

Repairs Recommended Summary

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

Lots and Grounds

1. **Vegetation:** Grass, Shrubs, Trees - Tree limbs over hang the roof and should be cut back



Exterior Surface and Components

2. **House & Garage Exterior Surface Type:** Vinyl Siding, Brick Veneer - Loose siding observed on the west side. The siding should be properly secured to prevent damage and allow it protect the house.

Rusty steel lintels noted. Steel lintels, used above doors and window openings to support the brick on brick walls, should always be protected from the elements with a thorough coat of paint. Failure to maintain the lintels will allow them to rust and expand which will eventually crack the brick and mortar around the lintels. Removal of the existing rust, priming of the steel and painting is recommended.



3. **Trim:** Metal, Wood, Vinyl - Portions of the trim appear to be in need of repainting at this time. If the wood is not kept properly sealed, wood decay or rot will occur. Soft wood may be discovered during the surface preparation portion of this task. If so, wood repairs will need to be completed first.



4. **Door Bell:** Hard Wired System - Chime did not operate when tested. Repairs are recommended to restore the doorbell system to a functional condition.

Damaged doorbell button was noted at the entry door area. A replacement button is recommended.



5. **Hose Faucets:** Tested - Burst northwest hose faucet noted, which when used is leaking water into the structure. This occurs when a hose is left connected to a faucet during freezing temperatures and the water expands splitting the pipe. Even freeze-proof faucets will burst during these conditions. Repairs by a qualified plumber is recommended to correct this issue.



Roof

6. **House & Garage Roof Surface Material:** Composition Shingles - Exposed nail head noted where the front peak meets the main portion of the house. All such nail heads should be covered or sealed to eliminate the possibility of water penetration. Repairs are recommended to correct this condition.



Repairs Recommended Summary (Continued)

7. **Gutter Downspout Extension:** Metal - Disconnected extension noted at the northeast corner. Reconnect the extension to move the water farther away from the house.



Air Conditioning

8. **South Side Of Structure AC System Refrigerant Lines:** Deteriorated Insulation - Deteriorated insulation observed on the refrigerant lines running from the exterior unit to the house. Repairs/replacement of the insulation is recommended to allow the A/C system to operate efficiently.



Garage/Carport

9. **Side Of House Garage Exterior Side Door:** Metal & Glass - Deadbolt will not latch.

Paint repairs needed on trim.

10. **Overhead Garage Door Opener Door Opener:** Lift Master - The automatic reverse system did not active when reasonable pressure was encountered. Openers manufactured after April 1, 1982 must have a safety reverse system that activates after striking a 1" high, 2x4 object - like the one used to test the door. Minor adjustments or repairs are recommended to allow the safety system to work properly. The manufacturer recommends that this test is performed monthly and adjustments made if necessary.
11. **Attached Garage Interior Windows:** Clad Wood Double Hung - Missing latch noted on the north window, so the window can not lock. Repairs are recommended as a safety precaution.

Electrical

12. **Garage Electric Panel Manufacturer:** Square D - Panel not completely labeled. All breakers should be labeled as a safety precaution.

Cover could not be removed due to the trim around the unit. Repairs are recommended to allow the access to the panel.

Missing breaker knock outs were observed in the panel box. No open slots or holes are allowed to be present in an electric service panel. A proper cover should be installed in any open slot or hole to correct this potential shock hazard.

Neutral & ground wires are not separated within the panel box. Electrical sub-panels are supposed to have the neutrals & grounds wires routed to separate buss bars to ensure safe operation of the electrical system. Evaluation and/or repairs by a qualified electrician is recommended.



Repairs Recommended Summary (Continued)

Plumbing

13. **Drain Pipes: PVC** - Leak observed in the crawl space at spa tub drain. Repairs are recommended to correct this deficiency.



Laundry Room/Area

14. **Laundry Room/Area Dryer Vent: Corrugated Metal Flex** - Missing exterior louver noted at this time. Repairs or replacement of this unit is recommended to keep out rodents, birds, and rain/snow entry.



