

BASEMENT / STRUCTURE

LIMITATION		Finished <input type="checkbox"/>	Clutter/Obstruction <input type="checkbox"/>	Dry Weather/Drought <input type="checkbox"/>	Dry Ground <input type="checkbox"/>
FLOOR	Crack <input type="checkbox"/> Carpet <input type="checkbox"/>	Concrete <input type="checkbox"/> Ceramic <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood/Lam. <input type="checkbox"/>	Not Applicable
WALL	Crack <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Concealed <input type="checkbox"/> Conc./Block <input type="checkbox"/>	Brick/Stone <input type="checkbox"/>	PWF/Wood <input type="checkbox"/>	Not Applicable
CEILING	Stain <input type="checkbox"/> Drywall/Plaster <input type="checkbox"/>	Unfinished <input type="checkbox"/> Stip/Acoustic <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>	Not Applicable
WINDOW	Binds <input type="checkbox"/> Single/Db'l. Hung <input type="checkbox"/> Ther/Fix/Sng <input type="checkbox"/> Damaged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Cas./Awning <input type="checkbox"/> Alum./Metal <input type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/> Vinyl/V.Cld <input type="checkbox"/> Stain/Rot <input type="checkbox"/>	Bay/Bow <input type="checkbox"/> Wd./Vnvl/Fxd <input type="checkbox"/> Repaint <input type="checkbox"/>	Not Applicable
DOOR	Binds <input type="checkbox"/> Pocket <input type="checkbox"/>	Damaged <input type="checkbox"/> Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Composite <input type="checkbox"/>	Not Applicable
LIGHTING	Minimal <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Not Applicable		
RECEPTACLE	Damaged/No Cover <input type="checkbox"/>	Not Applicable			
	Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>	
CIRCUIT WIRE	Concealed <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Improper <input type="checkbox"/>		
HEAT SOURCE	Air Register <input type="checkbox"/>	None <input type="checkbox"/>	Thermostat <input type="checkbox"/>	Electric <input type="checkbox"/>	
		Convactor/Radiator <input type="checkbox"/>	Radiant <input type="checkbox"/>		
BASEMENT STAIRWAY	Unsecured <input type="checkbox"/>	No Visible Damage Noted			
	Carpet <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/>	Wood <input type="checkbox"/>	Worn <input type="checkbox"/>	Trip Hazard <input type="checkbox"/>	
RAILING	Unsecured <input type="checkbox"/>	No Visible Damage Noted			
	Metal <input type="checkbox"/>	Wood <input type="checkbox"/>	Incomplete <input type="checkbox"/>	None <input checked="" type="checkbox"/>	
FLOOR JOIST	Concealed <input checked="" type="checkbox"/>	Not Applicable			
	Unsecured <input type="checkbox"/>	Split <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Other <input type="checkbox"/>	
BRIDGING	Concealed <input checked="" type="checkbox"/>	Not Applicable			
	Continuous <input type="checkbox"/>	X-Metal <input type="checkbox"/>	X-Wood <input type="checkbox"/>	Solid Wood <input type="checkbox"/>	
SILL PLATE	Concealed <input checked="" type="checkbox"/>	Not Applicable			
	Moisture Gasket <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	No Anchors <input type="checkbox"/>	
BEAM	Unsecured <input type="checkbox"/>	Concealed <input checked="" type="checkbox"/>	Not Applicable		
	Laminate <input type="checkbox"/>	Metal <input type="checkbox"/>	Wood <input type="checkbox"/>	Sag <input type="checkbox"/>	
POST	On Slab <input type="checkbox"/>	Concealed <input checked="" type="checkbox"/>	Not Applicable		
	Adjustable <input type="checkbox"/>	Brick/Block <input type="checkbox"/>	Conc./Metal <input type="checkbox"/>	Wood <input type="checkbox"/>	
BEARING WALL	Concealed <input checked="" type="checkbox"/>	Not Applicable			
COLD ROOM	Improper Door <input type="checkbox"/>	Not Applicable			
	Concrete <input type="checkbox"/>	Brick/Block <input type="checkbox"/>	Stone <input type="checkbox"/>	Parged <input type="checkbox"/>	
	Earth Floor <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Damp <input type="checkbox"/>	Crack <input type="checkbox"/>	
CRAWL SPACE	No Access <input type="checkbox"/>	Not Applicable			
	Vapor Barrier <input type="checkbox"/>	Insulated <input type="checkbox"/>	Entered <input type="checkbox"/>	Looked In <input type="checkbox"/>	
	Crack <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Damp <input type="checkbox"/>	
	Earth Floor <input type="checkbox"/>	Concrete <input type="checkbox"/>	Moisture Barrier Required <input type="checkbox"/>		
PIPES/ DUCTS	Unsecured <input type="checkbox"/>	Leak <input type="checkbox"/>	Insulated <input type="checkbox"/>		
VENTILATION	Mechanical <input type="checkbox"/>	Blocked <input type="checkbox"/>	Required <input type="checkbox"/>		
SLAB ON GRADE	Concealed <input type="checkbox"/>	Not Applicable			
	On Piling/Pier <input type="checkbox"/>	On Brick/Block/Poured Conc. <input type="checkbox"/>	Floating <input type="checkbox"/>		
	Crack/Spalling <input type="checkbox"/>	Frost Heave <input type="checkbox"/>	Settling <input type="checkbox"/>	Leak <input type="checkbox"/>	

