                                                                  |
| <b>Water Entry Piping:</b>                | <input type="checkbox"/> Not visible <input checked="" type="checkbox"/> Copper/Galv.                                                                                                                              | <input type="checkbox"/> Plastic* (PVC, CPVC, Polybutylene, PEX) <input type="checkbox"/> Lead           |                                                                                                  |
| <b>Lead Other Than Solder Joints:</b>     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                | <input type="checkbox"/> Unknown <input type="checkbox"/> Service entry                                  |                                                                                                  |
| <b>Visible Water Distribution Piping:</b> | <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> Galvanized                                                                                                                          | <input checked="" type="checkbox"/> Plastic* (PVC, CPVC, Polybutylene, PEX)                              |                                                                                                  |
| <b>Functional Drainage:</b>               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                | <b>Functional Flow:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="checkbox"/> Water pressure over 80 psi                                              |
| <b>Pipes, Supply/Drain:</b>               | <input type="checkbox"/> Corroded <input type="checkbox"/> Leaking                                                                                                                                                 | <input type="checkbox"/> Valves broken/missing <input type="checkbox"/> Dissimilar metal                 |                                                                                                  |
| <b>Drain/Waste/Vent Pipe:</b>             | <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Cast iron                                                                                                                                      | <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS |                                                                                                  |
| <b>Cross connection:</b>                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                | <b>Insulation:</b> <input checked="" type="checkbox"/> N/A Type:                                         |                                                                                                  |
| <b>Support / Hangers – Appear Proper:</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                |                                                                                                          |                                                                                                  |
| <b>Traps Proper:</b>                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                | (P-traps are recommended)                                                                                |                                                                                                  |
| <b>Condition:</b>                         | <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor |                                                                                                          |                                                                                                  |
|                                           | <input type="checkbox"/> DEFECT <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                   |                                                                                                          |                                                                                                  |
| <b>MAIN FUEL SHUT-OFF LOCATION</b>        |                                                                                                                                                                                                                    | Basement                                                                                                 |                                                                                                  |
| <b>Interior Fuel Storage System:</b>      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                |                                                                                                          |                                                                                                  |
| <b>Gas Line:</b>                          | <input type="checkbox"/> Copper <input type="checkbox"/> Brass <input checked="" type="checkbox"/> Black iron <input type="checkbox"/> Stainless steel <input checked="" type="checkbox"/> CSST                    |                                                                                                          |                                                                                                  |
| <b>Support / Hangers – Appear Proper:</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                |                                                                                                          |                                                                                                  |
| <b>(Yellow) CSST Gas Line Present:</b>    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                | <b>Bonded / Grounded:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not visible   | <b>(Black) CSST Gastite:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>Condition:</b>                         | <input type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor            |                                                                                                          |                                                                                                  |
|                                           | <input checked="" type="checkbox"/> DEFECT <input checked="" type="checkbox"/> Safety Hazard <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                             |                                                                                                          |                                                                                                  |
| <b>WELL PUMP</b>                          | <input checked="" type="checkbox"/> N/A                                                                                                                                                                            |                                                                                                          |                                                                                                  |
| <b>SANITARY / GRINDER PUMP</b>            | <input checked="" type="checkbox"/> N/A                                                                                                                                                                            |                                                                                                          |                                                                                                  |

|                                                                                                                                                                                                                                      |                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>WATER HEATER</b>                                                                                                                                                                                                                  |                                                                                                                                                                         |
| <b>Brand name:</b> Bradford White                                                                                                                                                                                                    | <b>Model #:</b> RE350T6                                                                                                                                                 |
| <b>Type:</b> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil                                                                                                                  | <b>Serial #:</b> PA38883374                                                                                                                                             |
| <b>Capacity:</b> 50 gal.                                                                                                                                                                                                             | <b>MFR. Date:</b> 1/2017                                                                                                                                                |
| <b>Relief Valve:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                             | <b>Combustion Air Venting Present:</b> <input checked="" type="checkbox"/> N/A                                                                                          |
| <b>Vent Pipe:</b> <input checked="" type="checkbox"/> N/A                                                                                                                                                                            | <b>Extension proper:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing <input type="checkbox"/> Recommend repair |
| <b>Condition:</b> <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor |                                                                                                                                                                         |
| <input type="checkbox"/> DEFECT <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                     |                                                                                                                                                                         |
| <b>WATER SOFTENER/ WATER TREATMENT</b>                                                                                                                                                                                               |                                                                                                                                                                         |
| <b>Softener Present:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                         | <b>Loop Installed:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                              |
| <b>Plumbing Hooked Up:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                       | <b>Drain Air Gap:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                               |
| <b>Condition:</b> <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor |                                                                                                                                                                         |
| <input type="checkbox"/> DEFECT <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                                     |                                                                                                                                                                         |

\*Water sampling and testing is not included in the home inspection and water softeners, R/O systems, water filters, or other water treatment systems are not tested. We strongly recommend that any water softener, R/O system, water filters, or other water treatment systems be inspected and tested by a qualified plumbing or water treatment contractor and that the client make an inquiry with the current owner as to the condition of any water softener, R/O system, water filters, or other water treatment systems.

\*Water Softeners that regenerate (flush salt through the system) every few days, regardless of how much water a household has used are known as Time Clock softeners. This type of softener is recognized as inefficient by the state plumbing code; all new softeners installed after 2000 are required to be Demand-Initiated. New softeners should be rated to achieve an efficiency of at least 4000 grains per pound and should be installed with settings configured to meet this efficiency. Other water conditioning devices or salt-free water treatment devices should be approved for use in residential applications.

#### GENERAL COMMENTS

Water heater is 9 years old

\*Yellow CSST gas line has no visible bonding or grounding, recommend further evaluation by a Qualified HVAC or Plumbing Contractor to ensure CSST gas line is installed according to the manufacturer's specifications.



\*The condition of underground drainage and waste piping cannot be determined by this inspection. We strongly recommend that the client make an inquiry with the current owner as to the condition of underground drainage and waste piping and if there is any history of sewer back-ups into the house.



## HEATING SYSTEM

## HEATING SYSTEM

Location: BasementBrand Name: LennoxApproximate age: 16 year(s)

MFR. Date = 2010

Model #: G61MP-36B-071-09Serial #: 5910C17178**Energy Source:** ☒ Natural Gas or LP☐ Oil☐ Electric☐ Solid Fuel**Warm Air System:** ☐ Belt drive☒ Direct drive☐ Gravity☒ Central system☐ Floor/Wall unit**Heat Exchanger:** ☒ N/A (sealed)☐ Visual w/mirror☐ **Flame distortion**☐ **Rusted**☐ **Carbon/soot buildup****Combustion Air Venting Present:** ☒ Yes☐ No**Controls:**Disconnect: ☒ Yes☐ No☒ Normal operating and safety controls observed**Distribution:**☒ Metal duct☐ Insulated flex duct☒ Cold air returns☐ Duct board☐ **Asbestos-like wrap****Flue Piping:**☐ N/A☐ Rusted☐ Improper slope☐ **Safety hazard****Filter:**☒ Standard☐ Electrostatic☐ Needs cleaning/replacement☐ Missing**When Turned On By Thermostat:**☒ Fired☐ Did not fire

Proper Operation:

☒ Yes☐ No☐ Not tested**Heat Pump:** ☒ N/A**Sub-Slab ducts:** ☒ N/A**Temp. @ Register = 101 degrees****Condition:** ☒ Functional☐ Needs Maintenance☐ Needs Further Evaluation☐ Needs Repair☐ Monitor☐ **DEFECT**☐ **Safety Hazard**☐ Not Present☐ Not visible☐ Not tested

## BOILER SYSTEM

☒ N/A

## GARAGE HEAT

☒ N/A

## OTHER SYSTEMS

☒ N/A

## GENERAL COMMENTS

Furnace is 16 years old



\*Proper operation of all units should be verified before closing. A conclusive evaluation of a furnace heat exchanger or a boiler combustion chamber requires dismantling of the unit, including burner removal, and is therefore, beyond the scope of this inspection. We do not report on, nor can we be held responsible for, these items.

