

Definitions

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

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

General Information

Property Information

Property Address 300 LAKES
City MALTON State NY Zip 12000
Contact Name John Smith
Phone NA Fax na

Client Information

Client Name Jane O'Brien
Client Address NA
City NA State NY Zip NA
Phone 555/555/5555 Fax NA
E-Mail Somewhere@yahoo.com

Inspection Company

Inspector Name Lawrence McGann license# 16000008493 Tim Lucey
Company Name Spire Inspections, LLC
Company Address 11 Gretel Terrace
City Ballston Lake State NY Zip 12019
Phone 518-937-2952 Fax na
E-Mail hawk@spireinspections.com
File Number 80519
Amount Received \$0

Conditions

Others Present Family Property Occupied Occupied
Estimated Age 20 years old Entrance Faces South
Inspection Date 00/00/00
Start Time 3:00 End Time 5:30 pm
Electric On Yes No Not Applicable
Gas/Oil On Yes No Not Applicable
Water On Yes No Not Applicable
Temperature 78 degrees
Weather Sunny Soil Conditions Dry
Space Below Grade Basement
Building Type Single family Garage Attached
Sewage Disposal City How Verified Sellers Agent
Water Source City How Verified Sellers Agent

Lots and Grounds

- | | A | NP | NI | M | D | |
|----|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway: Asphalt |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walks: Concrete, & Pavers |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch: Concrete |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio: Pavers |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grading: Minor slope |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swale: Adequate slope and depth for drainage |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vegetation: plants |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Wells: Drain present |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lawn Sprinklers: Present not inspected |

Exterior Surface and Components
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- | | A | NP | NI | M | D | |
|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| Main Exterior Surface | | | | | | |
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: Vinyl siding |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trim: Vinyl |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia: Vinyl |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits: Aluminum |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Bell: Hard wired |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entry Doors: Metal |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio Door: Vinyl sliding |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Screens: Metal |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Windows: Vinyl slider |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Lighting: Pole light recessed light on front porch 1 not working at time of inspection |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Exterior Electric Outlets: 110 VAC not working at time of inspection |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose Bibs: Rotary |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas Meter: Exterior surface mount at side of home |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main Gas Valve: Located at gas meter |



Outbuilding

A NP NI M D

East corner of lot Outbuilding

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Surface: Vinyl siding |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof: Fiberglass shingle |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Structure: Wood truss |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Concrete |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: Poured slab |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Steel |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets and lighting circuits |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing: Copper |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Convection baseboard |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gutters: Aluminum |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downspouts: Aluminum |
| 15. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leader/Extension: Missing |

Roof

A NP NI M D

Main Roof Surface

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | | | | | | Method of Inspection: Binoculars used to view from ground. |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: 10% Height of roof |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material: Asphalt shingle |
| 4. | | | | | | Type: Hip |
| 5. | | | | | | Approximate Age: 5-10 |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flashing: Aluminum |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Valleys: Asphalt shingle |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing Vents: PVC |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Mast: Underground utilities |
| 10. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gutters: Not present Gutters, downspouts, and extensions recommended to move surface water away from foundation. |
| 11. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downspouts: Not present |
| 12. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leader/Extension: Not Present |

South Chimney

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chimney: Stone |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flue/Flue Cap: Clay tile |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chimney Flashing: Aluminum |

Garage/Carport

A NP NI M D

Attached Garage

1. Type of Structure: Attached Car Spaces: 2
2. Garage Doors: Insulated door,
3. Door Operation: Mechanized
4. Door Opener: Overhead Door safety cable recommended
5. Exterior Surface: Vinyl siding
6. Roof: Asphalt shingle
7. Roof Structure: 2x4 Truss roof structure not visible .
8. Service Doors: Metal
9. Ceiling: Paint
10. Walls: Paint
11. Floor/Foundation: Poured slab 40percent of garage floor was not visible at time of inspection due to household items
12. Electrical: 110 VAC GFCI
13. Windows: Vinyl double hung

Electrical

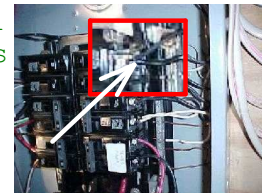
Testing of smoke detectors or alarms, timers, low voltage circuits such as door bells, security, and pet containment systems are beyond the scope of this inspection. Smoke detectors are recommended to be located in each Bedroom and one per floor level. Smoke alarms should be tested monthly and replaced per manufacturers guidelines or every ten years. Recommend grounded and GFCI protected outlets be installed at all Exterior, Kitchen, Wet Bar, Garage and Unfinished Basement outlet locations.