WALL

Basement/structure is finished. Checked perimeter walls every 6'-8' for moisture. No abnormal moisture levels were noted on date of inspection. See separate report pages for details of finished basement rooms.

STAIRWAY RAILING

Recommend installing hand rails for personal safety.

**HEATING/COOLING/VENTILATION**

DATA PLATE: Not Legible <input type="checkbox"/> Incomplete <input type="checkbox"/> Model LENNOX		Btu Input 105,000	Est. Age 1981
LIMITATIONS:		Clean-Out Does Not Open <input type="checkbox"/>	Oil/Propane Tank Not Visible <input type="checkbox"/>
		System Shut-Off/Inoperative <input type="checkbox"/>	Piping/Ducts Concealed <input type="checkbox"/>
			System Operating AC/Heat <input type="checkbox"/>
			Weather/Temperature <input type="checkbox"/>
SMOKE DETECTORS	Basement <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor <input type="checkbox"/> 3rd Floor <input type="checkbox"/> Other <input type="checkbox"/>		
CO DETECTORS	Basement <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor <input type="checkbox"/> 3rd Floor <input type="checkbox"/> Other <input type="checkbox"/>		
THERMOSTAT/HUMIDISTA Unsecured <input type="checkbox"/>		Operational	FUEL SOURCE
Location SUITE LIVING RM		Programmable <input checked="" type="checkbox"/>	Standard <input type="checkbox"/>
FUEL SOURCE		Gas <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Wood/Pellet <input type="checkbox"/> Electric <input type="checkbox"/>	Recommend addition of smoke detector for personal safety. Recommend addition of carbon monoxide detector for personal safety.
HEAT TYPE		Convactor <input type="checkbox"/> Forced Air <input checked="" type="checkbox"/> Radiator <input type="checkbox"/>	
BURNER TYPE		Conventional <input checked="" type="checkbox"/> Mid <input type="checkbox"/> High <input type="checkbox"/>	HEATING SYSTEM
			Advise Service/Repair Contract <input checked="" type="checkbox"/>
HEATING SYSTEM		Internal <input checked="" type="checkbox"/> External <input type="checkbox"/> Inadequate <input type="checkbox"/>	Recommend having furnace serviced regularly to assure system functions safely and at its peak performance. Last noted service was Jan 1999.
AIR REQUIREMENT		Sidewall <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/>	
VENTING Flue <input checked="" type="checkbox"/>		Improper Rises <input type="checkbox"/> Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Soot <input type="checkbox"/>	Not able to fully evaluate heat exchanger without disassembling furnace.
LIFE EXPECTANCY		Typical <input type="checkbox"/> Middle/End <input checked="" type="checkbox"/> Exceeded <input type="checkbox"/>	
GAS BURNER Not Checked <input type="checkbox"/>		Operational	FORCED AIR COMPONENTS
BURNER Corrosion <input type="checkbox"/>		Advise Adjustment <input type="checkbox"/>	Furnace filter should be replaced regularly to assure adequate air supply is maintained.
IGNITION Electronic <input type="checkbox"/>		Pilot & Thermocouple <input checked="" type="checkbox"/>	
HEAT SHIELD Missing <input checked="" type="checkbox"/>		Corrosion <input type="checkbox"/> Soot <input type="checkbox"/>	GAS BURNER
PROPANE TANK/PIPING Unsecured <input type="checkbox"/>		Corrosion <input type="checkbox"/> Kink/Leak <input type="checkbox"/>	Heat shield is missing. Recommend replacement for safety reasons.
OIL BURNER BLOWER Not Checked <input type="checkbox"/>		Not Applicable	
BURN CHAMBER Deterioration <input type="checkbox"/>		Advise Adjustment <input type="checkbox"/>	