Bathroom

15. **Laundry Room Bathroom Electrical: GFCI Outlet** - Open ground noted at the GFCI outlet. Any 3-prong outlet installed in a house is supposed to be properly grounded. Repairs are recommended to correct this condition.
16. **Hallway Bathroom Tub/Shower: One Piece Unit** - Stopper not operating properly. The unit will not stay open to allow the water to drain. Repairs are recommended to allow the stopper to function properly.
17. **Master Bathroom Spa Tub: Built-In Tub w/Cultured Marble Surround** - GFCI device not located for the spa tub. Spa tub pumps should be protected with a GFCI device that is 'readily accessible'. Repairs are needed to ensure safe operation of this system.

Bedroom

18. **Master Bedroom Electrical: Grounded Outlets** - Open ground noted at the northeast 3 prong outlet. Any 3-prong outlet installed in a house is supposed to be properly grounded. Repairs are recommended to correct this condition.

Living Space

19. **Bonus Room Living Space Lights, Switches, Ceiling Fans: Lighting, Ceiling Fan** - Inoperative ceiling fan light observed. The wall switch did not operate the light when tested, so repairs are recommended. The bulb should be replaced first and if the light still fails to operate, then further evaluation is needed and repairs made as necessary.

Fireplace/Wood Stove

20. **Living Room Fireplace Fireplace Construction: Metal Prefab** - Gas shutoff valve was not observed/located for the fireplace. Installation of a gas valve may be needed to ensure safe/proper operation of the fireplace.

Attic

21. **House (Master) Attic Insulation Type: Fiberglass Blown-in** - Loose fill altered. The insulation in the middle of the attic has been pushed to the sides revealing the drywall. The insulation should be redistributed evenly over the entire area.



Repairs Recommended Summary (Continued)

22. **House (North) Attic Electrical: Wiring & Lighting** - Missing cover plate noted. All switches and outlet boxes should have covers installed on them at all times as a safety precaution. If not repaired, a person can come into contact with energized electrical components.

Crawl Space

23. **Under Entire House Crawl Space Vapor Barrier:** Not Present - No moisture or vapor barrier present in the crawl space at this time. All portions of the soil under the structure should be covered with preferably with 6mil plastic sheeting to keep the moisture from traveling through the house.



24. **Under Entire House Crawl Space Sump Pump:** Submersible Pump Unit Southeast Corner - Debris observed in the sump pump basin. Removal of the debris is recommended to allow the pump to continue to operate properly.

Flexible discharge line observed is inadequate. Flex discharge line is leaking from the flex line above the pump. Flex lines are very susceptible to developing leaks and are considered a poor material for sump pump drain lines located inside a structure. Rigid PVC piping, complete with a check valve, if not already installed, is recommended to replace the existing drain line.



Structure

25. **Joists/Trusses:** Wood I-Joists - Modified wood I-joist was observed. There is a notch cut out of a floor joist, and on this type of framing system, no notching is typically permitted per the manufacturer's specifications. I recommend contacting the joist manufacturer for repair specifications per their engineering department. Such specifications should be followed exactly in order to ensure the I-joist is properly repaired.

Joist hangers improperly installed, due to missing nails. Joist hanger installation requires that all nail holes be used to attach the bracket and the joist to the bracket. Repairs are recommended.



Structure (Continued)



Interior

26. **Stairs/Handrails:** Wood Stairs, No Handrail System - Missing handrails noted. This is a potential safety hazard and should be corrected by installing proper handrails.



27. **Carbon Monoxide Detector(s):** None Observed - No carbon monoxide (CO) detector was observed in this dwelling today. Operational CO detectors are required to be installed in residential dwellings within 15 feet of any sleeping rooms. The State of Illinois enacted this law January 1, 2007, so if such device is not currently installed, one must be installed as soon as possible in order to conform to this safety requirement. A digital indicating, direct plug-in type unit provides very good protection from CO poisoning.