## ELECTRIC/COOLING SYSTEM

|                                                                                                                                                                                                                               |                                                                                                                                                                                                             |                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>MAIN PANEL</b>                                                                                                                                                                                                             | Location: <b>Rear entry</b>                                                                                                                                                                                 | Adequate Clearance To Panel: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> |  |
| Amperage: <b>Unknown</b> (Volts 120/240)                                                                                                                                                                                      | <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses                                                                                                                                            | <input checked="" type="checkbox"/> Not visible                                                         |  |
| Appears Grounded: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                    | <input checked="" type="checkbox"/> Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                      | <input type="checkbox"/> Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No             |  |
| GFCI Breaker: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                        | <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Not visible                                                                                           | <input type="checkbox"/> Double tapping of the main wire                                                |  |
| AFCI Breaker: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                        |                                                                                                                                                                                                             |                                                                                                         |  |
| MAIN WIRE:                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                                                                         |  |
| <input type="checkbox"/> Federal Pacific Panel Stab Lok® or Zinsco® Panel (See remarks)*                                                                                                                                      |                                                                                                                                                                                                             |                                                                                                         |  |
| BRANCH WIRE:                                                                                                                                                                                                                  | <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum* <input type="checkbox"/> Romex <input type="checkbox"/> BX cable <input type="checkbox"/> Conduit <input type="checkbox"/> Knob & tube** |                                                                                                         |  |
| <input type="checkbox"/> Double tapping                                                                                                                                                                                       | <input type="checkbox"/> Wires undersized/oversized breaker/fuse <input type="checkbox"/> Not visible                                                                                                       |                                                                                                         |  |
| <input type="checkbox"/> Open Fuse Sockets or Breaker Slots                                                                                                                                                                   | Panel / Circuits Labeled: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |                                                                                                         |  |
| Condition: <input type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor            |                                                                                                                                                                                                             |                                                                                                         |  |
| <input checked="" type="checkbox"/> <b>DEFECT</b> <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Not Present <input checked="" type="checkbox"/> Panel not accessible <input type="checkbox"/> Not evaluated |                                                                                                                                                                                                             |                                                                                                         |  |
| <b>SUB PANEL</b>                                                                                                                                                                                                              | <input checked="" type="checkbox"/> None apparent                                                                                                                                                           |                                                                                                         |  |

|                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                               |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ELECTRICAL FIXTURES</b>                                                                                                                                                                                                    | A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be / have: |                                                               |                                                                                           |
| <input type="checkbox"/> Open grounds                                                                                                                                                                                         | <input type="checkbox"/> Reverse polarity                                                                                                                                  | <input checked="" type="checkbox"/> Inoperable / dead outlets | <input type="checkbox"/> Inoperable fixtures <input type="checkbox"/> Uncovered / exposed |
| <input type="checkbox"/> GFCIs not operating                                                                                                                                                                                  | <input type="checkbox"/> Solid conductor aluminum branch wiring circuits*                                                                                                  | <input type="checkbox"/> Extension cord / handyman wiring     |                                                                                           |
| <input checked="" type="checkbox"/> Two Prong Outlets                                                                                                                                                                         | <input type="checkbox"/> Ungrounded 3-prong receptacles                                                                                                                    |                                                               |                                                                                           |
| Condition: <input type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input checked="" type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor |                                                                                                                                                                            |                                                               |                                                                                           |
| <input type="checkbox"/> DEFECT <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible                                                                              |                                                                                                                                                                            |                                                               |                                                                                           |

|                                                                                                                                                                                                                               |                                                                                                                                                             |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>AC UNIT</b>                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Central system <input type="checkbox"/> Wall Unit                                                                       | Location: <b>Basement/Furnace</b> |
| Unit Type:                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Air cooled <input type="checkbox"/> Water cooled <input type="checkbox"/> Geothermal <input type="checkbox"/> Heat pump |                                   |
| Evaporator Coil:                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Not visible <input type="checkbox"/> Needs cleaning <input type="checkbox"/> Damaged                                    |                                   |
| Refrigerant lines:                                                                                                                                                                                                            | <input type="checkbox"/> Leak <input type="checkbox"/> Damage <input type="checkbox"/> Insulation missing                                                   |                                   |
| Condensate Line/Drain:                                                                                                                                                                                                        | <input type="checkbox"/> To exterior <input checked="" type="checkbox"/> To pump <input type="checkbox"/> Floor drain                                       |                                   |
| Operation:                                                                                                                                                                                                                    | Differential <b>19 °F</b>                                                                                                                                   |                                   |
| Difference in temperature (split) should be 14-24° F (conventional), 40-50° F (mini-splits), 20-30° F (Hi-Velocity)                                                                                                           |                                                                                                                                                             |                                   |
| Condition: <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> Needs Further Evaluation <input type="checkbox"/> Needs Repair <input type="checkbox"/> Monitor |                                                                                                                                                             |                                   |
| <input type="checkbox"/> DEFECT <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Not Present <input type="checkbox"/> Not visible <input type="checkbox"/> Not tested                                          |                                                                                                                                                             |                                   |

### GENERAL COMMENTS

Main panel is not accessible – covered and not inspected  
 Garage has an inoperable outlet and older 2 prong outlets



\*Only the readily visible portions of the electrical systems were observed. If Federal Pacific or Zinsco panels are present it should be understood that these panels have been known to have a poor safety record and it is recommended that they be replaced by a Licensed Electrician. All electrical panels and circuits should be labeled and all open fuse sockets, breaker slots, or other electrical boxes should have proper covers installed, if open electrical panels are present they constitute a safety / shock hazard. We strongly recommend that the client have any and all electrical deficiencies or hazards evaluated and corrected by a Licensed Electrician.



## DEFECTS & POTENTIAL SAFETY HAZARDS

*"Defect means a condition of any component or an improvement that a home inspector determines, on the basis of the home inspector's judgement on the day of the inspection, would significantly impair the health or safety of the occupants of a property or that, if not repaired, removed, or replaced, would significantly shorten or adversely affect the expected normal life of the component or improvement."*

- *Note - This definition of a defect used by Home Inspectors differs from the definition of defect in the contract of sale. The contract of sale may include a condition that would have a significant adverse effect on the value of the property, but such a condition may not be labeled as a defect in the report unless it meets the definition in section 440.97 (2m) WI Stats.*
- *Note - A Home Inspector may not report on the market value or marketability of a property or whether a property should or should not be purchased*

**Siding with wood rot / damage**

**Missing fire wall separation between home and garage**

**Inaccessible electrical panel**

**Missing Smoke & CO Detectors**

**Bathroom exhaust fan discharges into attic**

**No visible bonding or grounding of the yellow CSST gas line**

## MAINTENANCE, REPAIRS, OR ITEMS NEEDING FURTHER EVALUATION (other than items listed as defects)

**Inoperable hose bib, 2<sup>nd</sup> floor toilet, and 2<sup>nd</sup> floor bathroom sink**

**Inoperable electrical outlets, lights, and kitchen exhaust fan**

**Missing GFCI protection in garage, kitchen, and bathroom outlets**

**Wood Window trim needs paint**

**Concrete Driveway and Walkway have typical cracks – fill and seal as needed**

## ITEMS TO MONITOR / DEFERRED COST ITEMS

- *Items to Monitor: Currently functioning but age or condition indicates that limited remaining life may be expected. Client is advised to budget for replacement, upgrading, or repairs*
- *Deferred Cost Items: Item(s) that are showing wear or aging or Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.*

**Stone foundation (over 100 years old)**

**Roof covering is 10-15 years old**

**Furnace is 16 years old**

**AC is 31 years old**

\* Summary pages are provided for convenience and is not a substitute for reading the entire report. Reading the summary pages should not be relied upon as a complete list for the customer's reference. Items listed in this report may inadvertently have been left off the summary pages. Customer should read the entire report, including the Remarks.

\* The report is intended only as a general guide to help the client make their own evaluation of the condition of the home, and is not intended to reflect the value, market value, or the advisability of purchase.

\* **For Reference:** Grounds page 7, Roof page 8, Exterior page 9, Garage page 10, Kitchen page 11, Laundry page 11, Bathrooms pages 12-13, Rooms pages 14-16, Interior page 17, Basement page 18, Crawl Space page 19, Plumbing page 20, Heating page 21, and Electrical and Cooling page 22.



## **Recommendations for Repairs, Maintenance, & Further Evaluation**

- Have a Licensed Electrician evaluate and repair or replace any inoperable outlets or lights, add GFCI protection to the garage, kitchen, and bathroom outlets, remove the garage extension cord wiring and replace with a dedicated outlet, replace the kitchen exhaust fan, replace / upgrade any remaining older 2 prong outlets, add / replace the smoke and CO detectors on each level of the home, make access to the main panel and inspect the panel, and ensure the CSST gas line is properly grounded / bonded according to the manufacturer's specifications
- Have a Licensed Plumber evaluate and repair or replace the 2<sup>nd</sup> floor bathroom toilet, sink, and exterior hose bib
- Have a Qualified HVAC Contractor clean and service the AC and Furnace due to the age of the units and extend the bathroom exhaust fan discharge from the attic to the exterior of the home
- Have a Qualified Roofing Contractor evaluate and repair or replace the damaged ridge shingle and clean tree the debris off of the roof
- Have a Qualified General Contractor evaluate and replace any damaged siding, cover the front porch OSB sheathing with an exterior rated material, paint the exterior wood window trim, fill and seal cracks in the driveway and walkways as needed, add fire code sheetrock to the wall between the home and garage, and replace the door between the home and garage with a fire rated door
- Consider adding gutters to all of the home eaves
- Have a Professional Tree Service trim back or remove the trees that overhang the roof

\* For Reference: **Grounds** page 7, **Roof** page 8, **Exterior** page 9, **Garage** page 10, **Kitchen** page 11, **Laundry** page 11, **Bathrooms** pages 12-13, **Rooms** pages 14-16, **Interior** page 17, **Basement** page 18, **Crawl Space** page 19, **Plumbing** page 20, **Heating** page 21, and **Electrical and Cooling** page 22.