Burn Through <input type="checkbox"/>		Corrosion <input type="checkbox"/> Crack <input type="checkbox"/> Soot <input type="checkbox"/>	
INSPECTION DOOR Missing <input type="checkbox"/>		Soot <input type="checkbox"/> Sealed <input type="checkbox"/>	
BAROMETRIC DAMPER Missing <input type="checkbox"/>		Unbalanced <input type="checkbox"/> Sealed <input type="checkbox"/>	
OIL TANK/ PIPING Basement <input type="checkbox"/>		Outside <input type="checkbox"/> Buried <input type="checkbox"/>	
No Filter <input type="checkbox"/>		Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Kink/Leak <input type="checkbox"/>	
CENTRAL HUMIDIFIER Not Checked <input type="checkbox"/>		Not Applicable	
Water Shut Off <input type="checkbox"/>		Damaged <input type="checkbox"/> Clean/Repair/Replace <input type="checkbox"/>	
Mildew <input type="checkbox"/>		Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Leak <input type="checkbox"/>	
MOTOR/BLOWER Direct Drive <input checked="" type="checkbox"/>		Noisy <input type="checkbox"/> Other <input type="checkbox"/>	
FAN BELT Loose/Worn <input type="checkbox"/>		Misalign <input type="checkbox"/> Other <input type="checkbox"/>	
FILTER Electronic <input type="checkbox"/>		Disposable <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Missing <input type="checkbox"/>	
Inoperable <input type="checkbox"/>		Undersized <input type="checkbox"/> Damaged <input type="checkbox"/> Dirty <input type="checkbox"/>	
DUCT/JOINT/HOUSING Unsecured <input type="checkbox"/>		Corrosion <input type="checkbox"/> Kink/Leak <input type="checkbox"/>	
AC / HEAT PUMP Not Checked <input type="checkbox"/>		Not Applicable	
Evaporative <input type="checkbox"/>		Central <input type="checkbox"/> Geo-Therm <input type="checkbox"/> Air <input type="checkbox"/>	
Through Wall <input type="checkbox"/>		Damaged Fins <input type="checkbox"/> Corrosion <input type="checkbox"/> Noisy <input type="checkbox"/>	
Loose <input type="checkbox"/>		Unsecured <input type="checkbox"/> Not Level <input type="checkbox"/> Dirty <input type="checkbox"/>	
TEMP. DIFFERENTIAL Supply Air		Return Air	
FUEL SOURCE Unknown <input type="checkbox"/>		Electric <input type="checkbox"/> Gas <input type="checkbox"/>	
CONDENSATION LINE Improper Drain <input type="checkbox"/>		Corrosion <input type="checkbox"/> Leak <input type="checkbox"/>	
REFRIGERANT LINE Unsecured <input type="checkbox"/>		Not Insulated <input type="checkbox"/> Leak <input type="checkbox"/>	
HRV/Air Exchanger Not Checked <input type="checkbox"/>		Not Applicable	
Dirty Filter <input type="checkbox"/>		Unsecured <input type="checkbox"/> Corrosion <input type="checkbox"/> Noisy <input type="checkbox"/>	
ELECTRIC HEATING Not Tested <input type="checkbox"/>		Not Applicable	
Forced Air <input type="checkbox"/>		Boiler <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant <input type="checkbox"/>	
Loose Connection <input type="checkbox"/>		Damaged Fins <input type="checkbox"/> Corrosion <input type="checkbox"/> Scorched <input type="checkbox"/>	

PLUMBING COMPONENTS

LIMITATION	Finished Basement <input type="checkbox"/>	Private/Water Shut Off <input type="checkbox"/>	Private System <input type="checkbox"/>	Other <input type="checkbox"/>
-------------------	--	---	---	--------------------------------

PUBLIC SUPPLY	Concealed <input type="checkbox"/>	Metered	<input checked="" type="checkbox"/>
Lead <input type="checkbox"/>	Galvanized <input type="checkbox"/>	Plastic <input type="checkbox"/>	Copper <input checked="" type="checkbox"/>