Definitions

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

- | | | |
|----|---------------------|---|
| F | Functional | Functional at the time of the inspection. |
| NP | Not Present | Item not present or not found. |
| NV | Not Visible | Item was not visible at the time of the inspection. |
| NT | Not Tested | Due to conditions beyond our control, this item/area was not tested. Reasons may be due to: storage, weather, item not completely installed, utilities not turned on, pilot light not lit, or the item may fall outside the scope of the inspection, etc. |
| R | Repairs Recommended | Item is in need of repairs at this time. |

General Information

Property Information

Property Address Inspection street address
 City Champaign State IL Zip 61822-
 Contact Name Real estate agents name
 Phone () - Fax () -

Client Information

Client Name Your Name
 Client Address Your Address
 City Your City State IL Zip Your Zip
 Phone Your Phone Number Fax () -

Inspection Company

Inspector Name John Cheney
 License # 4500001239
 Company Name Pristine Inspections, LLC
 Company Address 2204 Barberry Dr.
 City Champaign State IL Zip 61821
 Phone 217-352-3743 Fax 309-279-5720
 E-Mail Pristine@insightbb.com
 File Number 9999
 Amount Received \$305.00
 Payment Method Check Check # 9999

Conditions

Others Present Client's Agent at Beginning Client 100%
 Estimated Age 8 Years Entrance Faces East Property Occupied Yes
 Inspection Date 07/11/2007
 Start Time 8:20 am End Time 12:05 pm
 Electric On Yes No Not Applicable
 Gas/Oil On Yes No Not Applicable
 Water On Yes No Not Applicable
 Temperature 75 F
 Weather Sunny Soil Conditions Dry
 Space Below Grade Crawl Space
 Building Type Single family Garage Attached
 Sewage Disposal Septic How Verified Owner
 Water Source Shared Well How Verified Owner
 Additions/Modifications N/A

Lots and Grounds

- | | F | N | P | N | V | N | T | R | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway: Concrete |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walks: Concrete |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: Wood |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch: Concrete |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deck: Treated Wood - Clean and reseal the deck as part of routine maintenance. |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grading: Minor Slope |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swale: Slope For Drainage Present |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vegetation: Grass, Shrubs, Trees - Tree limbs over hang the roof and should be cut back |



9. Basement Stair Drain: No
 10. Exterior Surface Drain: No
 11. Lawn Sprinkler: No

Exterior Surface and Components

Make sure all garden hoses are disconnected from exterior hose faucets prior to freezing weather. Failure to remove the hose can result in the water lines inside the structure to burst and cause a flood condition.

- | | F | N | P | N | V | N | T | R | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Type: Vinyl Siding, Brick Veneer - Loose siding observed on the west side. The siding should be properly secured to prevent damage and allow it protect the house. |

Rusty steel lintels noted. Steel lintels, used above doors and window openings to support the brick on brick walls, should always be protected from the elements with a thorough coat of paint. Failure to maintain the lintels will allow them to rust and expand which will eventually crack the brick and mortar around the lintels. Removal of the existing rust, priming of the steel and painting is recommended.



- | | | | | | | | | | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Trim: Metal, Wood, Vinyl - Portions of the trim appear to be in need of repainting at this time. If the wood is not kept properly sealed, wood decay or rot will occur. Soft wood may be discovered during the surface preparation portion of this task. If so, wood repairs will need to be completed first. |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|



- | | | | | | | | | | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia: Metal |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits: Metal |

Exterior Surface and Components (Continued)

5. **Door Bell:** Hard Wired System - Chime did not operate when tested. Repairs are recommended to restore the doorbell system to a functional condition.

Damaged doorbell button was noted at the entry door area. A replacement button is recommended.



6. **Entry Doors:** Metal/Glass w/ Side Lights
 7. **Deck/Patio Door:** Clad Wood Slider
 8. **Exterior Lighting:** Pole & Surface Mounted
 9. **Exterior Electric Outlets:** Grounded Outlets - GFCI outlets recommended as a safety upgrade.

