

**ALPHA HOME INSPECTORS, INC.**  
**Serving All of New Jersey and Surrounding Areas**



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SERVING ALL OF NEW JERSEY AND SURROUNDING AREAS

00/00/00

Dear Mr. Smith:

At your request, we submit to you our inspection report. This report offers a comprehensive description of the premises and evaluates all major systems such as foundation, basement, heating system, central air conditioning, plumbing, roofing, exterior siding, termites and electrical system. You will also find specific recommendations to maintain and repair the premises.

This report is based on observations of our inspectors and carries no guarantee or warranty.

The areas of the sub-structure that are accessible and open have been visually inspected. Between the time of this inspection and closing date some changes might occur, therefore, we advise you to have a final "walk-through" inspection of the property just prior to the closing date.

Should you have any questions regarding our report, kindly contact our office at (800) 542-9020.

It is our pleasure to conduct business with you. We appreciate your selection of our Alpha Home Inspectors, Inc. to conduct this inspection and we look forward to any assistance we can be to you.

Very truly yours,

Fawzy I. Salib, P.E.  
President

**Inspection Date:** 00/00/00

**Time:** 9:00 a.m.

**Address:** Any town

**Design/Style:** Colonial

**No. of Bedrooms:** 4

**No. of Bathrooms:** 2½

Vacant

Occupied

One Family

Two Family

Three Family

Other

Municipal Water

Well Water

Municipal Sewer

Septic

Purchaser Attended

Purchaser Not Attended

**Inspection Fee:** \$425.00

**Present Owner:** Pat Jones

**Telephone:** (732) 000-0000

**Purchaser:** John Smith

**Address:** Any town, USA

**Telephone:** (201) 000-0000

**Copy Sent:**

**Name:** Attorney

**Address:** Any town, USA

**Name:** Realtor

**Address:** Any town, USA

**RADON CANISTER #** 1234

**Radon Pickup:** Owner: (732) 000-0000

Foundation & Basement					
Type <input checked="" type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Brick	Not Applicable	Acceptable	Not Acceptable	Inaccessible	Comments
A. Foundation B. Concrete Basement Floor C. Concrete Home Slabs D. Anchors E. Girders F. Support Posts G. Headers H. Sill Plates I. Floor Joists J. Sub Floor K. Exterior Doors L. Crawl Space  <input checked="" type="checkbox"/> Damp <input type="checkbox"/> Dry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*The two story detached single family house is built on concrete block type foundation walls supporting wood frame box *Replace structural stress cracked basement front foundation wall caused by ground movement and water pressure *Replace basement termite damaged sill plate and joists located at the right side of basement underneath first floor bathroom *Replace rotted main center beam underneath first floor bathroom *Install sump pump and interior french drain to solve basement active water seepage *Install floor vapor barrier on crawl space dirt floor *Replace damaged masonry front stoop steps *Install safety hand railing to basement stairway *Check for lead paint
Additional Comments:					
<input type="checkbox"/> Hairline Cracks <input checked="" type="checkbox"/> Evidence of Dampness <input type="checkbox"/> Interior Drain Noted <input checked="" type="checkbox"/> Entry Door Seepage <input checked="" type="checkbox"/> Leakage <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Structural Cracks <input type="checkbox"/> Sump Pump Pit Noted <input checked="" type="checkbox"/> No Drain <input type="checkbox"/> Basement Seepage Indicated <input type="checkbox"/> Condensation	<input type="checkbox"/> Bowing/Sagging <input type="checkbox"/> Dehumidifier Noted <input checked="" type="checkbox"/> Water Penetration Noted <input type="checkbox"/> Seepage Not Indicated <input type="checkbox"/> Water Stain			
Recommendations:					
<input checked="" type="checkbox"/> Additional Support Required <input checked="" type="checkbox"/> Sump Pump Required <input type="checkbox"/> Install Vapor/Barrier/Floor <input checked="" type="checkbox"/> Investigate Area Water Table <input type="checkbox"/> Other	<input type="checkbox"/> Re-Caulk/Repair <input checked="" type="checkbox"/> Dehumidifier Suggested <input checked="" type="checkbox"/> Consult Waterproofing Contractor <input checked="" type="checkbox"/> See Grading Remarks	<input type="checkbox"/> Insulate between Joists <input type="checkbox"/> Improve Ventilation <input checked="" type="checkbox"/> See Gutter Comments <input checked="" type="checkbox"/> Further Investigate			