SHUT-OFF VALVE	Location BEHIND WATER HEATER 3/4"		
	Not Tested <input checked="" type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>

PRIVATE SUPPLY	Concealed <input type="checkbox"/>	Not Applicable	
SHUT-OFF VALVE	Location		
	Not Tested <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>

WELL PUMP	Submersible <input type="checkbox"/>	Jet <input type="checkbox"/>	Other <input type="checkbox"/>
	Short Cycle <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>
	Advise Well Water Quality/Recovery Test <input type="checkbox"/>		

STORAGE TANK	No Air Valve <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>
---------------------	---------------------------------------	------------------------------------	-------------------------------

WATER PRESSURE	Low <input type="checkbox"/>	Typical <input type="checkbox"/>	High <input type="checkbox"/>
-----------------------	------------------------------	----------------------------------	-------------------------------

WATER QUALITY	Discoloration <input type="checkbox"/>	Debris <input type="checkbox"/>	Odor <input type="checkbox"/>
	Test Declined <input type="checkbox"/>	Advise Water Quality Test <input type="checkbox"/>	

HOSE BIBB	Not Checked <input type="checkbox"/>	Operational	
Frost Free <input type="checkbox"/>	Anti-Siphon <input type="checkbox"/>	Shut Off Valve <input checked="" type="checkbox"/>	
Recaulk <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>

DISTRIBUTION PIPING	Concealed <input checked="" type="checkbox"/>	No Visible Damage Noted	
Lead <input type="checkbox"/>	Galvanized <input type="checkbox"/>	Plastic <input type="checkbox"/>	Copper <input checked="" type="checkbox"/>
Dissimilar Metal <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>

CROSS CONNECTION	Kitchen <input type="checkbox"/>	Laundry <input type="checkbox"/>	Hose Bibb <input type="checkbox"/>
-------------------------	----------------------------------	----------------------------------	------------------------------------

WASTE DRAINAGE	Concealed <input type="checkbox"/>	No Visible Damage Noted	
Galvanized/Steel <input type="checkbox"/>	Cast Iron <input checked="" type="checkbox"/>	Plastic <input checked="" type="checkbox"/>	Copper <input type="checkbox"/>
Odor <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>
	Advise Septic Tank Checked/Pumped <input type="checkbox"/>		

FLOOR DRAIN	None <input type="checkbox"/>	Backed-Up <input type="checkbox"/>	No Water <input type="checkbox"/>	No Trap <input type="checkbox"/>
--------------------	-------------------------------	------------------------------------	-----------------------------------	----------------------------------

SEWAGE PUMP	Not Checked <input type="checkbox"/>	Not Applicable	
--------------------	--------------------------------------	-----------------------	--

VENT STACK/PIPING	Concealed <input type="checkbox"/>	No Visible Damage Noted	
Galvanized/Steel <input type="checkbox"/>	Cast Iron <input type="checkbox"/>	Plastic <input checked="" type="checkbox"/>	Copper <input type="checkbox"/>
Undersized <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>

MAIN CLEANOUT	Concealed <input type="checkbox"/>	Not Applicable	
Improper Plug <input type="checkbox"/>	Location		

HOT WATER TANK	Hybrid Heating <input type="checkbox"/>	Operational	
Power-Vented <input type="checkbox"/>	Own <input checked="" type="checkbox"/>	Rent <input type="checkbox"/>	Est. Capacity 170 L
Gas/Propane <input type="checkbox"/>	Oil <input type="checkbox"/>	Wood/Coal <input type="checkbox"/>	Electric <input checked="" type="checkbox"/>
Dirty/Rusty/Odor <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>

LIFE EXPECTANCY	Typical <input checked="" type="checkbox"/>	Middle/End <input type="checkbox"/>	Exceeded <input type="checkbox"/>
------------------------	---	-------------------------------------	-----------------------------------

FUEL SHUT-OFF	Concealed <input type="checkbox"/>	Location	ELECTRIC PANEL
----------------------	------------------------------------	----------	----------------

RELIEF VALVE	No Test Lever <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Other <input type="checkbox"/>
---------------------	--	------------------------------------	--------------------------------

DISCHARGE TUBE	Undersized <input type="checkbox"/>	Discharge <input type="checkbox"/>	Missing <input type="checkbox"/>
-----------------------	-------------------------------------	------------------------------------	----------------------------------