10. **Exterior Hose Faucets:** Yes **Water Pressure:** 45-50 PSI

11. **Hose Faucets:** Tested - Burst northwest hose faucet noted, which when used is leaking water into the structure. This occurs when a hose is left connected to a faucet during freezing temperatures and the water expands splitting the pipe. Even freeze-proof faucets will burst during these conditions. Repairs by a qualified plumber is recommended to correct this issue.



12. **Main Gas Valve:** Located At The Gas Tank

Roof

The roof is not a shingle by shingle inspection, rather an overview of the overall roof condition.

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House & Garage Roof Surface

1. **Method of Inspection:** Walked The Roof Surface

2. **Unable to Completely Inspect:**

3. **Material:** Composition Shingles - Exposed nail head noted where the front peak meets the main portion of the house. All such nail heads should be covered or sealed to eliminate the possibility of water penetration. Repairs are recommended to correct this condition.



4. **Type:** Gable/1 Layer

5. **Approximate Age:** 7 Years

6. **Flashing:** Metal, Neoprene
 7. **Valleys:** Cut Shingles (closed valley)
 8. **Plumbing Vents:** PVC
 9. **Gutters:** Metal
 10. **Downspouts:** Metal
 11. **Gutter Downspout Extension:** Metal - Disconnected extension noted at the northeast corner. Reconnect the extension to move the water farther away from the house.



Air Conditioning

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South Side Of Structure AC System

1. A/C System Operation: Tested
2. Condensate Removal: PVC to Sump Pump
3. Exterior Unit: Amana
4. Type: Central A/C Capacity: 3.5 Ton
5. Area Served: Entire House Approximate Age: 9 Years
6. Fuel Type: 240 Temperature Differential: 17 Degrees F.
7. External Condensor Unit: Appears Functional
8. Refrigerant Lines: Deteriorated Insulation - Deteriorated insulation observed on the refrigerant lines running from the exterior unit to the house. Repairs/replacement of the insulation is recommended to allow the A/C system to operate efficiently.
9. Electrical Disconnect: Breaker Disconnect



Garage/Carport

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Side Of House Garage

1. Type of Structure: Attached Car Spaces: 2
2. Exterior Surface: Same As House
3. Roof: Same As House
4. Exterior Side Door: Metal & Glass - Deadbolt will not latch.

Paint repairs needed on trim.

5. Overhead Garage Doors: Metal
6. Number of Overhead Doors: 1 2 3 More than 3 None
7. Door Operation: Mechanized

Overhead Garage Door Opener

8. Door Opener: Lift Master - The automatic reverse system did not active when reasonable pressure was encountered. Openers manufactured after April 1, 1982 must have a safety reverse system that activates after striking a 1" high, 2x4 object - like the one used to test the door. Minor adjustments or repairs are recommended to allow the safety system to work properly. The manufacturer recommends that this test is performed monthly and adjustments made if necessary.
9. Door Opener Safety Systems: Elec. Eyes Pressure None

Attached Garage Interior

10. Walls: Drywall
11. Ceiling: Drywall
12. Floor/Foundation: Concrete
13. Floor Drain: No
14. Door To Interior: Metal & Glass - Missing Strike plate hardware for the deadbolt. Replacement hardware is recommended.

Metal & glass doors do not provide adequate fire protection. While the installation of this type of door may have been allowed at the time this house was constructed, I recommend upgrading this door to a fire-rated type door as a fire safety precaution.

Garage/Carport (Continued)

- 15. **Electrical:** Grounded Outlets - GFCI outlet(s) recommended for installation as a safety upgrade.
- 16. **Lights, Switches, Ceiling Fans:** Lighting Present
- 17. **Windows:** Clad Wood Double Hung - Missing latch noted on the north window, so the window can not lock. Repairs are recommended as a safety precaution.

