

CORNERSTONE HOME INSPECTION
62 Mountain Avenue
Warren, NJ 07059
973-650-4151

Ms. Tracy
57 Overlook Drive
Clifton, NJ 07809

Enclosed please find the inspection and wood destroying insect reports. The inspection was a visual inspection. The radon test result will follow shortly. Oil tank is not evaluated. Recommend retaining paperwork for underground tank removal. A mold test has been refused. If you have any questions, please do not hesitate to call.

RECEIPT

Inspection Date: 9/12/03
Client Name: TRACY
Inspection Address: 12 FAIRVIEW AVE, WARREN, NJ
Inspected by: MICHAEL DOMINIANNI

Home Inspection: \$400.00
Radon & Termite: INCL.

Total: \$ 400.00

Paid by: CHECK

BUILDING DATA

Approximate Age: 50
Style: RANCH
General Appearance: GOOD
Main Entrance Faces: NORTH
Weather Condition: CLEAR
Temperature: Over 65°F
Ground cover: DRY

Cc: Michelle Gordon, Weichert Realtors
Cc: Thomas Wallush, Esq.

GROUNDS

Service Walks	<input type="checkbox"/> None <input checked="" type="checkbox"/> Concrete Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Flagstone <input type="checkbox"/> Marginal <input type="checkbox"/> Settling cracks	<input type="checkbox"/> Brick <input type="checkbox"/> Poor <input type="checkbox"/> Not visible	<input type="checkbox"/> Other <input type="checkbox"/> Trip Hazard
Driveway	<input type="checkbox"/> Concrete Condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Fill cracks and seal	<input type="checkbox"/> None <input checked="" type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Gravel <input type="checkbox"/> Poor <input type="checkbox"/> Trip hazard	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Settling cracks
Patio/Lanai	<input type="checkbox"/> Concrete Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Pitched towards home (See Remarks page)	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flagstone <input type="checkbox"/> Marginal	<input type="checkbox"/> Brick <input type="checkbox"/> Kool-Deck® <input type="checkbox"/> Poor <input type="checkbox"/> Settling cracks	<input type="checkbox"/> Other
Deck (flat, floored, roofless area)	<input checked="" type="checkbox"/> Treated Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> None <input type="checkbox"/> Painted/Stained <input type="checkbox"/> Marginal	<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Poor	<input type="checkbox"/> Not visible
Porch (covered entrance)	Support Pier: <input type="checkbox"/> Wood Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> None <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Marginal	<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Other <input type="checkbox"/> Poor	<input type="checkbox"/> Not visible
Balcony (2nd floor platform)	Railing: <input type="checkbox"/> Yes Condition: <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> None <input type="checkbox"/> No <input type="checkbox"/> Marginal	<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Poor	
Stoops/Steps	<input checked="" type="checkbox"/> Concrete Condition: <input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> None <input type="checkbox"/> Wood <input type="checkbox"/> Cracked	<input type="checkbox"/> Other <input type="checkbox"/> Settled	<input type="checkbox"/> Railing recommended <input type="checkbox"/> Damaged Wood
Fencing	Condition: <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> None <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Type:
Landscaping Affecting Foundation	(See Remarks page):			
	Negative grade at: <input type="checkbox"/> East <input type="checkbox"/> West <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> Recommend additional backfill <input type="checkbox"/> Trim back trees/shrubberies			
Retaining Wall:	Visual Condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Marginal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Poor	
General Comments	RECOMMEND REPAIRING AND SEALING THE DRIVEWAY CRACKS. RECOMMEND STAINING THE DECK. RECOMMEND ADDITIONAL BACKFILL FOR THE FRONT OF THE HOUSE SO GROUND SLANTS AWAY. REAR BLOCK RETAINING WALL HAS LOOSE BLOCKS AND IS LEANING.			