VENTING	Flue <input type="checkbox"/>	Sidewall <input type="checkbox"/>	Not Applicable
Improper Rise <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Soot <input type="checkbox"/>

BURN CHAMBER	Not Checked <input type="checkbox"/>	Needs Adjustment	
---------------------	--------------------------------------	-------------------------	--

SUMP PUMP	Not Checked <input type="checkbox"/>	Not Applicable	
Submersible <input type="checkbox"/>	Standpipe <input type="checkbox"/>	To Exterior Grade <input type="checkbox"/>	
Float Checked <input type="checkbox"/>	No/Improper Cover <input type="checkbox"/>	Permanent Connection <input type="checkbox"/>	
Corrosion <input type="checkbox"/>	To Septic/Sewer <input type="checkbox"/>	Suspect Installation <input type="checkbox"/>	

Sections of plumbing components are concealed. Only able to access components in unfinished areas and under sinks. All visible distribution piping is copper.

HOT WATER TANK
Water tank is a recent installation. Tank is dated Nov 2006. Check with vendor to see if a warranty exists and if it is transferrable. Typical life expectancy on water heaters is 5 - 15 years.

LAUNDRY

FLOOR	Worn <input type="checkbox"/>	No Drain <input type="checkbox"/>	No Visible Damage Noted	
	Concrete <input type="checkbox"/>	Vinyl <input type="checkbox"/>	Wood/Lam <input type="checkbox"/>	Ceramic <input type="checkbox"/>
WALL	Patched <input type="checkbox"/>	Unfinished <input type="checkbox"/>	No Visible Damage Noted	
	Drywall/Plaster <input type="checkbox"/>	Brk/Blk/Stone <input type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Ceramic <input type="checkbox"/>
CEILING	Patched <input type="checkbox"/>	Unfinished <input type="checkbox"/>	No Visible Damage Noted	
	Drywall/Plaster <input type="checkbox"/>	Stip/Acoust/W <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input checked="" type="checkbox"/>
WINDOW	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	Not Applicable	
	Single/Db. Hung <input type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fx <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>
	Ther/Fix/Sng <input type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl/W.Cl <input type="checkbox"/>	Wd./Nyl/Fxd <input type="checkbox"/>
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>
DOOR	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	Not Applicable	
	Pocket/Bi-Fold <input type="checkbox"/>	Hinged <input type="checkbox"/>	Wood <input type="checkbox"/>	Composite <input type="checkbox"/>
LIGHTING	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Operational	
RECEPTACLE	Damaged/No Cover <input type="checkbox"/>		Operational	
	Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>
TUB / FAUCET	Unsecured <input type="checkbox"/>		Operational	
	Plastic <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Slow Drain <input type="checkbox"/>	Corrosion <input type="checkbox"/>
TRAP / DRAIN	Unsecured <input type="checkbox"/>		No Visible Damage Noted	
	Improper Trap <input type="checkbox"/>	Slow Drain <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>
WASHER	Make	McCLARY	Operational	
DRYER	Make	McCLARY	Operational	
DRYER VENT	Unsecured <input type="checkbox"/>		No Visible Damage Noted	
	With Other Exhaust <input type="checkbox"/>	To Crawlspace <input type="checkbox"/>	To Attic <input type="checkbox"/>	Plastic Duct <input checked="" type="checkbox"/>
HEAT SOURCE	None <input checked="" type="checkbox"/>		Thermostat <input type="checkbox"/>	Electric <input type="checkbox"/>
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	Radiant <input type="checkbox"/>	

WASHING MACHINE

Appliances were tested for on/off function only.
Not able to determine adequacy of performance or life expectancy.

DRYER VENT

Recommend replacing plastic dryer vent with metal and regularly maintaining to reduce chance of lint fire hazard.