Wood Destroying Insects																								
	No Insects	Minor	Medium	Extensive	Repair Required	Comments																		
Wood Destroying Insects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*Termite damage and infestation observed on sill plate and joists located at the right side of basement underneath first floor bathroom *Rotted wood observed on right side main center beam underneath first floor bathroom is conducive for termite and wood destroying insects																		
Additional Comments: <table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Damage</td> <td style="width: 33%;"><input type="checkbox"/> Prior Treatment</td> <td style="width: 33%;"><input checked="" type="checkbox"/> Wood Rot</td> </tr> <tr> <td><input checked="" type="checkbox"/> Live Termite Noted</td> <td><input type="checkbox"/> Excessive Dampness</td> <td><input checked="" type="checkbox"/> Infestation</td> </tr> <tr> <td><input type="checkbox"/> Fungus</td> <td><input checked="" type="checkbox"/> Insects</td> <td><input type="checkbox"/> Prior Infestation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Visible Evidences</td> <td><input checked="" type="checkbox"/> Obstructed Areas</td> <td><input type="checkbox"/> Certificate Enclosed</td> </tr> <tr> <td><input type="checkbox"/> Repair Indicated</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table>							<input checked="" type="checkbox"/> Damage	<input type="checkbox"/> Prior Treatment	<input checked="" type="checkbox"/> Wood Rot	<input checked="" type="checkbox"/> Live Termite Noted	<input type="checkbox"/> Excessive Dampness	<input checked="" type="checkbox"/> Infestation	<input type="checkbox"/> Fungus	<input checked="" type="checkbox"/> Insects	<input type="checkbox"/> Prior Infestation	<input checked="" type="checkbox"/> Visible Evidences	<input checked="" type="checkbox"/> Obstructed Areas	<input type="checkbox"/> Certificate Enclosed	<input type="checkbox"/> Repair Indicated			<input type="checkbox"/> Other		
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<input type="checkbox"/> Repair Indicated																								
<input type="checkbox"/> Other																								
Structural Layout																								
Recommendations: <table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Obtain Certification</td> <td style="width: 33%;"><input type="checkbox"/> Annual Inspection Suggested</td> <td style="width: 33%;"><input checked="" type="checkbox"/> Chemically Treat</td> </tr> <tr> <td><input checked="" type="checkbox"/> Consult Inspector</td> <td><input checked="" type="checkbox"/> Consult Exterminator</td> <td><input checked="" type="checkbox"/> Further Investigate</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Obtain Treatment Certificate &amp; Guarantee from owner.</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> To halt termites not detectable, an anti-termite chemical impregnation should be used.</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other</td> </tr> </table>							<input checked="" type="checkbox"/> Obtain Certification	<input type="checkbox"/> Annual Inspection Suggested	<input checked="" type="checkbox"/> Chemically Treat	<input checked="" type="checkbox"/> Consult Inspector	<input checked="" type="checkbox"/> Consult Exterminator	<input checked="" type="checkbox"/> Further Investigate	<input checked="" type="checkbox"/> Obtain Treatment Certificate & Guarantee from owner.			<input type="checkbox"/> To halt termites not detectable, an anti-termite chemical impregnation should be used.			<input type="checkbox"/> Other					
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<input type="checkbox"/> Other																								