## Maintenance & Monitoring

**(Grounds: page 8)**

### SERVICE WALKS/DRIVEWAYS

Spalling concrete cannot be patched with concrete because the new will not bond with the old. Water will freeze between the two layers, or the concrete will break up from movement or wear. Replacement of the damaged section is recommended. Walks or driveways that are close to the property should be properly pitched away to direct water away from the foundation. Asphalt driveways should be kept sealed and larger cracks filled so as to prevent damage from frost.

### PATIOS

that have settled towards the structure should be mudjacked or replaced to assure proper pitch. Improperly pitched patios are one source of wet basements/crawlspaces.

All surfaces of untreated wood need regular applications of paint or special chemicals to resist damage. Porch or deck columns and fence posts which are buried in the ground and made of untreated wood will become damaged within a year or two.

Decks should always be nailed with galvanized, stainless steel or aluminum nails. Decks that are not painted or stained should be treated with a water sealer.

### GRADING AND DRAINAGE

Any system of grading or landscaping that creates positive drainage (moving water away from the foundation walls) will help to keep a basement and crawlspace dry. Where negative grade exists and additional backfill is suggested, it may require digging out around the property to get a proper pitch. Dirt shall be approximately 6" below the bottom sill and should not touch wood surfaces.

Flower beds, loose mulched areas, railroad ties and other such landscaping items close to the foundation trap moisture and contribute to wet basements. To establish a positive grade, a proper slope away from the house is 1" per foot for approximately 5-6 feet. Recommend ground cover planting or grass up to foundation.

### ROOF AND SURFACE WATER CONTROL

Roof and surface water must be controlled to maintain a dry basement and crawlspace. This means keeping gutters cleaned out and aligned, extending downspouts, installing splashblocks, and building up the grade so that roof and surface water is diverted away from the building.

### WINDOW WELLS

The amount of water which enters a window well from falling rain is generally slight, but water will accumulate in window wells if the yard is improperly graded. Plastic window well covers are useful in keeping out leaves and debris.

### RETAINING WALLS

Retaining walls deteriorate because of excessive pressure buildup behind them, generally due to water accumulation. Conditions can often be improved by excavating a trench behind the retaining wall and filling it with coarse gravel. Drain holes through the wall will then be able to relieve the water pressure.

Retaining walls sometime suffer from tree root pressure or from general movement of topsoil down the slope. Normally, these conditions require rebuilding the retaining wall.

### RAILINGS

It is recommended that railings be installed for any stairway over 3 steps and porches over 30" for safety reasons. Balusters for porches, balconies, and stairs should be close enough to assure children cannot squeeze through.



## Maintenance & Monitoring

### (Roof: page 9)

**Valleys and Flashings** that are covered with shingles and/or tar or any other material are considered not visible and are not part of the inspection.

**Tar and Gravel Roofs** - This type of covering on a pitched roof requires ongoing annual maintenance. We recommend that a roofing contractor evaluate this type of roof. Infra-red photography is best used to determine areas of potential leaks.

Flat roofs are very vulnerable to leaking. It is very important to maintain proper drainage to prevent the ponding of water. We recommend that a roofing contractor evaluate this type of roof.

| ROOF TYPE                                                           | LIFE EXPECTANCY           | SPECIAL REMARKS                                                                                                    |
|---------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------|
| <i>Asphalt Shingles</i>                                             | 15-20 years               | Used on nearly 80% of all residential roofs; requires little maintenance.                                          |
| <i>Asphalt Multi-Thickness Shingles*</i>                            | 20-30 years               | Heavier and more durable than regular asphalt shingles.                                                            |
| <i>Asphalt Interlocking. Shingles*</i>                              | 15-25 years               | Especially good in high-wind areas.                                                                                |
| <i>Asphalt Rolls</i>                                                | 10 years                  | Used on low slope roofs.                                                                                           |
| <i>Built-up Roofing</i>                                             | 10-20 years               | Used on low slope roofs; 2 to 3 times as costly as asphalt shingles.                                               |
| <i>Wood Shingles*</i>                                               | 10-40 years <sub>1</sub>  | Treat with preservative every 5 years to prevent decay.                                                            |
| <i>Clay Tiles*,<br/>Cement Tiles*</i>                               | 20 + years<br>20 + years  | Durable, fireproof, but not watertight, * requiring a good subsurface base.                                        |
| <i>Slate Shingles*</i>                                              | 30-100 years <sub>2</sub> | Extremely durable, but brittle and expensive.                                                                      |
| <i>Asbestos Cement Shingles*</i>                                    | 30-75 years               | Durable, but brittle and difficult to repair.                                                                      |
| <i>Metal Roofing</i>                                                | 15-40 + years             | Comes in sheets & shingles; should be well grounded for protection from lightning; certain metals must be painted. |
| <i>Single Ply</i>                                                   | 15-25 years               | New material; not yet passed test of time.                                                                         |
| <i>Membrane (mfr's claim) Polyurethane with Elastomeric Coating</i> | 5-10 years <sub>1</sub>   | Used on low slope roofs.                                                                                           |

\* Not recommended for use on low slope roof

<sub>1</sub> Depending on local conditions and proper installation

<sub>2</sub> Depending on quality of slate

Roof coverings should be visually checked in the spring and fall for any visible missing shingles, damaged coverings or other defects. Before re-roofing, the underside of the roof structure and roof sheathing should be inspected to determine that the roof structure can support the additional weight of the shingles.

Wood shakes and shingles will vary in aging, due to the quality of the material, installation, maintenance, and surrounding shade trees. Ventilation and drying of the wood material is critical in extending the life expectancy of the wood. Commercial preservatives are available on the market, which could be applied to wood to impede deterioration.



EXTERIOR

## Maintenance & Monitoring

### (Exterior: page 10)

#### CHIMNEYS

Chimneys built of masonry will eventually need tuckpointing. A cracked chimney top that allows water and carbonic acid to get behind the surface brick/stone will accelerate the deterioration. Moisture will also deteriorate the clay flue liner. Periodic chimney cleaning will keep you apprised of the chimney's condition. The flashing around the chimney may need resealing and should be inspected every year or two. Fireplace chimneys should be inspected and evaluated by a chimney professional before using. Chimneys must be adequate height for proper drafting. Spark arrestors are recommended for a wood burning chimney, and chimney caps for fossil fuels. **Unlined Chimney** - should be re-evaluated by a chimney technician. Have flue cleaned and re-evaluated. The flue lining is covered with soot or creosote and no representation can be made as to the condition.

#### NOT EVALUATED

The flue was not evaluated.

#### CRICKET FLASHING

Small, sloped structure made of metal and designed to drain moisture away from a chimney. Usually placed at the back of a chimney.

#### GUTTERS AND DO

This is an extremely important element in basement/crawlspace dampness control. Keep gutters clean and downspout extensions in place (4' or more). Paint the inside of galvanized gutters, which will extend the life. Shortly after a rain or thaw in winter, look for leaks at seams in the gutters. These can be recaulked before they cause damage to fascia or soffit boards. If no gutters exist, it is recommended that they be added.

#### SIDING

Wood siding should not come in contact with the ground. The moisture will cause rotting to take place and can attract carpenter ants. See page 34 for siding that have known problems, but are not always recognizable. Brick and stone veneer must be monitored for loose or missing mortar. Some brick and stone are susceptible to spalling. This can be caused when moisture is trapped and a freeze/thaw situation occurs. There are products on the market that can be used to seal out the moisture. This holds true for brick and stone chimneys also. Metal siding will dent and scratch. Oxidation is a normal reaction in aluminum. There are good cleaners on the market and it is recommended that they be used occasionally. Metal siding can be painted.

**EIFS** This type of siding is a synthetic stucco and has experienced serious problems. It requires a certified EIFS inspector to determine condition.