Electrical

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- 1. **Service Size Amps:** 200 **Volts:** 120-240
- 2. **Service Type:** Underground
- 3. **External Disconnect?** Yes No
- 4. **120 Branch Circuits:** Copper
- 5. **240 Branch Circuits:** Copper
- 6. **Conductor Type:** Plastic Covered
- 7. **Ground:** Wire Exiting Panel Box

Garage Electric Panel

- 8. **Manufacturer:** Square D
- 9. **Panel Max Capacity:** 200 Amps
- 10. **Service Wire:** Copper
- 11. **Main Disconnect Size/Type:** 200 Amp Breaker
- 12. **Breakers:** 32- 120v / 4 - 240v / no Empty Slots
- 13. **Arc Fault Circuit Interrupters in Panel?** Yes No
- 14. **Ground Fault Circuit Interrupter(s) in Panel?** Yes No
- 15. **Is the panel bonded?** Yes No Not Determined

Garage Electric Panel

- 16. **Manufacturer:** Square D - Panel not completely labeled. All breakers should be labeled as a safety precaution.

Cover could not be removed due to the trim around the unit. Repairs are recommended to allow the access to the panel.

Missing breaker knock outs were observed in the panel box. No open slots or holes are allowed to be present in an electric service panel. A proper cover should be installed in any open slot or hole to correct this potential shock hazard.

Neutral & ground wires are not separated within the panel box. Electrical sub-panels are supposed to have the neutrals & grounds wires routed to separate buss bars to ensure safe operation of the electrical system. Evaluation and/or repairs by a qualified electrician is recommended.



- 17. **Panel Max Capacity:** 100 Amps
- 18. **Service Wire:** Aluminum
- 19. **Main Disconnect Size/Type:** Not Present In Panel

Electrical (Continued)

- 20. Breakers: 6- 120v / no 240v / no Empty Slots
- 21. Arc Fault Circuit Interrupters in Panel? Yes No
- 22. Ground Fault Circuit Interrupter(s) in Panel? Yes No
- 23. Is the panel bonded? Yes No Not Determined

Heating System

If duct board material is used on any portion of the HVAC system, please be advised that such material is very susceptible to damage and the tape that holds the joints together can come loose with age. Periodic inspections are recommended to ensure proper operation of the HVAC system.

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Garage Heating System

- 1. Heating System Operation: Tested
- 2. Manufacturer: Amana
- 3. Type: Forced Air Capacity: 115,000 BTU
- 4. Area Served: Entire House Approximate Age: 8 Years
- 5. Fuel Type: Propane gas
- 6. Number of Burners: 5 Burners
- 7. Enclosed Combustion: No
- 8. Filter Type: Reusable Filter - Check the filter monthly and anticipate changing it every 2-3 months.
- 9. Filter Location: Top Cabinet of Furnace Filter Size: Not Determined
- 10. Distribution System: Metal Ducts, Insulated Flex Ducts
- 11. Flue Pipe: PVC
- 12. Humidifier: No
- 13. Thermostats: Mechanical
- 14. Tank Location: Rear Yard
- 15. Suspected Asbestos: No

Plumbing

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- 1. Service Line: Plastic
- 2. Main Water Shutoff: Crawl Space
- 3. Water Lines: Copper
- 4. Drain Pipes: PVC - Leak observed in the crawl space at spa tub drain. Repairs are recommended to correct this deficiency.



- 5. Service Caps: Observed
- 6. Gas Service Lines: Black Iron, Flex Connector

Garage Water Heater

- 7. Water Heater Operation: Tested
- 8. Manufacturer: State
- 9. Fuel Type: Propane Capacity: 73 Gal.
- 10. Area Served: Entire House Approximate Age: 7 Years
- 11. Flue Pipe: Type B Vent
- 12. TPRV and Drain Tube: Copper

Laundry Room/Area

Pristine Home Inspections do not operate or test washing machines and dryers. If the washer/dryer are included with the house, they should be tested prior to closing to determine if they function properly.