FIREPLACE

TYPE	Built-In <input checked="" type="checkbox"/>	Free Standing <input type="checkbox"/>	Gas Insert <input type="checkbox"/>	Wood Insert <input type="checkbox"/>	Metal Liner <input type="checkbox"/>	Firebrick <input checked="" type="checkbox"/>	External Air Supply <input type="checkbox"/>
FIREPLACE FRONT	Soot/Stain <input type="checkbox"/>	No Visible Damage Noted		CHIMNEY/FLUE			
	Brick <input checked="" type="checkbox"/>	Ceramic <input type="checkbox"/>	Marble <input type="checkbox"/>	Stone <input type="checkbox"/>	Chimney should be cleaned and evaluated by qualified chimney sweep prior to use reducing chance of chimney fire hazard.		
HEARTH	Raised <input type="checkbox"/>	None <input type="checkbox"/>	No Visible Damage Noted				
DOOR/ SCREEN	None <input type="checkbox"/>		Operational				
	Bind <input type="checkbox"/>	Glass <input checked="" type="checkbox"/>	Metal <input checked="" type="checkbox"/>	Mesh <input checked="" type="checkbox"/>			
	Poor Fit <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Crack <input type="checkbox"/>			
FIREBOX	Fan <input type="checkbox"/>	Not Checked <input type="checkbox"/>	No Visible Damage Noted				
DAMPER	None <input type="checkbox"/>		Operational				
	Sticks <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Creosote <input type="checkbox"/>			
GAS INSERT	Fan <input type="checkbox"/>	Not Tested <input type="checkbox"/>	Not Applicable				
WOOD/PELLET STOVE	Not Tested <input type="checkbox"/>		Not Applicable				
	Soot <input type="checkbox"/>	Suspect Installation <input type="checkbox"/>	Certification Not Apparent <input type="checkbox"/>				
CHIMNEY FLUE	Not Checked <input type="checkbox"/>		No Visible Damage Noted				
	Soot <input type="checkbox"/>	Unsecure/Improper <input type="checkbox"/>	Advise Inspection/Sweeping <input checked="" type="checkbox"/>				

**MAIN UPPER****BATHROOM**

4/1/2008 3:43:49 PM

1490 Union Street, PORT MOODY, British Columbia

LOCATION	Basement <input type="checkbox"/>	1st Floor <input checked="" type="checkbox"/>	2nd Floor <input type="checkbox"/>	3rd Floor <input type="checkbox"/>	Other <input type="checkbox"/>
WATER FLOW	Normal <input checked="" type="checkbox"/>	Suspect <input type="checkbox"/>	Low <input type="checkbox"/>		
FLOOR	Worn <input type="checkbox"/> Carpet <input type="checkbox"/>	Crack/Stain <input type="checkbox"/> Vinyl <input type="checkbox"/>	No Visible Damage Noted Laminate <input checked="" type="checkbox"/> Ceramic <input type="checkbox"/>		
WALL	Patched <input type="checkbox"/> Plaster <input checked="" type="checkbox"/>	Crack/Stain <input type="checkbox"/> Brk/Blk/Stone <input type="checkbox"/>	No Visible Damage Noted Wood/WP. <input type="checkbox"/> Ceramic <input type="checkbox"/>		
CEILING	Patched <input type="checkbox"/> Plaster <input checked="" type="checkbox"/>	Crack <input checked="" type="checkbox"/> Stipple <input checked="" type="checkbox"/>	No Visible Damage Noted Wood <input type="checkbox"/> Tile <input type="checkbox"/>		
WINDOW	Bind <input type="checkbox"/> Single/DbL Hung <input type="checkbox"/> Ther/Fix/Sng <input type="checkbox"/> Damaged <input type="checkbox"/>	Not Tested <input type="checkbox"/> Awning <input checked="" type="checkbox"/> Alum./Metal <input checked="" type="checkbox"/> Mildew/Mold <input type="checkbox"/>	Operational Sliding/Fxd <input type="checkbox"/> Bay/Bow <input type="checkbox"/> Vinyl/V.Cl <input type="checkbox"/> Wd./Vnyl/Fx <input type="checkbox"/> Stain/Rot <input type="checkbox"/> Repaint <input type="checkbox"/>		