Plumbing System

<p>Hot Water Heater:</p> <p>Manufacturer: <u>Rheem</u></p> <p>Size: <u>50</u> Gal.</p> <p><input checked="" type="checkbox"/> Independent System  <input type="checkbox"/> Combination System</p>	Not Applicable	Good	Serviceable	Poor	Inaccessible	Comments
<p>A. Hot Water Heater <input checked="" type="checkbox"/> Gas  <input type="checkbox"/> Oil  <input type="checkbox"/> Electric</p> <p>B. Capacity</p> <p>C. Water Piping  <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Copper  <input type="checkbox"/> Cast Iron <input type="checkbox"/> PVC  <input checked="" type="checkbox"/> Lead <input type="checkbox"/> Other</p> <p>D. Drain, Sewer And Vent Piping  <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Copper  <input checked="" type="checkbox"/> Cast Iron <input checked="" type="checkbox"/> PVC  <input type="checkbox"/> Lead <input type="checkbox"/> Other</p> <p>E. Plumbing Connections</p> <p>F. Water Pressure</p> <p>G. Drainage</p>						<p>*Hot water heater is approximately six (6) months old</p> <p>*This unit has an average life expectancy of ten (10) years under normal condition after installation</p> <p>*Obtain hot water heater warranty from the owner</p> <p>*Replace basement rusted and leaking galvanized water pipes and shut-offs</p> <p>*Replace main lead water pipe with copper pipes (health hazard)</p> <p>*Replace basement rusted and cracked four inch cast iron drain pipe located in utility room</p> <p>*Replace bathrooms rusted drain traps underneath sinks</p> <p>*Repair bathrooms sinks inoperable emergency water shut-offs</p> <p>*Replace kitchen leaking faucet</p> <p>*Install emergency shut-off to stove and oven gas pipe</p>

Additional Comments:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Aging Hot Water Heater               | <input type="checkbox"/> Winterized Hot Water Heater | <input type="checkbox"/> System Shutdown        |
| <input checked="" type="checkbox"/> Municipal Sewage Disposal | <input type="checkbox"/> Private Sewage Disposal     | <input checked="" type="checkbox"/> Rust Piping |
| <input checked="" type="checkbox"/> Leaks                     | <input checked="" type="checkbox"/> Corrosion        | <input type="checkbox"/> Blockage               |
| <input checked="" type="checkbox"/> Faucet Washer Leaks       | <input type="checkbox"/> Mineral Deposits            | <input type="checkbox"/> Maintain               |
| <input type="checkbox"/> Other                                |  |   |

Recommendations:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Plan Heater Replacement               | <input checked="" type="checkbox"/> Verify Energy Bills | <input type="checkbox"/> Install Clock Timer                    |
| <input checked="" type="checkbox"/> Drain & Clean Periodically | <input checked="" type="checkbox"/> Replace Trap Joints | <input type="checkbox"/> Dye Test Suggested                     |
| <input type="checkbox"/> Stress Test Suggested                 | <input checked="" type="checkbox"/> Consult Plumber     | <input checked="" type="checkbox"/> Re-Inspect Prior To Closing |
| <input type="checkbox"/> Other                                 |   |   |

Room To Room Analysis

	Not Applicable	Satisfactory	Marginal	Repair Required	Blemishes	Comments
<p>Foyer Entrance</p> <p><input checked="" type="checkbox"/> 1<sup>st</sup> Floor  <input type="checkbox"/> 2<sup>nd</sup> Floor  <input type="checkbox"/> 3<sup>rd</sup> Floor</p> <p>a) Floors  b) Ceilings &amp; Walls  c) Natural Light  d) Closets     <input checked="" type="checkbox"/> One    <input type="checkbox"/> Two</p> <p>2) Living Room</p> <p>a) Floors  b) Ceilings &amp; Walls  c) Natural Light  d) Closets     <input type="checkbox"/> One    <input type="checkbox"/> Two  e) Fireplace/Stove</p> <p>3) Dining Room</p> <p>a) Floors  b) Ceilings &amp; Walls  c) Natural Light  d) Closets     <input type="checkbox"/> One    <input type="checkbox"/> Two</p> <p>4) Recreation Room    <input type="checkbox"/> Basement</p> <p>a) Floors  b) Ceilings &amp; Walls  c) Natural Light  d) Closets     <input type="checkbox"/> One    <input type="checkbox"/> Two</p>						<p>*Repair living room damaged plaster wall underneath side window</p> <p>*Replace damaged hardwood floor</p>