#### DOORS AND WINDOWS

These can waste an enormous amount of energy. Maintain the caulking around the frames on the exterior. Check for drafts in the winter and improve the worst offenders first. Windows that have leaky storm windows will usually have a lot of sweating. Likewise, well-sealed storms that sweat indicate a leaky window. It is the tighter unit that will sweat (unless the home has excess humidity to begin with).

Wood that exhibits blistering or peeling paint should be examined for possible moisture sources: roof leaks, bad gutters, interior moisture from baths or laundry or from a poorly vented crawl space. Some paint problems have no logical explanation, but many are a symptom of an underlying problem. A freshly painted house may mask these symptoms, but after you have lived in the home for a year or two, look for localized paint blistering (peeling). It may be a clue.

New glazing will last longer if the raw wood is treated with boiled linseed oil prior to glazing. It prevents the wood from drawing the moisture out of the new glazing.

#### CAULKING

Many different types of caulk are available on the market today. Check with a paint or hardware store for the kind of application you need.

***GARAGE/CARPORT*****Maintenance & Monitoring****(Garage: page 11)****OVERHEAD DOOR OPENERS**

We recommend that a separate electrical outlet be provided. Openers that do not have a **safety reverse** are considered a safety hazard. Small children and pets are especially vulnerable. We recommend the operating switches be set high enough so children cannot reach them. If a electric sensor is present, it should be tested occasionally to ensure it is working.

**GARAGE SILL PLATES** should be elevated or treated lumber should be used. If this is not the case, try to direct water away to prevent rotting.

**BURNERS**

Any appliance such as a water heater, furnace, etc. should have the flame a minimum of 18" above the floor. Any open flame less



## Maintenance & Monitoring

**(Interior: pages 12-18)**

### PLASTER ON WOOD LATH

Plaster on wood lath is an old technique and is no longer in general use. Wood lath shrinks with time and the nails rust and loosen. As a result, the plaster may become fragile and caution is needed in working with this type of plastering system. Sagging ceilings are best repaired by laminating drywall over the existing plaster and screwing it to the ceiling joists.

### PLASTER ON GYPSUM LATH (ROCK LATH)

Plaster on gypsum lath will sometimes show the seams of the 16" wide gypsum lath, but this does not indicate a structural fault. The scalloping appearance can be leveled with drywall joint compound and fiberglass mesh joint tape or drywall can be laminated over the existing plaster on the ceiling.

### WOOD FLOORING

Always attempt to clean wood floors first before making the decision to refinish the floor. Wax removers and other mild stripping agents plus a good waxing and buffing will usually produce satisfactory results. Mild bleaching agents help remove deep stains. Sanding removes some of the wood in the floor and can usually be done safely only once or twice in the life of the floor.

### NAIL POPS

Drywall nail pops are due to normal expansion and contraction of the wood members to which the drywall is nailed and are usually of no structural significance.

### CARPETING

Where carpeting has been installed, the materials and condition of the floor underneath cannot be determined.

**APPLIANCES** (If report indicated appliances were operated, the following applies) Dishwashers are tested to see if the motor operates and water sprays properly. Stoves are tested to see that burners are working and oven and broiler get hot. Timer and controls are not tested. Refrigerators are not tested. Most new Dishwashers have the drain line looped automatically and may not be visible on the day of inspection. It is essential for the dishwasher drain line to have an anti-siphon break to prevent backflow. A drain line loop or Dishwasher air gap should be installed if found to be missing. No representation is made to continued life expectancy of any appliance.

### ASBESTOS AND OTHER HAZARDS

Asbestos fibers in some form are present in many homes, but are often not visible and cannot be identified without testing.

If there is reason to suspect that asbestos may be present and if it is of particular concern, a sample of the material in question may be removed and analyzed in a laboratory. However, detecting or inspecting for the presence or absence of asbestos is not a part of our inspection.

Also excluded from this inspection and report are the possible presence of, or danger from, radon gas, lead-based paint, urea formaldehyde, toxic or flammable chemicals and all other similar or potentially harmful substances and environmental hazards.

### WINDOWS

A representative number of windows are inspected.



## BATHROOM(S)

# Maintenance & Monitoring

### (Bathrooms pages: 13-14)

#### STALL SHOWER

The metal shower pan in a stall shower has a potential or probable life of 10-20 years depending on quality of the pan installed. Although a visible inspection is made to determine whether a shower pan is currently leaking, it cannot be stated with certainty that no defect is present or that one may not soon develop. Shower pan leaks often do not show except when the shower is in actual use.

#### CERAMIC TILE

Bathroom tile installed in a mortar bed is excellent. It is still necessary to keep the joint between the tile and the tub/shower caulked or sealed to prevent water spillage from leaking through and damaging the ceilings below.

Ceramic tile is often installed in mastic. It is important to keep the tile caulked or water will seep behind the tile and cause deterioration in the wallboard. Special attention should be paid to the area around faucets and other tile penetrations.

#### EXHAUST FANS

Bathrooms with a shower should have exhaust fans when possible. This helps to remove excess moisture from the room, preventing damage to the ceiling and walls and wood finishes. The exhaust fan should not be vented into the attic. The proper way to vent the fan(s) is to the outside. Running the vent pipe horizontally and venting into a gable end or soffit is preferred. Running the vent pipe vertically through the roof may cause condensation to run down the vent pipe, rusting the fan and damaging the wallboard. Insulating the vent pipe in the attic will help to reduce this problem.

**SLOW DRAINS** on sinks, tubs, and showers are usually due to build up of hair and soap scum. Most sink popups can be easily removed for cleaning. Some tubs have a spring attached to the closing lever that acts as a catch for hair. It may require removing a couple of screws to disassemble. If you cannot mechanically remove the obstruction, be kind to your pipes. ***Don't use a caustic cleaner.*** There are several bacteria drain cleaners available. They are available at hardware stores in areas where septic tanks are used. These drain cleaners take a little longer to work, but are safe for you and your pipes.

#### SAFETY HAZARDS

Typical safety hazards found in bathrooms are open grounds or reverse polarity by water. Replacing these outlets with G.F.C.I.'s are recommended. (See page 28)

#### WHIRLPOOL TUBS

This relates to interior tubs hooked up to interior plumbing. Where possible, the motor will be operated to see that the jets are working. Hot tubs and spas are not inspected.



## Maintenance & Monitoring

**(Interior: pages 12-18)**

### DOOR STOPS

All swinging doors should be checked for door stops. Broken or missing door stops can result in door knobs breaking through drywall or plaster.

### CLOSET GUIDES

Sliding closet doors should be checked to see that closet guides are in place. Missing or broken closet guides can cause scratches and damage to doors.

### COLD AIR RETURNS

Bedrooms that do not have cold air returns in them should have a 3/4" gap under the doors to allow cold air to be drawn into the hall return.

### AN INSPECTION VERSUS A WARRANTY

A home inspection is just what the name indicates, an inspection of a home...usually a home that is being purchased. The purpose of the inspection is to determine the condition of the various systems and structures of the home. While an inspection performed by a competent inspection company will determine the condition of the major components of the home, no inspection will pick up every minute latent defect. The inspector's ability to find all defects is limited by access to various parts of the property, lack of information about the property and many other factors. A good inspector will do his or her level best to determine the condition of the home and to report it accurately. The report that is issued is an opinion as to the condition of the home. This opinion is arrived at by the best technical methods available to the home inspection industry. It is still only an opinion.

A warranty is a policy sold to the buyer that warrants that specific items in the home are in sound condition and will remain in sound condition for a specified period of time. Typically, the warranty company never inspects the home. The warranty company uses actuarial tables to determine the expected life of the warranted items and charges the customer a fee for the warranty that will hopefully cover any projected loss and make a profit for the warranty seller. It is essentially an insurance policy.

The service that we have provided you is an inspection. We make no warranty of this property. If you desire warranty coverage, please see your real estate agent for details about any warranty plan to which their firm may have access.



## Maintenance & Monitoring

**(Interior: pages 12-18)**

### WINDOW FRAMES AND SILLS

Window frames and sills are often found to have surface deterioration due to condensation that has run off the window and damaged the varnish. Usually this can be repaired with a solvent style refinisher and fine steel wool. This is sometimes a sign of excess humidity in the house. See comments regarding caulking doors and windows, page 8.

### FIREPLACES

It is important that a fireplace be cleaned on a routine basis to prevent the buildup of creosote in the flue, which can cause a chimney fire. Masonry fireplace chimneys are normally required to have a terra cotta flue liner or 8 inches of masonry surrounding each flue in order to be considered safe and to conform with most building codes. During visual inspections, it is not uncommon to be unable to detect the absence of a flue liner either because of stoppage at the firebox, a defective damper or lack of access from the roof.