DOOR	Bind <input type="checkbox"/> Pocket <input type="checkbox"/>	Damaged <input type="checkbox"/> Hinged <input checked="" type="checkbox"/>	Operational Wood <input checked="" type="checkbox"/> Composite <input type="checkbox"/>		
LIGHTING	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Operational		
RECEPTACLE	Damaged/No Cover <input type="checkbox"/>		Operational		
	Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>	
EXHAUST FAN	Advise Installation <input type="checkbox"/>	Not Applicable			
SINK	Worn <input type="checkbox"/>	Chip/Scratch <input type="checkbox"/>	No Visible Damage Noted		
FAUCET		No Shut-Off <input type="checkbox"/>	Operational		
	Sticks <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
TRAP/DRAIN		Unsecured <input type="checkbox"/>	No Visible Damage Noted		
	Improper Trap <input type="checkbox"/>	Slow Drain <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
VANITY	Worn <input checked="" type="checkbox"/> Laminate <input type="checkbox"/> Scratch <input type="checkbox"/>	Unsecured <input type="checkbox"/> Plywood <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	No Visible Damage Noted Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Missing/Loose Hardware <input type="checkbox"/>		
COUNTER		Unsecured <input type="checkbox"/>	No Visible Damage Noted		
	Solid Surface <input checked="" type="checkbox"/> RegROUT/Recalc <input type="checkbox"/>	Mrbl./Granite <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	Laminate <input type="checkbox"/> Scratch <input type="checkbox"/>	Ceramic <input type="checkbox"/> Worn <input type="checkbox"/>	
TOILET		No Shut-Off <input type="checkbox"/>	Operational		
	Tank Loose <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Crack <input type="checkbox"/>	Leak <input type="checkbox"/>	
TUB / ENCLOSURE		Unsecured <input type="checkbox"/>	No Visible Damage Noted		
	Ceramic <input checked="" type="checkbox"/> RegROUT/Recalc <input type="checkbox"/>	Cult./Marble <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	Fiberglass <input type="checkbox"/> Crack <input type="checkbox"/>	Plastic <input type="checkbox"/> Worn <input type="checkbox"/>	
JETTED TUB		Not Tested <input type="checkbox"/>	Not Applicable		
	GFCI Protected <input type="checkbox"/>	Motor Access <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
FAUCET/SHOWER HEAD		Not Tested <input type="checkbox"/>	Operational		
	Sticks/Clogged <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
SHOWER ENCLOSURE		Unsecured <input type="checkbox"/>	Not Applicable		
	Ceramic <input type="checkbox"/> RegROUT/Recalc <input type="checkbox"/>	Cult./Marble <input type="checkbox"/> Mildew/Stain <input type="checkbox"/>	Fiberglass <input type="checkbox"/> Scratch <input type="checkbox"/>	Plastic <input type="checkbox"/> Worn <input type="checkbox"/>	
FAUCET/SHOWER HEAD		Not Tested <input type="checkbox"/>	Not Applicable		
	Sticks/Clogged <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>	
HEAT SOURCE		None <input type="checkbox"/>	Thermostat <input type="checkbox"/>	Electric <input type="checkbox"/>	
	Air Register <input checked="" type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>		Radiant <input type="checkbox"/>	