Room To Room Analysis

	Not Applicable	Satisfactory	Marginal	Repair Required	Blemishes	Comments
5) Den a) Floors b) Ceilings & Walls c) Natural Light d) Closets <input type="checkbox"/> One <input type="checkbox"/> Two	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6) Kitchen <input type="checkbox"/> Eat In <input type="checkbox"/> Work Kitchen <input checked="" type="checkbox"/> Combination a) Floors b) Ceilings & Walls c) Natural Light d) Cabinet & Counter e) Electrical Receptacles f) Exhaust Fan g) Garbage Disposal h) Sink <input checked="" type="checkbox"/> Single <input type="checkbox"/> Double i) Hand Held Sprayer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*Replace cracked sink *Replace kitchen leaking faucet *Install emergency shut-off to stove and oven gas pipe *Install GFI receptacles
7) Bathroom # 2½ <input checked="" type="checkbox"/> First Floor <input checked="" type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor <input type="checkbox"/> Basement a) Toilet b) Tub c) Shower d) Sink e) Faucet & Washer <input type="checkbox"/> Leaks f) Joints Between Bathtub & Shower g) Tiles h) Exhaust Fan	<input type="checkbox"/> <input type="checkbox"/> <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"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*Repair bathrooms sinks inoperable emergency water shut-offs *Replace bathrooms rusted drain traps underneath sinks *Replace master bedroom bathroom cracked floor tiles *Re-caulk around bathtub and wall tiles

Room To Room Analysis

	Not Applicable	Satisfactory	Marginal	Repair Required	Blemishes	Comments
8) Master Bedroom  a) Floors b) Ceilings & Walls c) Natural Light d) Closets <input type="checkbox"/> One <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three e) Bathroom <input checked="" type="checkbox"/> See Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <sup>st</sup> floor <input checked="" type="checkbox"/> 2 <sup>nd</sup> floor <input type="checkbox"/> 3 <sup>rd</sup> floor
9) Bedroom  a) Floors b) Ceilings & Walls c) Natural Light d) Closets <input type="checkbox"/> One <input checked="" type="checkbox"/> Two	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <sup>st</sup> floor <input checked="" type="checkbox"/> 2 <sup>nd</sup> floor <input type="checkbox"/> 3 <sup>rd</sup> floor
10) Bedroom  a) Floors b) Ceilings & Walls c) Natural Light d) Closets <input checked="" type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <sup>st</sup> floor <input checked="" type="checkbox"/> 2 <sup>nd</sup> floor <input type="checkbox"/> 3 <sup>rd</sup> floor *Replace stained carpet
11) Bedroom  a) Floors b) Ceilings & Walls c) Natural Light d) Closets <input checked="" type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <sup>st</sup> floor <input checked="" type="checkbox"/> 2 <sup>nd</sup> floor <input type="checkbox"/> 3 <sup>rd</sup> floor *Replace closet missing door
12) Bedroom  a) Floors b) Ceilings & Walls c) Natural Light d) Closets <input type="checkbox"/> One <input type="checkbox"/> Two	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <sup>st</sup> floor <input type="checkbox"/> 2 <sup>nd</sup> floor <input type="checkbox"/> 3 <sup>rd</sup> floor

Fire Place/Wood Stove/Stove Insert & Insulation

	Not Applicable	Good	Serviceable	Poor	Inaccessible	Comments
A. Fire Place B. Wood Stove C. Stove Insert	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*Replace rusted and inoperable damper *Re-point brick chimney loose mortar joints above roof surface *Install chimney cap

Additional Comments:

Not Fire Tested                       Cosmetic                       No Damper  
 Furnace Fuel Only                       Inoperable Damper                       Flue Settlement Noted  
 Other

Recommendations:

Remove Antenna                       Reseal Flashing                       Install Fire Box Glass Door  
 Store Firewood Away From Structure, As It Creates A Nesting Place And Entry For Termites  
 Further Investigate By A Chimney Sweep To Evaluate Mortar Joints And Proper Draft  
 Other

A. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	*Install additional insulation on attic floor and between crawl space floor joists
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Additional Comments:

No Wall Access                       No Ceiling Access                       Inconsistent Levels  
 Improperly Installed                       Evidence Of Reinstallation                       Typical Of Year Built  
 Other

Recommendations:

Additional Insulation Required                       Insulate Scuttle Entry                       Re-Secure  
 Sampling/Analysis Suggested                       Verify Energy Bills                       Maintain  
 Other

Storms/Screens & Windows/Doors

	Not Applicable	Acceptable	Serviceable	Poor	Repair Required	Comments
A. Storms B. Screens	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	*Install missing storm door *Replace master bedroom, living room and kitchen damaged storm windows

Additional Comments:

<input type="checkbox"/> Representative Number	<input type="checkbox"/> Torn/Blemished	<input type="checkbox"/> Not All Accounted For
<input type="checkbox"/> Screens Only	<input type="checkbox"/> Insulated Glass	<input checked="" type="checkbox"/> Improper Operation
<input type="checkbox"/> Other		

Recommendations:

<input type="checkbox"/> Install Storms	<input checked="" type="checkbox"/> Install Storm Door	<input checked="" type="checkbox"/> Plan Replacement
<input type="checkbox"/> Spray with Silicone	<input type="checkbox"/> Install Screens	<input type="checkbox"/> Maintain
<input type="checkbox"/> Other		

A. Windows B. Doors	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	*Replace living room bay window rotted sill *Replace kitchen, bathrooms and dining room windows missing chain weights *Replace first floor bathroom and kitchen cracked windowpanes *Plan replacement of house original windows
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Additional Comments:

<input type="checkbox"/> Binding/Sticking	<input checked="" type="checkbox"/> Rot/Decay	<input checked="" type="checkbox"/> Broken/Cracked Glass
<input type="checkbox"/> Door Missing	<input type="checkbox"/> Weather-strip Noted	<input type="checkbox"/> Damaged Sash
<input checked="" type="checkbox"/> Major Heat Loss	<input type="checkbox"/> Painted Shut	<input checked="" type="checkbox"/> Improper Operation
<input type="checkbox"/> Missing Windows	<input type="checkbox"/> Stained Glass	<input checked="" type="checkbox"/> Missing Chain Weights
<input type="checkbox"/> Other		

Recommendations:

<input type="checkbox"/> Spray With Silicone	<input checked="" type="checkbox"/> Re- Caulk	<input checked="" type="checkbox"/> Plan replacement
<input type="checkbox"/> Install Window Locks	<input type="checkbox"/> Paint Required	<input checked="" type="checkbox"/> Replace broken Glass
<input type="checkbox"/> Other		





Porch/Deck & Sidewalks

	Not Applicable	Good	Serviceable	Poor	Repair Required	Comments
A. Porch <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Brick B. Deck <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Brick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*Reinforce porch bouncing and undersized 2x6 floor supports *Replace rear porch leaking roof shingles and install safety hand railing *Apply stain preservative to rear wood deck

Additional Comments:

<input type="checkbox"/> Cracking	<input type="checkbox"/> Wood Decay	<input type="checkbox"/> Loose Brick
<input type="checkbox"/> Wood/Soil Contact	<input type="checkbox"/> Improperly Sloped	<input checked="" type="checkbox"/> Improperly Supported
<input checked="" type="checkbox"/> Closed Porch	<input type="checkbox"/> Consult Inspector	<input type="checkbox"/> Maintain
<input type="checkbox"/> Other		

Recommendations:

<input type="checkbox"/> Re-point	<input checked="" type="checkbox"/> Install Railing	<input type="checkbox"/> Re-Caulk/Repair
<input type="checkbox"/> Rehabilitate	<input type="checkbox"/> Re-secure Rail	<input checked="" type="checkbox"/> Stain/Preservative
<input type="checkbox"/> Other		

A. Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	*Remove front tree roots lifting concrete sidewalk *Replace cracked and lifted concrete sidewalk (trip hazard)
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Additional Comments:

<input checked="" type="checkbox"/> Cracking	<input type="checkbox"/> Slate/Stone	<input type="checkbox"/> Deteriorated Surface
<input type="checkbox"/> Snow Covered	<input checked="" type="checkbox"/> Frost/Root Upheaval	<input type="checkbox"/> Normal Weathering
<input type="checkbox"/> Other		

Recommendations:

<input type="checkbox"/> Rehabilitate	<input checked="" type="checkbox"/> Replace	<input type="checkbox"/> Re-caulk/Repair
<input type="checkbox"/> Other		



Exterior Siding & Pool						Comments
	Not Applicable	Good	Serviceable	Poor	Repair Required	
<p>A. Exterior Siding</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Stucco  <input checked="" type="checkbox"/> Brick  <input type="checkbox"/> Aluminum  <input type="checkbox"/> Wood Shake  <input type="checkbox"/> Wood Board  <input type="checkbox"/> Other                 </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Vinyl  <input type="checkbox"/> Stone  <input type="checkbox"/> Steel  <input type="checkbox"/> Wood Shingles  <input type="checkbox"/> Asbestos Shingles                 </div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*Re-point front brick siding loose mortar joints above garage                      *Repair cracked front brick above front stoop steps                      *Secure loose sections of right side vinyl siding above living room windows                      *Install soffit vents at the rear of house</p>
<p>Additional Comments:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Rot Decay  <input type="checkbox"/> Dry/Splitting  <input type="checkbox"/> Damaged Fascia  <input type="checkbox"/> Other                 </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Cracks  <input type="checkbox"/> Blistered/Peeling  <input type="checkbox"/> Normal Weathering                 </div> <div style="width: 30%;"> <input type="checkbox"/> Losing/Missing Sections  <input type="checkbox"/> Damaged Soffits  <input type="checkbox"/> Stain/Weatherize                 </div> </div>						
<p>Recommendations:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Re-caulk/Repair  <input type="checkbox"/> Other                 </div> <div style="width: 30%;"> <input type="checkbox"/> Painting Required                 </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Install Soffit Vents                 </div> </div>						
<p>A. Pool</p> <input type="checkbox"/> Above Ground <input checked="" type="checkbox"/> Below Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>*Replace aged and leaking filter                      *Plan replacement of aged liner                      *Repair cracked section of concrete apron                      *Install safety fence around pool</p>
<p>Additional Comments:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Winterized  <input type="checkbox"/> Cracks  <input type="checkbox"/> New Pool  <input type="checkbox"/> Other                 </div> <div style="width: 30%;"> <input type="checkbox"/> Covered  <input type="checkbox"/> Leaks  <input type="checkbox"/> Aged Pool                 </div> <div style="width: 30%;"> <input type="checkbox"/> In Service  <input type="checkbox"/> Not Evaluated  <input type="checkbox"/> Maintain                 </div> </div>						
<p>Recommendations:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Replace Liner  <input type="checkbox"/> Secure Supports  <input type="checkbox"/> Other                 </div> <div style="width: 30%;"> <input type="checkbox"/> Replace Filter  <input type="checkbox"/> Repair Cracks                 </div> <div style="width: 30%;"> <input type="checkbox"/> Install Gate  <input type="checkbox"/> Consult Pool Technician                 </div> </div>						

Exterior Soil Grade

	Satisfactory	Improve	Poor	Repair Required	Snow Cover	Comments
Exterior Soil Grade:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Add topsoil to depressed areas around the house to redirect excessive water runoff away from the house (see basement water seepage comments p. 2) *Remove ivy vines encasing foundation walls and siding

Additional Comments:

- Wood/Soil Contact                       Terrace Slope                       Maintain  
 Other

Recommendations:

- Install Swale                                       Add Topsoil                                       Cut Back Shrubs  
 Encourage Thick Turf                                       Remove Ivy Vines                                       Encourage Shrubs  
 Proper Soil Grading Height Should Always Redirect Excess Roof And Surface Water Runoff  
     Away From Foundation Wall.  
 Other