### WOODBURNERS

Once installed, it can be difficult to determine proper clearances for woodburning stoves. Manufacturer specifications, which are not usually available to the inspector, determine the proper installation. We recommend you ask the owner for paperwork, verifying that it was installed by a professional contractor.

### VENTILATION

Ventilation is recommended at the rate of one square foot of vent area to 300 square feet of attic floor space, this being divided between soffit and rooftop. Power vents should ideally have both a humidistat and a thermostat, since ventilation is needed to remove winter moisture as well as summer heat. Evidence of condensation such as blackened roof sheathing, frost on nail heads, etc. is an indication that ventilation may have been or is blocked or inadequate.

### INSULATION

The recommended insulation in the attic area is R-38, approximately 12". If insulation is added, it is important that the ventilation is proper.

### SMOKE DETECTORS

Smoke detectors should be tested monthly. At least one detector should be on each level. CO detectors are not required by most states, but for safety reasons, are highly recommended.

### VAPOR BARRIERS

The vapor barrier should be on the warm side of the surface. Most older homes were built without vapor barriers. If the vapor barrier is towards the cold side of the surface, it should be sliced or removed. Most vapor barriers in the attic are covered by insulation and therefore, not visible.

### SAFETY GLAZING

Safety glazing requirements vary depending on the age of the home. Every attempt is made to identify areas where the lack of safety glazing presents an immediate safety hazard, such as a shower door. In some older homes it is difficult to determine if safety glazing is present, since the glass is not marked. Therefore, no representation is made that safety glazing exists in all appropriate areas.

### INSULATED GLASS

Broken seal in thermopane/insulated windows are not always visible nor detectible due to humidity and temperature changes during the day. Other factors such as window covering, dirty windows, and lack of accessibility, personal property placed in front of the windows all affect the view of the windows at the time of the inspection.



## Maintenance & Monitoring

### (Basement: page 19)

#### BASEMENT/CRAWLSPACE

Any basement/crawlspace that has cracks or leaks is technically considered to have failed. Most block basements/crawlspace have step cracks in various areas. If little or no movement has occurred and the step cracks are uniform, this is considered acceptable. Horizontal cracks in the third or fourth block down indicate the block has moved due to outside pressure. They can be attributed to many factors such as improper grading, improperly functioning gutter and downspout system, etc. Normally if little or no movement has taken place and proper grading and downspouts exist, this is considered acceptable. If the wall containing the stress crack(s) has moved considerably, this will require some method of reinforcement. Basements/crawlspace that have been freshly painted or tuckpointed should be monitored for movement. This will be indicated by cracks reopening. If cracks reappear, reinforcement may be necessary. Reinforcing a basement/crawlspace wall can become expensive.

#### FOUNDATION (COVERED WALLS)

Although an effort has been made to note any major inflections or weaknesses, it is difficult at best to detect these areas when walls are finished off, or basement/crawlspace storage makes areas inaccessible. **No representation is made as to the condition of these walls.**

**INSULATED CONCRETE FORMS (ICF'S)** are formwork for concrete that stays in place as permanent building insulation for energy-efficient, cast-in-place, reinforced concrete walls, floors and roofs.

**MONITOR** indicates that the walls have stress cracks, but little movement has occurred. In our opinion, the cracks should be filled with mortar and the walls monitored for further movement and cracking. If additional movement or cracking occurs, reinforcement may be necessary.

**HAVE EVALUATED** We recommend that the walls be re-evaluated by a structural engineer or basement/crawlspace repair company and estimates be obtained if work is required.

#### VAPOR BARRIER

Floors that are dirt or gravel should be covered with a vapor barrier.

#### MOISTURE PRESENT

Basement/crawlspace dampness is frequently noted in houses and in most cases the stains, moisture or efflorescence present is a symptom denoting that a problem exists outside the home. Usual causes are improper downspout extensions or leaking gutters and/or low or improper grade (including concrete surfaces) at the perimeter of the house. A proper slope away from the house is one inch per foot for four to six feet. Expensive solutions to basement/crawlspace dampness are frequently offered. It is possible to spend thousands of dollars on solutions such as pumping out water that has already entered or pumping of chemical preparations into the ground around the house, when all that may be necessary are a few common sense solutions at the exterior perimeter. However, this is not intended to be an exhaustive list of causes and solutions to the presence of moisture.

**No representation is made to future moisture that may appear.**

#### PALMER VALVE

Many older homes have a valve in the floor drain. This drain needs to remain operational.

#### DRAIN TILE

We offer no opinion about the existence or condition of the drain tile, as it cannot be visibly inspected.

#### BASEMENT ELECTRICAL OUTLETS

We recommend that you have an outlet within 6' of each appliance. The appliance you plan to install may be different than what exists, therefore the inspection includes testing a representative number of receptacles that exist. It is also recommended to have ground fault circuit interrupts for any outlet in the unfinished part of the basement and crawl spaces.



## Maintenance & Monitoring

**(Crawl space: page 20)**

### CRAWL SPACES

Crawl spaces are shallow spaces between the first level floor joist and the ground. Access to this area may be from the inside, outside or not accessible at all. Ductwork, plumbing, and electrical may be installed in the space in which access may be necessary. The floor of the crawl space may be covered with concrete, gravel, or may be the original soil. A vapor barrier may be a sheet of plastic or tar paper and installed over or under this material. The vapor barrier will deter the moisture from the earth from escaping into the crawl space and causing a musty smell. Ventilation is also important to control excess moisture buildup. Vents may be located on the outside of the house and are normally kept open in the summer and closed for the winter (where freezing may occur). The basement/crawl space diagram indicates areas that are covered and not part of a visual inspection. Every attempt is made to determine if paneling is warped, moisture stains are bleeding through, etc. Storage that blocks the visibility of a wall is not removed to examine that area. Therefore, it is important that on your walk-through before closing, you closely examine these areas. Closed crawl spaces that have vents to the outside should have insulation under the floor above the crawl space.

### HAVE EVALUATED

We recommend that the walls be re-evaluated by a structural engineer or basement repair company and estimates be obtained if work is required.

### MONITOR

Indicates that the walls have stress cracks, but little movement has occurred. In our opinion, the cracks should be filled with mortar and the walls monitored for further movement and cracking. If additional movement or cracking occurs, reinforcement may be necessary.

### FOUNDATION (COVERED WALLS)

Although an effort has been made to note any major inflections or weaknesses, it is difficult at best to detect these areas when walls are finished off, or basement/crawlspace storage makes areas inaccessible. **No representation is made as to the condition of these walls.**

### MOISTURE PRESENT

Basement/crawlspace dampness is frequently noted in houses and in most cases the stains, moisture or efflorescence present is a symptom denoting that a problem exists outside the home. Usual causes are improper downspout extensions or leaking gutters and/or low or improper grade (including concrete surfaces) at the perimeter of the house. A proper slope away from the house is one inch per foot for four to six feet. Expensive solutions to basement/crawlspace dampness are frequently offered. It is possible to spend thousands of dollars on solutions such as pumping out water that has already entered or pumping of chemical preparations into the ground around the house, when all that may be necessary are a few common sense solutions at the exterior perimeter. However, this is not intended to be an exhaustive list of causes and solutions to the presence of moisture.

**No representation is made to future moisture that may appear.**



## Maintenance & Monitoring

### (Plumbing: page 21)

#### WELLS

Examination of wells is not included in this visual inspection. It is recommended that you have well water checked for purity by the local health authorities and, if possible, a check on the flow of the well in periods of drought. A well pit should have a locked cover on it to prevent anyone from falling into the pit.

#### SEPTIC SYSTEMS

The check of septic systems is not included in our visual inspection. You should have the local health authorities or other qualified experts check the condition of the septic system. In order for the septic system to be checked, the house must have been occupied within the last 30 days.

#### WATER PIPES

Galvanized water pipes rust from the inside out and may have to be replaced within 20 to 30 years. This is usually done in two stages: horizontal piping in the basement first, and vertical pipes throughout the house later as needed. Copper pipes usually have more life expectancy and may last as long as 60 years before needing to be replaced.

#### HOSE BIBS

During the winter months it is necessary to make sure the outside faucets are winterized. This can be done by means of a valve located in the basement. Leave the outside faucets open to allow any water standing in the pipes to drain, preventing them from freezing. Hose bibs cannot be tested when winterized.

#### WATER HEATER

The life expectancy of a water heater is 5-10 years. Water heaters generally need not be replaced unless they leak. Missing relief valves or improper extension present a safety hazard.

#### WATER SOFTENERS

During a visual inspection it is not possible to determine if water is being properly softened.

#### PLUMBING

The temperature/pressure valve should be tested several times a year by lifting the valve's handle. Caution: very hot water will be discharged. If no water comes out, the valve is defective and must be replaced.