ROOF COVERING

General Information	
Roof Visibility	<input checked="" type="checkbox"/> All <input type="checkbox"/> Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By:
Inspected From	<input checked="" type="checkbox"/> Roof <input type="checkbox"/> Ladder at eaves <input checked="" type="checkbox"/> Ground w/binoculars
Style of Roof	Type: Combination: <input checked="" type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Mansard <input type="checkbox"/> Shed <input type="checkbox"/> Flat <input type="checkbox"/> Other Pitch: Combination: <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Steep <input type="checkbox"/> Flat
Roof Covering	Roof #1: Type: FRONT MAIN Estimated Layers: 2 Approximate age of cover: 20 years Roof #2: Type: REAR & ADDITIONS Estimated Layers: 1 Approximate age of cover: 1-5 years
Ventilation System	Combination: <input type="checkbox"/> Soffit <input type="checkbox"/> Ridge <input checked="" type="checkbox"/> Gable <input type="checkbox"/> Top <input type="checkbox"/> Turbine <input type="checkbox"/> Powered <input type="checkbox"/> Other
Flashing Material	Combination: <input type="checkbox"/> Galv./Aluminum <input checked="" type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Not Visible <input type="checkbox"/> Copper <input type="checkbox"/> Other
Valley Material	Combination: <input type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Not Visible <input type="checkbox"/> Other
Apparent Condition of the Following at Time of Inspection (conditions reported reflect visible portion only)	
Roof Covering	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input checked="" type="checkbox"/> Poor Condition: <input checked="" type="checkbox"/> Curling <input checked="" type="checkbox"/> Cupping <input type="checkbox"/> Missing tabs/shingles/tiles <input type="checkbox"/> Moss Buildup <input type="checkbox"/> Nail Popping <input type="checkbox"/> Ponding <input type="checkbox"/> Burn Spots <input type="checkbox"/> Exposed Felt <input type="checkbox"/> Other
Ventilation	Appears adequate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See Remarks page)
Flashings	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted <input type="checkbox"/> Recommend Sealing <input type="checkbox"/> Pulled away from chimney/roof <input checked="" type="checkbox"/> Not Visible <input type="checkbox"/> Other
Valleys	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Not Visible <input type="checkbox"/> Not Applicable <input type="checkbox"/> Rusted <input type="checkbox"/> Holes <input type="checkbox"/> Recommend Sealing
Skylights	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Plumbing Vents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
General Comments	

FRONT ROOF ON THE MAIN SECTION OF THE HOUSE IS ABOUT 20 YEARS OLD SHOWING SIGNS OF ITS AGE. IT IS 2 LAYERS AND WILL NEED REPLACEMENT SOON. MINOR REPAIRS NEEDED AT THIS TIME.

CHIMNEY / GUTTERS / SIDING / TRIM

Chimney(s)		<input type="checkbox"/> None
Viewed from:	<input checked="" type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves
Chase:	<input checked="" type="checkbox"/> Brick	<input type="checkbox"/> Stone
Evidence of:	<input type="checkbox"/> Cracked chimney cap	<input type="checkbox"/> Loose mortar joints
Flue:	<input checked="" type="checkbox"/> Tile	<input type="checkbox"/> Metal
Evidence of:	<input type="checkbox"/> Scaling	<input type="checkbox"/> Cracks
	<input type="checkbox"/> Have flue(s) cleaned and re-evaluated	<input type="checkbox"/> Not evaluated (See Remarks page)
<input type="checkbox"/> Recommend cricket/saddle flashing		

Gutters & Downspouts		<input type="checkbox"/> None	(See Remarks page)
<input type="checkbox"/> Insides need to be cleaned			
Condition:	<input checked="" type="checkbox"/> Galvanized/Alum.	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Extension needed:	<input type="checkbox"/> Hole in main run	Leaking:	<input type="checkbox"/> Corners
	<input type="checkbox"/> North	<input type="checkbox"/> South	<input checked="" type="checkbox"/> East
			<input type="checkbox"/> West

Siding		<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Vinyl	<input type="checkbox"/> Stucco
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> EIFS (See Remarks)	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Recommend repair/painting					