FLOOR

Recommend installing trim board at rear of toilet to reduce chance of moisture intrusion into wall and floor components.

CEILING

Cracks in ceiling are typical from settlement/shrinkage.

Room has attic access.

WINDOW

Locking mechanism is damaged. Repair or replace as required.

SUITE

BATHROOM

LOCATION		Basement <input checked="" type="checkbox"/>	1st Floor <input type="checkbox"/>	2nd Floor <input type="checkbox"/>	3rd Floor <input type="checkbox"/>	Other <input type="checkbox"/>
WATER FLOW		Normal <input checked="" type="checkbox"/>	Suspect <input type="checkbox"/>	Low <input type="checkbox"/>	FLOOR	
		Missing trim board at rear of toilet.				
FLOOR	Worn <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	No Visible Damage Noted			TUB/ENCLOSURE
	Carpet <input type="checkbox"/>	Vinyl <input checked="" type="checkbox"/>	Wood/Lam. <input type="checkbox"/>	Ceramic <input type="checkbox"/>	Maintain caulking at lower edge of surround and tub junction to reduce chance of moisture into wall components.	
WALL	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	No Visible Damage Noted			Bathtub finish is chipped.
	Drywall <input checked="" type="checkbox"/>	Brk/Blk/Stone <input type="checkbox"/>	Wood/WP. <input type="checkbox"/>	Ceramic <input type="checkbox"/>		
CEILING	Patched <input type="checkbox"/>	Crack/Stain <input type="checkbox"/>	No Visible Damage Noted			
	Drywall <input checked="" type="checkbox"/>	Stip/Acoustic/WP. <input type="checkbox"/>	Wood <input type="checkbox"/>	Tile <input type="checkbox"/>		
WINDOW	Bind <input type="checkbox"/>	Not Tested <input type="checkbox"/>	Not Applicable			
	Single/Db. Hung <input type="checkbox"/>	Cas./Awning <input type="checkbox"/>	Sliding/Fxd <input type="checkbox"/>	Bay/Bow <input type="checkbox"/>		
	Ther/Fix/Sng <input type="checkbox"/>	Alum./Metal <input type="checkbox"/>	Vinyl/V. Cl <input type="checkbox"/>	Wd./Vnyl/Fx <input type="checkbox"/>		
	Damaged <input type="checkbox"/>	Mildew/Mold <input type="checkbox"/>	Stain/Rot <input type="checkbox"/>	Repaint <input type="checkbox"/>		
DOOR	Bind <input type="checkbox"/>	Damaged <input type="checkbox"/>	Operational			
	Pocket <input type="checkbox"/>	Hinged <input checked="" type="checkbox"/>	Wood <input checked="" type="checkbox"/>	Composite <input type="checkbox"/>		
LIGHTING	None <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Operational			
RECEPTACLE	Damaged/No Cover <input type="checkbox"/>		Operational			
	Install GFCI <input type="checkbox"/>	Reverse Polarity <input type="checkbox"/>	No Ground <input type="checkbox"/>	Open Ground <input type="checkbox"/>		
EXHAUST FAN	Advise Installation <input type="checkbox"/>		Operational			
SINK	Worn <input type="checkbox"/>	Chip/Scratch <input type="checkbox"/>	No Visible Damage Noted			
FAUCET	No Shut-Off <input type="checkbox"/>		Operational			
	Sticks <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>		
TRAP/DRAIN	Unsecured <input type="checkbox"/>		No Visible Damage Noted			
	Improper Trap <input type="checkbox"/>	Slow Drain <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>		
VANITY	Worn <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Not Applicable			
	Laminate <input type="checkbox"/>	Plywood <input type="checkbox"/>	Wood <input type="checkbox"/>	Metal <input type="checkbox"/>		
	Scratch <input type="checkbox"/>	Mildew/Stain <input type="checkbox"/>	Missing/Loose Hardware <input type="checkbox"/>			
COUNTER	Unsecured <input type="checkbox"/>		No Visible Damage Noted			
	Solid Surface <input type="checkbox"/>	Mtbl./Granite <input type="checkbox"/>	Laminate <input checked="" type="checkbox"/>	Ceramic <input type="checkbox"/>		
	RegROUT/Recalc <input type="checkbox"/>	Mildew/Stain <input type="checkbox"/>	Scratch <input type="checkbox"/>	Worn <input type="checkbox"/>		
TOILET	No Shut-Off <input type="checkbox"/>		Operational			
	Tank Loose <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Crack <input type="checkbox"/>	Leak <input type="checkbox"/>		
TUB / ENCLOSURE	Unsecured <input type="checkbox"/>		No Visible Damage Noted			
	Ceramic <input type="checkbox"/>	Cult./Marble <input type="checkbox"/>	Fiberglass <input type="checkbox"/>	Plastic <input checked="" type="checkbox"/>		
	RegROUT/Recalc <input type="checkbox"/>	Mildew/Stain <input type="checkbox"/>	Crack <input type="checkbox"/>	Worn <input type="checkbox"/>		
JETTED TUB	Not Tested <input type="checkbox"/>		Not Applicable			
	GFCI Protected <input type="checkbox"/>	Motor Access <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>		
FAUCET/SHOWER HEAD	Not Tested <input type="checkbox"/>		Operational			
	Sticks/Clogged <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>		
SHOWER ENCLOSURE	Unsecured <input type="checkbox"/>		Not Applicable			
	Ceramic <input type="checkbox"/>	Cult./Marble <input type="checkbox"/>	Fiberglass <input type="checkbox"/>	Plastic <input type="checkbox"/>		
	RegROUT/Recalc <input type="checkbox"/>	Mildew/Stain <input type="checkbox"/>	Scratch <input type="checkbox"/>	Worn <input type="checkbox"/>		
FAUCET/SHOWER HEAD	Not Tested <input type="checkbox"/>		Not Applicable			
	Sticks/Clogged <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Corrosion <input type="checkbox"/>	Leak <input type="checkbox"/>		
HEAT SOURCE	None <input checked="" type="checkbox"/>		Thermostat <input type="checkbox"/>	Electric <input type="checkbox"/>		
	Air Register <input type="checkbox"/>	Convactor/Radiator <input type="checkbox"/>	Radiant <input type="checkbox"/>			