#### SHUT-OFF VALVES

Most shut-off valves have not been operated for long periods of time. We recommend operating each shut-off valve to: toilet bowl, water heater, under sinks, main shut-off, hose faucets, and all others. We recommend you have a plumber do this, as some of the valves may need to be repacked or replaced. Once the valves are in proper operating order, we recommend opening and closing these valves several times a year.

#### POLYBUTYLENE PIPING

This type of piping has a history of problems and should be examined by a licensed plumber and repaired or replaced as necessary.

***MECHANICAL DEVICES MAY OPERATE AT ONE MOMENT AND LATER MALFUNCTION; THEREFORE, LIABILITY IS SPECIFICALLY LIMITED TO THOSE SITUATIONS WHERE IT CAN BE CONCLUSIVELY SHOWN THAT THE MECHANICAL DEVICE INSPECTED WAS INOPERABLE OR IN THE IMMEDIATE NEED OF REPAIR OR NOT PERFORMING THE FUNCTION FOR WHICH IS IT WAS INTENDED AT THE TIME OF INSPECTION.***

#### CSST

Corrugated Stainless Steel Tubing is an alternative to traditional black iron gas piping. It is a continuous, flexible, stainless steel pipe with an exterior PVC covering. Yellow CSST gas line that has no visible bonding or grounding is a possible safety hazard. Its recommended a Qualified HVAC or Plumbing Contractor further evaluate to ensure CSST gas line is installed according to the manufacturers specifications.



## HEATING SYSTEM

# Maintenance & Monitoring

**(Heating Systems: page 22)**

**HEATING AND AIR CONDITIONING** units have limited lives. Normal lives are:

|                                    |             |
|------------------------------------|-------------|
| GAS-FIRED HOT AIR .....            | 15-25 years |
| OIL-FIRED HOT AIR .....            | 20-30 years |
| CAST IRON BOILER .....             | 30-50 years |
| (Hot water or steam) or more       |             |
| STEEL BOILER .....                 | 30-40 years |
| (Hot water or steam) or more       |             |
| COPPER BOILER .....                | 10-20 years |
| (Hot water or steam)               |             |
| CIRCULATING PUMP (Hot water) ..... | 10-15 years |
| AIR CONDITIONING COMPRESSOR . . .  | 8-12 years  |
| HEAT PUMP .....                    | 8-12 years  |

Gas-fired hot air units that are close to or beyond their normal lives have the potential of becoming a source of carbon monoxide in the home. You may want to have such a unit checked every year or so to assure yourself that it is still intact. Of course a unit of such an age is a good candidate for replacement with one of the new, high efficiency furnaces. The fuel savings alone can be very attractive.

Boilers and their systems may require annual attention. If you are not familiar with your system, have a heating contractor come out in the fall to show you how to do the necessary thing **Caution: do not add water to a hot boiler!**

Forced air systems should have filters changed every 30 to 60 days of the heating and cooling season. This is especially true if you have central air conditioning. A dirty air system can lead to premature failure of your compressor - a \$1,500 machine.

Oil-fired furnaces and boilers should be serviced by a professional each year. Most experts agree you will pay for the service cost in fuel saved by having a properly tuned burner.

Read the instructions for maintaining the humidifier on your furnace. A malfunctioning humidifier can rust out a furnace rather quickly. It is recommended that the humidifier be serviced at the same time as the furnace, and be cleaned regularly. **During a visual inspection it is not possible to determine if the humidifier is working.**

**Have HVAC technician examine** - A condition was found that suggests a heating contractor should do a further analysis. We suggest doing this before closing.

**Heat exchangers cannot be examined nor their condition determined without being disassembled. Since this is not possible during a visual, non-technically exhaustive inspection, you may want to obtain a service contract on the unit or contact a furnace technician regarding a more thorough examination.**

Testing pilot safety switch requires blowing out the pilot light. Checking safety limit controls requires disconnecting blower motor or using other means beyond the scope of this inspection. If the furnace has not been serviced in last 12 months you may want to have a furnace technician examine.

**CO Test** - This is not part of a non-technical home inspection. No test was performed.

**Combustible Gas Detector** - If a gas detector was used during the inspection of the furnace and evidence of possible combustible gases was noted, we caution you that our test instrument is sensitive to many gases and not a foolproof test. None-the-less, this presents the possibility that a hazard exists and could indicate that the heat exchanger is, or will soon be, defective.



## ELECTRIC/COOLING SYSTEM

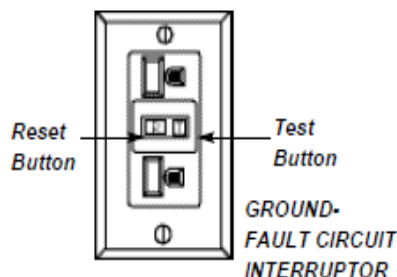
## Maintenance & Monitoring

### (Electric/Cooling Systems: page 23)

Every effort has been made to evaluate the size of the service. Three wires going into the home indicate 240 volts. The total amperage can be difficult to determine. We highly recommend that ground fault circuit interrupters (G.F.C.I.) be connected to all outlets around water. This device automatically shuts the circuit off when it senses a current leak to ground. This device can be purchased in most hardware stores. G.F.C.I.'s are recommended by all outlets located near water, outside outlets, or garage outlets. Pool outlets should also be protected with a G.F.C.I.

#### See diagram below:

If you do have G.F.C.I.'s, it is recommended that you test (and reset) them monthly. When you push the test button, the reset button should pop out, shutting off the circuit. If it doesn't, the breaker is not working properly. If you don't test them once a month, the breakers have a tendency to stick and may not protect you when needed.



Knob and tube wiring found in older homes should be checked by an electrician to insure that the wire cover is in good condition. Under no circumstances should this wire be covered with insulation. Recess light fixtures should have a baffle around them so that they are not covered with insulation. The newer recessed fixtures will shut off if they overheat. (no representation is made as to proper recess lighting fixtures).

**Federal Pacific Stab-Lok® Electrical panels may be unsafe. See [www.google.com](http://www.google.com) (Federal Pacific)**

**Aluminum wiring in general lighting circuits has a history of over-heating, with the potential of a fire. If this type of wiring exists, a licensed electrical contractor should examine the whole system.**

### ARC FAULTS

In some areas arc Faults are required for bedrooms in new homes starting in 2002. In some areas arc Faults are required for all 120 Volt circuits that are not GFCI protected in new homes starting in 2009. Upgrade as desired for enhanced safety.

### REVERSE POLARITY

A common problem that surfaces in many homes is reverse polarity. This is a potentially hazardous situation in which the hot and neutral wires of a circuit are reversed at the outlet, thereby allowing the appliance to incorrectly be connected. This is an inexpensive item to correct.

Each receptacle has a brass and silver screw. The black wire should be wired to the brass screw and the white wire should go to the silver screw. When these wires are switched, this is called "reverse polarity." Turning off the power and switching these wires will correct the problem.

Main service wiring for housing is typically 240 volts. The minimum capacity for newer homes is 100 amps though many older homes still have 60 amp service. Larger homes or all electric homes will likely have a 200 amp service.

Main service wiring may be protected by one or more circuit breakers or fuses. While most areas allow up to six main turnoffs, expanding from these panels is generally not allowed.

### COOLING

**Testing A/C System and Heat Pump-** The circuit breakers to A/C should be on for a minimum of 24 hours and the outside temperature at least 60 degrees for the past 24 hours or an A/C system cannot be operated without possible damage to the compressor. Check the instructions in your A/C manual or on the outside compressor before starting up in the summer. Heat pump can only be tested in the mode it's running in. Outside temperature should be at least 65° for the past 24 hours to run in cooling mode.

Temperature differential, between 14°-24°, is usually acceptable. If out of this range, have an HVAC contractor examine it. It is not always feasible to do a differential test due to high humidity, low outside temperature, etc.

**A/C CONDENSER COIL** They should not become overgrown with foliage. Clearance requirements vary, but 2' on all sides should be considered minimal with up to 6' of air discharge desirable. If a clothes dryer vent is within five to ten feet, either relocate the vent or do not run when the A/C is running. The lint will quickly reduce the efficiency of the A/C unit.

## PREVENTIVE MAINTENANCE TIPS

**I. FOUNDATION and MASONRY: Basements, Exterior Walls:** To prevent seepage and condensation problems.

- a. Check basement for dampness and leakage after wet weather.
- b. Check chimneys, deteriorated chimney caps, loose and missing mortar.
- c. Maintain grading sloped away from foundation walls.