Window Frames		<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Alum. covered	<input checked="" type="checkbox"/> Vinyl	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
	<input type="checkbox"/> Recommend painting	<input type="checkbox"/> Damaged wood				

Storms & Screens		<input type="checkbox"/> N/A
Putty:	<input type="checkbox"/> Wood	<input type="checkbox"/> Clad comb.
Screens:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Needed
Storms:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Torn
	<input type="checkbox"/> Broken/cracked	<input type="checkbox"/> Damaged wood
		<input type="checkbox"/> Not installed

1 - Trim, 2 - Soffit, 3 - Fascia		<input checked="" type="checkbox"/> Wood	<input checked="" type="checkbox"/> Metal	<input checked="" type="checkbox"/> Vinyl	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
	<input type="checkbox"/> Recommend painting		<input type="checkbox"/> Damaged wood		

Caulking		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input type="checkbox"/> Recommend around windows/doors/masonry ledges/corners/utility penetrations				

General Comments	RECOMMEND EXTENDING GUTTER DOWNSPOUTS ON THE EAST SIDE OF HOUSE 4 ' AWAY FROM THE BUILDING. THERE IS SOME LOOSE SIDING ON THE WEST SIDE BOTTOM OF HOUSE AND RIPPLED SIDING AT THE REAR.
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EXTERIOR / ELECTRICAL / GARAGE

Exterior Wall Construction					
<input checked="" type="checkbox"/> Not visible		<input type="checkbox"/> Wood frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other	
Exterior Doors		Entrance (1); Storm (2); Patio (3)			
Weatherstripping:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Exterior Electrical Service					
<input checked="" type="checkbox"/> Overhead		<input type="checkbox"/> Underground	Service drop:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs service
Exterior outlets:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operate:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Potential safety hazard:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
A/C Condenser/Heat Pump		<input checked="" type="checkbox"/> None			
Garage		<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Attached		<input type="checkbox"/> Detached	<input type="checkbox"/> 1-car	<input checked="" type="checkbox"/> 2-car	<input type="checkbox"/> 3-car
Automatic opener:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Operable	<input type="checkbox"/> Inoperable
Safety reverse:	<input type="checkbox"/> Operable		<input type="checkbox"/> Door stops	<input type="checkbox"/> Needs adjusting	
		<input type="checkbox"/> Does not operate		<input checked="" type="checkbox"/> Recommend safety reverse	
Roofing:	<input checked="" type="checkbox"/> Same as house		<input type="checkbox"/> Asphalt	<input type="checkbox"/> Slate	<input type="checkbox"/> Roll roofing
		<input type="checkbox"/> Wood		<input type="checkbox"/> Other	
Gutters:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		<input type="checkbox"/> None
Siding:	<input checked="" type="checkbox"/> Same as house		<input type="checkbox"/> Wood		<input type="checkbox"/> Metal
		<input type="checkbox"/> Masonry		<input type="checkbox"/> Slate	
Trim:	<input checked="" type="checkbox"/> Same as house		<input type="checkbox"/> Wood		<input type="checkbox"/> Aluminum
Floor:	<input checked="" type="checkbox"/> Concrete		<input type="checkbox"/> Gravel		<input type="checkbox"/> Asphalt
		<input type="checkbox"/> Dirt		<input type="checkbox"/> Safety hazard	
		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burners less than 18" above garage floor:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Typical cracks	
Condition:		<input type="checkbox"/> Marginal		<input type="checkbox"/> Large settling cracks	
Overhead door:	<input checked="" type="checkbox"/> Wood		<input type="checkbox"/> Fiberglass		<input type="checkbox"/> Masonite
		<input type="checkbox"/> Metal		<input type="checkbox"/> Other	
Condition:	<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor
		<input type="checkbox"/> Poor		<input type="checkbox"/> Recommend painting inside & edges	
Service door:	<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal		<input checked="" type="checkbox"/> None
		<input type="checkbox"/> Floor level		<input type="checkbox"/> Both	
Sill plates:	<input checked="" type="checkbox"/> Elevated		<input type="checkbox"/> Not Visible		<input type="checkbox"/> Rotted
		<input type="checkbox"/> No		<input type="checkbox"/> GFCI Protected:	
Electricity present:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> No
		<input type="checkbox"/> No		<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> N/A		<input checked="" type="checkbox"/> Present	
Firewall:	(between garage & living area)		<input type="checkbox"/> Missing		
General Comments					