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Laundry Room/Area

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Ceramic Tile |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood Panel |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: Grounded Outlets |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting Present |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Floor Register |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Plastic |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink Plumbing/Fixtures: Tested |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Washer Hose Bib: Observed Only |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Washer Drain: Wall Mounted Drain |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Dryer Vent: Corrugated Metal Flex - Missing exterior louver noted at this time. Repairs or replacement of this unit is recommended to keep out rodents, birds, and rain/snow entry. |



13. Dryer Hookup: Electric Gas

Kitchen

F NPNVNT R

Kitchen

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooking Appliances: Electric Range |
| 2. | Stove Hookup: | <input checked="" type="checkbox"/> | Electric | <input type="checkbox"/> | Gas | |
| 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stove Gas Line: Not Present |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilator: Tested - This vent unit does not vent anywhere. It is designed to vent to the exterior, but the knock-out has never been removed to date. Repairs are needed to correct this condition. |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher: Tested |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator: Tested |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Microwave: Tested |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink: Porcelain |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink Plumbing/Fixtures: Tested |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: GFCI Outlets, Grounded Outlets (GFCI Protected) |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting Present |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter Tops: Laminate |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabinets: Wood |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Clad Wood Slider |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Floor Register |

Bathroom

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Laundry Room Bathroom

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Ceramic Tile |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood Panel |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Electrical: GFCI Outlet - Open ground noted at the GFCI outlet. Any 3-prong outlet installed in a house is supposed to be properly grounded. Repairs are recommended to correct this condition. |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting Present |
| 7. | Vanity Cabinet | | | | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Cultured Marble |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink Plumbing/Fixtures: Tested |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Tested |
| 11. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: None Present |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric Unit |

Hallway Bathroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Ceramic Tile |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood Panel |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: GFCI Outlets |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting Present |
| 19. | Vanity Cabinet | | | | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Cultured Marble-2 Bowls |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink Plumbing/Fixtures: Tested |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tub/Shower: One Piece Unit - Stopper not operating properly. The unit will not stay open to allow the water to drain. Repairs are recommended to allow the stopper to function properly. |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Tested |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Floor Register |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Clad Wood Double Hung |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric Unit |

Master Bathroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| 27. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 28. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 29. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Ceramic Tile |
| 30. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood Panel |
| 31. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: GFCI Outlets |
| 32. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting Present |
| 33. | Vanity Cabinet | | | | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 34. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Cultured Marble-2 Bowls |
| 35. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink Plumbing/Fixtures: Tested |
| 36. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower: Cultured Marble Unit |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spa Tub: Built-In Tub w/Cultured Marble Surround - GFCI device not located for the spa tub. Spa tub pumps should be protected with a GFCI device that is 'readily accessible'. Repairs are needed to ensure safe operation of this system. |
| 38. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Tested |
| 39. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Floor Register |
| 40. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Clad Wood Double Hung |
| 41. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric Unit |

Bedroom

F NPNVNT R

Master Bedroom

- | | | | | | | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Walk-In |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood Panel |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Clad Wood Double Hung, Fixed Pane |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Electrical: Grounded Outlets - Open ground noted at the northeast 3 prong outlet. Any 3-prong outlet installed in a house is supposed to be properly grounded. Repairs are recommended to correct this condition. |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting, Ceiling Fan |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Floor Registers |

East Bedroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Large |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood Panel |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Clad Wood Double Hung |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: Grounded Outlets |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting Present - Fan speeds not tested. |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Floor Register |

West Bedroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Small Walk-in |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood Panel |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Clad Wood Double Hung |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: Grounded Outlets |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting, Ceiling Fan |
| 27. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Floor Registers |

Living Space

F NPNVNT R

Dining Room Living Space

- | | | | | | | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Clad Wood Double Hung |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: Grounded Outlets |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting Present |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Floor Register |

Living Room Living Space

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Clad Wood Unit |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: Grounded Outlets |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lights, Switches, Ceiling Fans: Lighting, Ceiling Fan |