**II. ROOFS, GUTTERS, and EAVESTROUGH:** To prevent roof leaks, condensation, seepage, and decay problems.

- a. Check for damaged, loose or missing shingles, blisters.
- b. Clean gutters, leaders, strainers, window wells, drains. Be sure downspouts direct water away from foundation. Cut back tree limbs.
- c. Check flashings around roof stacks, vents, skylights, chimneys, as sources of leakage. Check vents, louvers and chimneys for birds nests, squirrels, insects.
- d. Check fascia and soffits for paint flaking, leakage and decay.

**III. EXTERIOR WALLS:** To prevent paint failure, decay, and moisture penetration problems.

- a. Check painted surface for paint flaking or paint failure. Cut back shrubs.
- b. Check exterior masonry walls for cracks, looseness, missing or broken mortar.

**IV. DOORS AND WINDOWS:** To prevent air and weather penetration problems.

- a. Check caulking for decay around doors, windows, corner boards, joints. Re-caulk and weather-strip as needed. Check glazing, putty around windows.

**V. ELECTRICAL:** For safe electrical performance, mark and label each circuit.

- a. Trip circuit breakers every six months and ground fault circuit interrupters (G.F.C.I.) monthly.
- b. Check condition of lamp cords, extension cords and plugs. Replace at first sign of wear and damage.
- c. Check exposed wiring and cable for wear or damage.
- d. If you experience slight tingling shock from handling or touching any appliance, disconnect the appliance and have it repaired. If lights flicker or dim, or if appliances go on and off unnecessarily, call a licensed electrician.

**VI. PLUMBING:** For preventive maintenance.

- a. Drain exterior water lines, hose bibs, sprinklers, pool equipment in the fall.
- b. Draw off sediment in water heaters monthly or per manufacturer's instructions.
- c. Have septic tank cleaned every 2 years.

**VII. HEATING and COOLING:** For comfort, efficiency, energy conservation and safety.

- a. Change or clean furnace filters, air condition filters, electronic filters as needed.
- b. Clean and service humidifier. Check periodically and annually.
- c. Have oil burning equipment serviced annually.

**VIII. INTERIOR:** General house maintenance.

- a. Check bathroom tile joints, tub grouting and caulking. Be sure all tile joints in bathrooms are kept well sealed with tile grout to prevent damage to walls, floors and ceilings below.
- b. Close crawl vents in winter and open in summer.
- c. Check underside of roof for water stains, leaks, dampness & condensation, particularly in attics and around chimneys.

**IX. Know the location of:**

- Main water shutoff valve.
- Main emergency shutoff switch for the heating system.
- Main electrical disconnect or breaker.

## Standards of Practice for Home Inspectors

Wis. Stats. SAFETY AND PROFESSIONAL SERVICES 440.974, Published and certified under s. 35.18. March 1, 2015. SUBCHAPTER XI, HOME INSPECTORS

### 440.97 Definitions. In this subchapter:

- (1) "Client" means a person who contracts with a home inspector for a home inspection.
- (2) "Compensation" means direct or indirect payment, including the expectation of payment whether or not actually received.
- (3) "Dwelling unit" means a structure or that part of a structure that is used or intended to be used as a home, residence or sleeping place by one person or by 2 or more persons who are maintaining a common household, to the exclusion of all others.
- (4) "Home inspection" means the process by which a home inspector examines the observable systems and components of improvements to residential real property that are readily accessible.
- (5) "Home inspection report" means a written opinion of a home inspector concerning all of the following:
  - (a) The condition of the improvements to residential real property that contains not more than 4 dwelling units.
  - (b) The condition of mechanical and structural components of the improvements specified in par. (a).
  - (6) "Home inspector" means an individual who, for compensation, conducts a home inspection.
  - (7) "Technically exhaustive" means the extensive use of measurements, instruments, testing, calculations and other means to develop scientific or engineering findings, conclusions or recommendations. **History:** 1997 a. 81.

**Registry established.** The department shall establish a registry of home inspectors. **History:** 1997 a. 81.

**440.9712 Registration required.** (1) Except as provided in s. 440.9715, no individual may act as a home inspector, use the title "home inspector", use any title or description that implies that he or she is a home inspector or represent himself or herself to be a home inspector unless the individual is registered under this subchapter. (1m) No business entity may provide home inspection services unless each of the home inspectors employed by the business entity is registered under this subchapter.

(2) No business entity may use, in connection with the name or signature of the business entity, the title "home inspectors" to describe the business entity's services, unless each of the home inspectors employed by the business entity is registered under this subchapter. **History:** 1997 a. 81.

**440.9715 Applicability.** A registration is not required under this subchapter for any of the following:

- (1) An individual who conducts a home inspection while lawfully practicing within the scope of a license, permit or certificate granted to that individual by a state governmental agency.
- (2) An individual who constructs, repairs or maintains improvements to residential real property, if the individual conducts home inspections only as part of his or her business of constructing, repairing or maintaining improvements to real property and if the individual does not describe himself or herself as a registered home inspector or convey the impression that he or she is a registered home inspector.
- (3) An individual who conducts home inspections in the normal course of his or her employment as an employee of a federal, state or local governmental agency. **History:** 1997 a. 81.

**Registration of home inspectors.** (1) The department shall register an individual under this subchapter if the individual does all of the following:

- (a) Submits an application for registration to the department on a form provided by the department.
  - (b) Pays the fee specified in s. 440.05 (1).
  - (c) Submits evidence satisfactory to the department that he or she is not subject to a pending criminal charge, or has not been convicted of a felony, misdemeanor or other offense, the circumstances of which substantially relate to the practice of home inspection.
  - (d) Passes an examination under s. 440.973 (1).
- (2) The renewal date for certificates granted under this section is specified under s. 440.08 (2) (a) 38g., and the renewal fee for such certificates is determined by the department under s. 440.03 (9) (a). **History:** 1997 a. 81; 2007 a. 20. **Cross-reference:** See also ch. SPS 131, Wis. adm. code.

**Examinations.** (1) No person may be registered under this subchapter unless he or she passes an examination approved by the department. In approving an examination under this subsection, the department shall consider the use of an examination that is similar to an examination that is required for membership in the American Society of Home Inspectors.

(2) The department shall conduct examinations for home inspector registration at least semiannually at times and places determined by the department.

(3) An individual is not eligible for examination unless the individual has satisfied the requirements for registration under s. 440.972 (1) (a) to (c) at least 30 days before the date of the examination. **History:** 1997 a. 81. **Cross-reference:** See also ch. SPS 131, Wis. adm. code.

**Rules.** (1) The department shall promulgate rules necessary to administer this subchapter, including rules to establish all of the following:

- (a) Standards for acceptable examination performance by an applicant for registration.
  - (b) Subject to s. 440.975, standards for the practice of home inspection by home inspectors and standards for specifying the mechanical and structural components of improvements to residential real property that are included in a home inspection. The rules promulgated under this paragraph shall include standards for the inspection of carbon monoxide detectors. The rules promulgated under this paragraph may not require a home inspector to use a specified form for the report required under s. 440.975 (3).
  - (c) Subject to s. 440.975, the information that a home inspector is required to provide to a client concerning the results of the home inspection conducted by the home inspector.
- (2) The department shall promulgate rules establishing continuing education requirements for individuals registered under this subchapter. The rules promulgated under this subsection shall require the completion of at least 40 hours of continuing education every 2 years. **History:** 1997 a. 81; 2009 a. 158; 2013 a. 124.

**Cross-reference:** See also ch. SPS 131, Wis. adm. code.

**Standards of practice.** (1) In this section, "reasonably competent and diligent inspection" means an inspection that complies with the standards established under this subchapter or the rules promulgated under this subchapter.

(2) A home inspector shall perform a reasonably competent and diligent inspection to detect observable conditions of an improvement to residential real property. Except for removing an access panel that is normally removed by an occupant of residential real property, this subsection does not require a home inspector to disassemble any component of an improvement to residential real property. A reasonably competent and diligent inspection under this subsection is not required to be technically exhaustive.