EXTERIOR OUTLETS ARE UNGROUNDED. RECOMMEND CHANGING THEM TO GFCI OUTLETS. RECOMMEND A SAFETY REVERSE FOR THE GARAGE DOOR OPENER. THE USE OF EXTENSION CORDS FOR PERMANENT WIRING SHOULD BE DISCONTINUED. MOISTURE STAINS PRESENT ON GARAGE CEILING FROM PRESENT ROOF ISSUES.

KITCHEN

Countertops	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Cabinets	Condition: <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Recommend repairs
Plumbing Comments			
Faucet leak: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipes leak: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Drainage: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor	Water pressure: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor		
Walls & Ceiling			
Condition <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks	<input type="checkbox"/> Moisture stains	
Heat Source Present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Floor			
Condition <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Sloping	<input type="checkbox"/> Squeaks	
Appliances	(See Remarks page)		
Disposal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dishwasher: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Range: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Oven: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Trash compactor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exhaust fan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Refrigerator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Micro Wave: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical			
Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
GFCI protected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Remarks)		
Open ground/reverse polarity within 6' of water: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard	

General Comments:
 FLOOR HAS DAMAGED CRACKED LINOLEUM. OVEN LED CONTROL LIGHTS ARE OUT... HARD TO TELL WHAT TEMP IS SET. MOST CABINET DOORS WERE MISSING AT THE TIME OF THE INSPECTION. COUNTERTOPS HAVE BURNS AND ARE WORN THIN.

LAUNDRY / UTILITY ROOM

Laundry sink: <input type="checkbox"/> N/A	Faucet leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipe leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cross connections: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None apparent	Heat source present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Room appears vented: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not visible	
Dryer vented: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wall	<input type="checkbox"/> Ceiling <input type="checkbox"/> Not vented	
Electrical: Open ground/reverse polarity within 6' of water: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard	
Appliances present: <input type="checkbox"/> Washer <input type="checkbox"/> Dryer	<input type="checkbox"/> Water heater <input type="checkbox"/> Furnace <input type="checkbox"/> Other	
Gas pipe: Valve shutoff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Cap Needed <input type="checkbox"/> N/A	

General Comments
 WALL SWITCH PLATE SHOULD BE SECURED.

BATHROOMS

BATH: MAIN BATH

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tubs	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Showers	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Whirlpool:	<i>Operates:</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl	<input type="checkbox"/> Toilet leaks
Shower/Tub area:		<input checked="" type="checkbox"/> Ceramic/Plastic	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite	<input type="checkbox"/> Other	
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rotted floors	
	Caulk/Grouting needed:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:		
Drainage:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor		
Water pressure:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor		
Walls/Ceiling:	Moisture stains present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Outlets present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>
	Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	Potential safety hazards present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(See Remarks page)		
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		(See Remarks page)		
Exhaust fan:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

General Comments:

HOT WATER SUPPLY LINE TO THE TUB IS DISCONNECTED. WHIRLPOOL AND STEAM SHOWER DID NOT OPERATE AT THE TIME OF THE INSPECTION. THERE IS NO WAY TO GET TO THE WHIRLPOOL TUB MOTOR AND PUMP FOR REPAIRS. RECOMMEND CAULKING NEAR THE WHIRLPOOL TUB CONTROL. SINK DRAIN STOPPER MISSING. SINK COLD WATER SUPPLY SHUT OFF KNOB MISSING.