Living Space (Continued)

14. HVAC Source: Floor Registers

Front Entry Living Space

15. Closet: 3 Small

16. Ceiling: Drywall

17. Walls: Drywall

18. Floor: Hardwood

19. Doors: Wood Panel

20. Electrical: Grounded Outlets

21. Lights, Switches, Ceiling Fans: Lighting Present

22. HVAC Source: Floor Registers

Sun Room Living Space

23. Ceiling: Drywall

24. Walls: Drywall

25. Floor: Ceramic Tile

26. Doors: Metal & Glass

27. Windows: Clad Wood Double Hung

28. Electrical: Grounded Outlets

29. Lights, Switches, Ceiling Fans: Lighting, Ceiling Fan

30. HVAC Source: None Visible

Bonus Room Living Space

31. Ceiling: Drywall

32. Walls: Drywall

33. Floor: Carpet, Hardwood

34. Doors: Wood Panel

35. Windows: Clad Wood Double Hung

36. Electrical: Grounded Outlets

37. Lights, Switches, Ceiling Fans: Lighting, Ceiling Fan - Inoperative ceiling fan light observed. The wall switch did not operate the light when tested, so repairs are recommended. The bulb should be replaced first and if the light still fails to operate, then further evaluation is needed and repairs made as necessary.

38. HVAC Source: Floor Registers

Fireplace/Wood Stove

All fireplace units should be examined/cleaned annually by a chimney sweep or brick mason as a fire safety precaution.

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Living Room Fireplace

1. Fireplace Construction: Metal Prefab - Gas shutoff valve was not observed/located for the fireplace. Installation of a gas valve may be needed to ensure safe/proper operation of the fireplace.

2. Type: Gas log (vent-free type unit)

3. Hearth: No Hearth Material in Place

Attic

F NPNVNT R

House (Master) Attic

1. Method of Inspection: Walked Through the Attic
2. Unable to Completely Inspect:
3. Access: Wood Panel
4. Access Location: Master Bedroom Closet
5. Roof Framing: 2x4 Truss, 2x6 Rafter
6. Sheathing: Oriented Strand Board (OSB)
7. Ventilation: Ridge and Soffit Vents
8. Insulation Type: Fiberglass Blown-in - Loose fill altered. The insulation in the middle of the attic has been pushed to the sides revealing the drywall. The insulation should be redistributed evenly over the entire area.



9. Insulation Depth: 0" - 14"
10. Vapor Barrier: Not Present
11. Electrical: Wiring & Lighting
12. Bathroom Fan Venting: Vents To Ridge Vent, Vents To Soffit

House (North) Attic

13. Method of Inspection: From The Attic Access Only
14. Unable to Completely Inspect:
15. Access: Wood Panel
16. Access Location: Bedroom Closet
17. Roof Framing: 2x4 Truss
18. Sheathing: Oriented Strand Board (OSB)
19. Ventilation: Ridge and Soffit Vents
20. Insulation Type: Fiberglass Blown-in
21. Insulation Depth: 12" - 14"
22. Vapor Barrier: Not Present
23. Electrical: Wiring & Lighting - Missing cover plate noted. All switches and outlet boxes should have covers installed on them at all times as a safety precaution. If not repaired, a person can come into contact with energized electrical components.
24. Bathroom Fan Venting: Not Visible

Crawl Space

F NPNVNT R

Under Entire House Crawl Space

1. Method of Inspection: Crawled Entire Area
2. Unable to Completely Inspect:
3. Access: Wood Panel
4. Access Location: Garage
5. Debris? No
6. Moisture: Past Evidence Noted
7. Ventilation: Observed
8. Insulation: Styrofoam - No insulation present in the box sill at this time. Adding insulation in the box sill area is recommended. Doing this will help improve upon the heating and cooling costs associated with this house.
9. Vapor Barrier: Not Present - No moisture or vapor barrier present in the crawl space at this time. All portions of the soil under the structure should be covered with preferably with 6mil plastic sheeting to keep the moisture from traveling through the house.
10. Sump Pump: Submersible Pump Unit Sump Pump Location: Southeast Corner - Debris observed in the sump pump basin. Removal of the debris is recommended to allow the pump to continue to operate properly.