(3) After completing a home inspection, a home inspector shall submit a written report to a client that does all of the following:

- (a) Lists the components of an improvement to residential real property that the home inspector is required to inspect under the rules promulgated under s. 440.974 (1) (b).
- (b) Lists the components of an improvement to residential real property that the home inspector has inspected.
- (c) Describes any condition of an improvement to residential real property or of any component of an improvement to residential real property that is detected by the home inspector during his or her home inspection and that, if not repaired, will have a significant adverse effect on the life expectancy of the improvement or the component of the improvement.
- (d) Provides any other information that the home inspector is required to provide under the rules promulgated under s. 440.974 (1) (c).
- (4) A home inspector is not required to report on any of the following:
  - (a) The life expectancy of an improvement to residential real property or a component of an improvement to residential real property.
  - (b) The cause of the need for any major repair to an improvement to residential real property or a component of an improvement to residential real property.
  - (c) The method of making any repair or correction, the materials needed for any repair or correction or the cost of any repair or correction.
  - (d) The suitability for any specialized use of an improvement to residential real property.
  - (e) Whether an improvement to residential real property or a component of an improvement to residential real property complies with applicable regulatory requirements.
  - (f) The condition of any component of an improvement to residential real property that the home inspector was not required to inspect under the rules promulgated under s. 440.974 (1) (b).
  - (5) A home inspector may not report, either in writing or verbally, on any of the following:
    - (a) The market value or marketability of a property.
    - (b) Whether a property should or should not be purchased.
    - (6) This section does not require a home inspector to do any of the following:
      - (a) Offer a warranty or guarantee of any kind.
      - (b) Calculate the strength, adequacy or efficiency of any component of an improvement to residential real property.
      - (c) Enter any area or perform any procedure that may damage an improvement to residential real property or a component of an improvement to residential real property, or enter any area or perform any procedure that may be dangerous to the home inspector or to other persons.
      - (d) Operate any component of an improvement to residential real property that is inoperable.

## Standards of Practice for Home Inspectors, continued

**Wis. Stats. SAFETY AND PROFESSIONAL SERVICES 440.974.** Published and certified under s. 35.18, March 1, 2015. **SUBCHAPTER XI, HOME INSPECTORS**

- (e) Operate any component of an improvement to residential real property that does not respond to normal operating controls.
- (f) Disturb insulation or move personal items, furniture, equipment, vegetation, soil, snow, ice or debris that obstructs access to or visibility of an improvement to residential real property or a component of an improvement to residential real property.
- (g) Determine the effectiveness of a component of an improvement to residential real property that was installed to control or remove suspected hazardous substances.
- (h) Predict future conditions, including the failure of a component of an improvement to residential real property.
- (i) Project or estimate the operating costs of a component of an improvement to residential real property.
- (j) Evaluate acoustic characteristics of a component of an improvement to residential real property.
- (k) Inspect for the presence or absence of pests, including rodents, insects and wood-damaging organisms.
- (L) Inspect cosmetic items, underground items or items not permanently installed.
  - (m) Inspect for the presence of any hazardous substances.
    - (7) A home inspector may not do any of the following:
      - (a) Perform or offer to perform any act or service contrary to law.
      - (b) Deliver a home inspection report to any person other than the client without the client's consent.
      - (c) Perform a home inspection for a client with respect to a transaction if the home inspector, a member of the home inspector's immediate family or an organization or business entity in which the home inspector has an interest, is a party to the transaction and has an interest that is adverse to that of the client, unless the home inspector obtains the written consent of the client.
      - (d) Accept any compensation from more than one party to a transaction for which the home inspector has provided home inspection services without the written consent of all of the parties to the transaction.
      - (e) Pay or receive, directly or indirectly, in full or in part, for a home inspection or for the performance of any construction, repairs, maintenance or improvements regarding improvements to residential real property that is inspected by him or her, a fee, a commission, or compensation as a referral or finder's fee, to or from any person who is not a home inspector.
      - (8) This section does not prohibit a home inspector from doing any of the following:
        - (a) Reporting observations or conditions in addition to those required under this section or the rules promulgated under this section.
        - (b) Excluding a component of an improvement to residential real property from the inspection, if requested to do so by his or her client.
        - (c) Engaging in an activity that requires an occupation credential if he or she holds the necessary credential.

**History:** 1997 a. 81. **Cross-reference:** See also ch. SPS 131, Wis. adm. code.

**Disclaimers or limitation of liability.** No home inspector may include, as a term or condition in an agreement to conduct a home inspection, any provision that disclaims the liability, or limits the amount of damages for liability, of the home inspector for his or her failure to comply with the standards of practice prescribed in this subchapter or in rules promulgated under this subchapter. **History:** 1997 a. 81.

**Liability of home inspectors.** (1) Notwithstanding s. 893.54, an action to recover damages for any act or omission of a home inspector relating to a home inspection that he or she conducts shall be commenced within 2 years after the date that home inspection is completed or be barred. The period of limitation under this subsection may not be reduced by agreement.

(2) A home inspector is not liable to a person for damages that arise from an act or omission relating to a home inspection that he or she conducts if that person is not a party to the transaction for which the home inspection is conducted. **History:** 1997 a. 81.

**Discipline; prohibited acts.** (1) Subject to the rules promulgated under s. 440.03 (1), the department may make investigations or conduct hearings to determine whether a violation of this subchapter or any rule promulgated under this subchapter has occurred.

(2) Subject to the rules promulgated under s. 440.03 (1), the department may reprimand a home inspector or deny, limit, suspend or revoke a certificate under this subchapter if the department finds that the applicant or home inspector has done any of the following:

- (a) Made a material misstatement in an application for a certificate or renewal of a certificate.
- (b) Engaged in conduct while practicing as a home inspector that evidences a lack of knowledge or ability to apply professional principles or skills.
- (c) Subject to ss. 111.321, 111.322 and 111.335, been arrested or convicted of an offense committed while registered under this subchapter.
- (d) Advertised in a manner that is false, deceptive or misleading.
- (e) Advertised, practiced or attempted to practice as a home inspector under another person's name.
- (f) Allowed his or her name to be used by another person while the other person was practicing or attempting to practice as a home inspector.
- (g) Subject to ss. 111.321, 111.322 and 111.34, practiced as a home inspector while the individual's ability to practice was impaired by alcohol or other drugs.
- (h) Acted as a home inspector in connection with a transaction in which he or she was also an appraiser or broker.
- (i) Performed, or agreed to perform, for compensation any repairs, maintenance or improvements on any property less than 2 years after he or she conducts a home inspection, without the written consent of the property owner given before the home inspection occurred.
- (j) Prevented or attempted to prevent a client from providing a copy of, or any information from, a home inspection report done by the home inspector in connection with a transaction to any interested party to the transaction.
- (k) Failed to provide a home inspection report to a client by the date agreed on by the home inspector and the client or, if no date was agreed on, within a reasonable time after completing the inspection.

(m) Violated this subchapter or any rule promulgated under this subchapter.

(3) In addition to or in lieu of proceeding under sub. (2), the department may assess against a person who has engaged in any of the practices specified in sub. (2) a forfeiture of not more than \$1,000 for each separate offense.

(4) In lieu of proceeding under sub. (1) or (2), the department may place, in a registry information file, a copy of a complaint received by the department against a Wisconsin registered home inspector, the inspector's response to the complaint and a copy of any records of the department concerning the complaint. If the department establishes a registry information file under this sub-section, the department shall use the following procedure: No later than 60 days after the date on which the department receives a complaint alleging that a home inspector has engaged in conduct that is grounds for discipline under sub. (2), the department shall provide the inspector with a copy of the complaint and place a copy of the complaint and a copy of any records of the department concerning the complaint in the registry information file.

(a) After receiving a copy of the complaint under par. (a), the home inspector who is the subject of the complaint, or his or her authorized representative, may place in the registry information file a statement of reasonable length describing the inspector's view of the correctness or relevance of any of the information contained in the complaint.

(b) The department shall make the complaint, the home inspector's response to the complaint, if any, and a copy of any records of the department concerning the complaint placed in a registry information file under this subsection available to the public.

(c) The department shall remove all complaints against and other information concerning a home inspector from the registry information file if, for a period of 2 years from the date of the most recent complaint filed in the registry information file, no further complaints have been filed against the inspector.

(5) The department may, as a condition of removing a limitation on a certificate issued under this subchapter or of reinstating a certificate that has been suspended or revoked under this subchapter, do any of the following:

(a) Require the home inspector to obtain insurance against loss, expense and liability resulting from errors and omissions or neglect in the performance of services as a home inspector.

(b) Require the home inspector to file with the department a bond that is furnished by a company authorized to do business in this state and is in an amount approved by the department. **History:** 1997 a. 81. **Cross-reference:** See also ch. SPS 131, Wis. adm. code.

**Report by department.** The department shall submit an annual report to the legislature under s. 13.172 (2) that describes all of the following:

- (1) The number of home inspectors who are registered under this subchapter.
- (2) The number and nature of complaints regarding home inspections that are received by the department from clients of home inspectors.
- (3) The number and nature of complaints regarding home inspections that are received by the department from persons who are not clients of home inspectors.
- (4) An estimate of the cost of complying with this subchapter that is incurred by home inspectors.
- (5) The cost incurred by the department in carrying out its duties under this subchapter.

**History:** 1997 a. 81; 1999 a. 32 s. 311.

**Cross-reference:** See also ch. SPS 131, Wis. adm. code.