BATH: MASTER BATH

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tubs	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Showers	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Shower/Tub area:		<input checked="" type="checkbox"/> Ceramic/Plastic	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite	<input type="checkbox"/> Other	
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rotted floors	
	Caulk/Grouting needed:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:		
Drainage:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor		
Water pressure:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor		
Walls/Ceiling:	Moisture stains present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Outlets present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI protected:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>
	Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	Potential safety hazards present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(See Remarks page)		
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		(See Remarks page)		
Exhaust fan:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

General Comments:

SINK DRAIN STOPPER IS MISSING. TUB DRAIN STOPPER DOES NOT HOLD WATER, USING RUBBER STOPPER.

BATHROOMS

BATH: BASEMENT BATH

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Showers	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Shower/Tub area:		<input checked="" type="checkbox"/> Ceramic/Plastic	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl	<input type="checkbox"/> Toilet leaks
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Masonite	<input type="checkbox"/> Other	<input type="checkbox"/> Rotted floors
	Caulk/Grouting needed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Poor		
Drainage:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	Where:		
Water pressure:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Walls/Ceiling:	Moisture stains present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Poor		
Outlets present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:
	Open ground/reverse polarity within 6' of water:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	Potential safety hazards present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	(See Remarks page)		<input type="checkbox"/> No
Heat source present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(See Remarks page)			
Exhaust fan:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

General Comments:

UNGROUNDING OUTLET IS A SAFETY CONCERN. RECOMMEND GFCI OUTLET BE INSTALLED. THE SINK DRAIN STOPPER IS MISSING. THERE IS NO HEAT SOURCE. THERE IS MOLD PRESENT, RECOMMEND MOLD TEST. THE INSULATION ON THE WINDOW SHOULD BE REMOVED SO ROOM CAN BE VENTED.

DINING ROOM

Location:

Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical Cracks
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input checked="" type="checkbox"/> Yes
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> No
			Doors:	<input type="checkbox"/> Walls
			Walls:	<input type="checkbox"/> Ceilings
			Ceilings:	<input checked="" type="checkbox"/> Cracked glass

General Comments:

THERE ARE A COUPLE OF CRACKED WINDOWS. WINDOWS ARE OLDER, SOME ARE PAINTED SHUT. SOME HAD BROKEN SASH SPRINGS. SLIDING SCREEN DOOR FALLS OFF ITS TRACK AND IS DIFFICULT TO OPERATE.

LIVING ROOM

Location:

Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical Cracks
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input checked="" type="checkbox"/> Yes
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> No
			Doors:	<input type="checkbox"/> Walls
			Walls:	<input type="checkbox"/> Ceilings
			Ceilings:	<input type="checkbox"/> Cracked glass

General Comments:

RECOMMEND RAILING BETWEEN LIVING ROOM AND DINING ROOM.

FRONT BEDROOM

Location:						
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks		
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass		
General Comments:						

MASTER BEDROOM

Location:						
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks		
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass		
General Comments:						

REAR BEDROOM

Location:						
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks		
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass		
General Comments:						

REC ROOM

Location:						
Walls & Ceiling:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical Cracks		
	Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Flooring:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Ceiling fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Electrical:	Switches:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Outlets:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Heat source present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass		
General Comments:						

CEILING IS MISSING IN MOST OF THE REC ROOM. MUSTY ODOR... RECOMMEND MOLD TEST.