A NP NI M D

1. Service Size Amps: 150 Volts: 110-240 VAC
2. Service: Aluminum
3. 120 VAC Branch Circuits: Copper
4. 240 VAC Branch Circuits: Copper
5. Aluminum Wiring: Not present
6. Conductor Type: Romex
7. Ground: Plumbing and rod in ground.
8. Smoke Detectors: Hard wired with battery backup Safety: Recommend replacing batteries every 6 months

Basement Electric Panel

9. Manufacturer: Square D Double taps noted in panel at several breakers. Further evaluation by a licensed electrician is recommended
10. Max Capacity: 150 Amps
11. Main Breaker Size: 150 Amps
12. Breakers: Copper and Aluminum approved breakers
13. AFCI Bedrooms
14. GFCI Basement, garage, kitchen, bathrooms
15. Is the panel bonded? Yes No



Structure

- | | A | NP | NI | M | D | |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structure Type: Assumed wood framed not visible |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: Poured |
| 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Differential Movement: No movement or displacement noted |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beams: Steel I-Beam |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists/Trusses: 2x10 |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piers/Posts: Poured piers and steel posts |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Slab: Poured slab |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairs/Handrails: Wood stairs with wood handrails |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subfloor: Composite manufactured materials |

Attic

- | | A | NP | NI | M | D | |
|-------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Main Attic | | | | | | |
| 1. | | | | | | Method of Inspection: From the attic access |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: 25% |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Framing: Rafter |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sheathing: Plywood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Ridge and soffit vents |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: Fiberglass |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation Depth: Approx. 10-12 inches |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vapor Barrier: Paper |
| 9. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiring/Lighting: Not Present |
| 10. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Penetration: Not present at time of inspections |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bathroom Fan Venting: Vented to gable end of home |

Basement

- | | A | NP | NI | M | D | |
|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|---|
| Main Basement | | | | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: 20% Storage boxes, Storage shelves |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Exposed framing |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Insulation |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors: Poured Slab |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: French drain |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl slider |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vapor Barrier: foil |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: Fiberglass |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ventilation: Windows |
| 13. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump: Not Present |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Location: Not present at time of inspection |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bsmt Stairs/Railings: Wood stairs with wood handrails |

Fireplace/Wood Stove

A NP NI M D

Family Room Fireplace

1. Fireplace Construction: Stone
2. Type: Wood burning
3. Smoke Chamber: Brick
4. Flue: Tile
5. Damper: Metal
6. Hearth: Raised

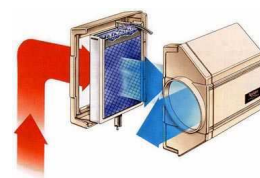
Heating System

Mechanical equipment tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not determine balancing or sizing of system. The inspection covers only the visible components of the heating system. Hidden problems may exist that are not documented in this report. Annual cleaning and servicing recommended for best performance and life expectancy.

A NP NI M D

Basement Heating System

1. Heating System Operation: Functional at time of inspection, No flues gases or carbon monoxide were present during time of inspection.
2. Manufacturer: Lennox
3. Model Number: 23495-320945 Serial Number: 43p93=24985=30
4. Type: Forced air Capacity: 100,000 BTUHR
5. Area Served: Whole Bldg Approximate Age: 7
6. Fuel Type: Natural gas
7. Heat Exchanger: 5 Burner
8. Blower Fan/Filter: Direct drive with disposable filter
9. Distribution: Metal duct
10. Draft Control: Automatic
11. Flue Pipe: Single wall
12. Controls: Limit switch
13. Humidifier: April-Aire Humidifier water panel has excessive buildup. Recommend cleaning periodically. See illustration for water panel location.
14. Thermostats: Programmable



Plumbing

- | | A | N | P | NI | M | D | |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service Line: Copper |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main Water Shutoff: Basement |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Lines: Copper |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drain Pipes: PVC |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service Caps: Accessible |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vent Pipes: PVC |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas Service Lines: Black iron |
| Basement Water Heater | | | | | | | |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Heater Operation: Functional at time of inspection Water temperature 112 degrees. |
| 9. | Manufacturer: Bradford-White | | | | | | |
| 10. | Model Number: MIITW50T6EN10 Serial Number: WA8133330 | | | | | | |
| 11. | Type: Natural gas Capacity: 48Gal. | | | | | | |
| 12. | Approximate Age: 7yrs. Area Served: 1st and 2nd floor | | | | | | |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flue Pipe: PVC |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TPRV and Drain Tube: Copper drain tube extending toward floor |