Flexible discharge line observed is inadequate. Flex discharge line is leaking from the flex line above the pump. Flex lines are very susceptible to developing leaks and are considered a poor material for sump pump drain lines located inside a structure. Rigid PVC piping, complete with a check valve, if not already installed, is recommended to replace the existing drain line.



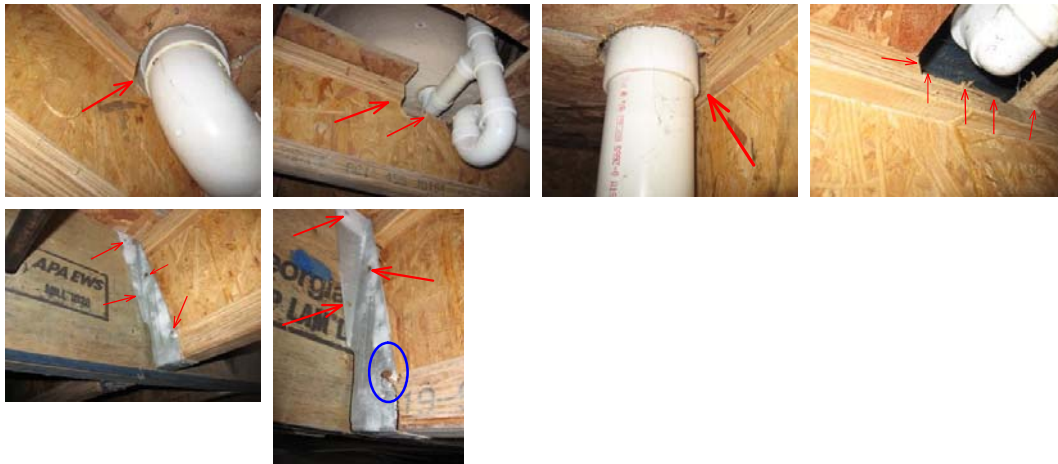
11. Sump Pump Backup: Water Battery Other None
12. Electrical: Wiring & Lighting

Structure

F NPNVNT R

- 1. **Structure Type:** Wood Frame
- 2. **Foundation:** Cement Block
- 3. **Bearing Walls:** Block
- 4. **Joists/Trusses:** Wood I-Joists - Modified wood I-joist was observed. There is a notch cut out of a floor joist, and on this type of framing system, no notching is typically permitted per the manufacturer's specifications. I recommend contacting the joist manufacturer for repair specifications per their engineering department. Such specifications should be followed exactly in order to ensure the I-joist is properly repaired.

Joist hangers improperly installed, due to missing nails. Joist hanger installation requires that all nail holes be used to attach the bracket and the joist to the bracket. Repairs are recommended.



- 5. **Subfloor:** Oriented Strand Board (OSB Sheathing)

Interior

F NPNVNT R

- 1. **Stairs/Handrails:** Wood Stairs, No Handrail System - Missing handrails noted. This is a potential safety hazard and should be corrected by installing proper handrails.



- 2. **Smoke Detector(s):** Present - Near Bedrooms - Test all smoke detectors monthly, replace the battery at least once per year, and install brand new smoke detectors every 10 years.
- 3. **Carbon Monoxide Detector(s):** None Observed - No carbon monoxide (CO) detector was observed in this dwelling today. Operational CO detectors are required to be installed in residential dwellings within 15 feet of any sleeping rooms. The State of Illinois enacted this law January 1, 2007, so if such device is not currently installed, one must be installed as soon as possible in order to conform to this safety requirement. A digital indicating, direct plug-in type unit provides very good protection from CO poisoning.



Interior (Continued)