Bathroom

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

- | | A | N | P | NI | M | D | |
|---------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| Master Bathroom Bathroom | | | | | | | |
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Large |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 3. | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | Floor: Carpet |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets and lighting circuits |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Laminate and wood |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Molded single bowl |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Faucets/Traps: Moen fixtures with a PVC trap Leaking trap, repair required |



- | | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: Fiberglass tub and ceramic tile surround |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: Fiberglass pan and ceramic tile surround |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Kohler |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan and window |

Kitchen

Appliances are tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

1st Floor Kitchen

- | | | | | | | |
|-----|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooking Appliances: General Electric |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilator: Air Care |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disposal: In-Sinkerator |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Dishwasher: General Electric SAFETY ISSUE- Hotpoint Dishwashers from 4/83 to 1/89, Slide - switch fire hazard, GSD500D, with S/N with 2nd letter of A. Contact GE at 1-800-599-2929 or www.geappliancerecall.com for rebate info on replacement and/or supplemental rewiring option of existing unit. |
| 5. | Air Gap Present? <input checked="" type="radio"/> Yes <input type="radio"/> No Air gap hose improperly connected | | | | | |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash Compactor: In-Sinkerator |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Refrigerator: Frigidaire Loose or damaged door seal |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Microwave: Amana |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink: Dual bowl sink |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFIC outlet and lighting |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plumbing/Fixtures: Delta faucet w PVC TRAP Hot/Cold water operation reversed |
| 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: Laminate and composite materials |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pantry: Large |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor: Linoleum Cuts or minor damage in flooring- repair/replace as required |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung Hard operation-needs improvements for ease of operation |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |

Bedroom

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

2nd Floor 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: Hollow wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets and lighting circuits |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired with battery back up |

Living Space

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

Family Room Living Space

- | | A | NP | NI | M | D | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: None |
| 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: Hardwood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: Outlets, lighting and ceiling fan |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired with battery back up |

Laundry Room/Area

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

1st Floor Laundry Room/Area

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Single small |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors: Ceramic tile |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC/220 VAC |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Washer Hose Bib: Multi-port Washer hose worn/expanded and ready to burst, recommend hose replacement with burst-proof stainless steel braided hoses |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer and Dryer Electrical: 110-240 VAC |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dryer Vent: Rigid metal |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dryer Gas Line: Insulflex |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer Drain: Wall mounted drain |



Cost Estimate Summary

Client Name: Jane O'Brien
Property Address: 300 LAKES
MALTON, NY 12000

Items Recommended for Repair

Low

High

Electrical

Manufacturer: Correct double taps at 3 breakers

\$ 100

\$ 150

Kitchen

Dishwasher: *Safety Correction* slide switch fire hazard*

\$ 200

\$ 500

Repair Total

\$ 300

\$ 650

Replacement Total

Cost Estimate Total

\$ 300

\$ 650

Marginal Summary

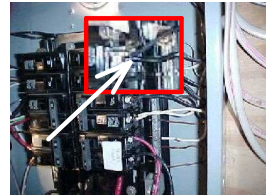
This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

Garage/Carport

1. Attached Garage Door Opener: Overhead Door safety cable recommended

Electrical

2. Basement Electric Panel Manufacturer: Square D Double taps noted in panel at several breakers. Further evaluation by a licensed electrician is recommended



Basement

3. Main Basement Ventilation: Windows

Kitchen

4. 1st Floor Kitchen Refrigerator: Frigidaire Loose or damaged door seal
5. 1st Floor Kitchen Floor: Linoleum Cuts or minor damage in flooring- repair/replace as required
6. 1st Floor Kitchen Windows: Vinyl double hung Hard operation-needs improvements for ease of operation

Laundry Room/Area

7. 1st Floor Laundry Room/Area Washer Hose Bib: Multi-port Washer hose worn/expanded and ready to burst, recommend hose replacement with burst-proof stainless steel braided hoses



Defective Summary

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

Exterior Surface and Components

1. Exterior Electric Outlets: 110 VAC not working at time of inspection

Garage/Carport

2. Attached Garage Electrical: 110 VAC GFCI

Bathroom

3. Master Bathroom Bathroom Faucets/Traps: Moen fixtures with a PVC trap **Leaking trap, repair required**



Kitchen

4. 1st Floor Kitchen Dishwasher: General Electric **SAFETY ISSUE- Hotpoint Dishwashers from 4/83 to 1/89, Slide - switch fire hazard, GSD500D, with S/N with 2nd letter of A. Contact GE at 1-800-599-2929 or www.geappliancerecall.com for rebate info on replacement and/or supplemental rewiring option of existing unit.**
5. 1st Floor Kitchen Plumbing/Fixtures: Delta faucet w PVC TRAP **Hot/Cold water operation reversed**