WINDOWS / ATTIC

Interior Windows/Glass	
General condition:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
<input type="checkbox"/> Surface deterioration: (See Remarks page)	<input checked="" type="checkbox"/> Representative number of windows operated
Evidence of leaking insulated glass:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Hardware missing <input type="checkbox"/> Glazing compound needed	<input checked="" type="checkbox"/> Cracked glass
Safety glazing required <input type="checkbox"/> N/A	Where: <input type="checkbox"/> Safety issue
Fireplace	
<input checked="" type="checkbox"/> None	
Stairs	
<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> None	
Handrail:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Risers/Treads:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Risers uneven
Smoke Detectors	
(See Remarks page)	
Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not tested
Attic	
Access:	<input type="checkbox"/> Stairs <input checked="" type="checkbox"/> Pulldown <input type="checkbox"/> Scuttlehole <input type="checkbox"/> Knee wall <input type="checkbox"/> No access
Inspected from:	<input type="checkbox"/> Access panel <input checked="" type="checkbox"/> In the attic <input type="checkbox"/> Other
Location:	<input checked="" type="checkbox"/> Bedroom hall <input type="checkbox"/> Bedroom closet <input type="checkbox"/> Garage <input type="checkbox"/> Other
Flooring:	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None
Insulation:	Fiberglass: <input checked="" type="checkbox"/> Batts <input type="checkbox"/> Loose <input type="checkbox"/> Cellulose <input type="checkbox"/> Other
<input type="checkbox"/> Vermiculite <input type="checkbox"/> Rockwool Average inches: 3-6 Approx. R-rating: Unknown	
(See Remarks page)	
Installed in: <input checked="" type="checkbox"/> Floor <input type="checkbox"/> Rafters <input type="checkbox"/> Walls	
Roof sheathing:	<input type="checkbox"/> Rotted <input type="checkbox"/> Stained <input type="checkbox"/> Delaminated <input checked="" type="checkbox"/> Satisfactory
Evidence of condensation/leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See Remarks page)	
Fans exhausted to: Attic:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Outside: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not visible <input type="checkbox"/> N/A
(See Remarks page)	
Chimney chase:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs work <input checked="" type="checkbox"/> Not visible
Structural problems observed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Roof structure:	Rafters: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other
<input type="checkbox"/> Trusses <input type="checkbox"/> Others Collar ties present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sheathing: <input checked="" type="checkbox"/> Plywood <input type="checkbox"/> Flakeboard <input type="checkbox"/> Wood 1x <input type="checkbox"/> Other	
Ceiling joist: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Not Visible	
Vapor barriers:	<input type="checkbox"/> Not visible <input type="checkbox"/> Improperly installed
<input checked="" type="checkbox"/> Kraft faced <input type="checkbox"/> Plastic (See Remarks page)	
General Comments	

THERE IS AN OPEN ELECTRIC JUNCTION BOX IN THE ATTIC ABOVE THE DINING ROOM THAT NEEDS A COVER. THE MASTER BEDROOM BATH FAN EXHAUSTS INTO THE ATTIC AND NOT OUTSIDE. RECOMMEND ADDITIONAL INSULATION IN THE MAIN HOUSE SECTION OF THE ATTIC.

BASEMENT

(See Remarks page)

Stairs					
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Need repair	
Handrail:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
Headway over stairs:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Under carriage:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Not visible	

Foundation Walls					
	<input checked="" type="checkbox"/> Concrete block	<input type="checkbox"/> Poured concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Fieldstone	<input type="checkbox"/> Other
Horizontal cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Step cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Vertical cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Covered walls:	<input checked="" type="checkbox"/> North	<input checked="" type="checkbox"/> South	<input checked="" type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Movement apparent:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Have evaluated		<input type="checkbox"/> Monitor

*** Note: See next page for basement diagram

Condition reported above reflects visible portion only

Floor				
	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Dirt/Gravel	<input type="checkbox"/> Not visible	<input type="checkbox"/> Other
(See Remarks page)				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks

Basement Drainage				
Indication of moisture:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Fresh	<input checked="" type="checkbox"/> Old stains
Sump Pump:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Working	<input type="checkbox"/> Not working
Floor drains present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Efflorescence present	

Drain Tile (See Remarks page)	Palmer valves (See Remarks page)
--------------------------------------	----------------------------------

Girders (1), Columns (2)				
	<input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Stained/Rusted
				<input type="checkbox"/> Not visible

Joists				
	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> 2x8	<input type="checkbox"/> 2x10	<input type="checkbox"/> 2x12	16 on center

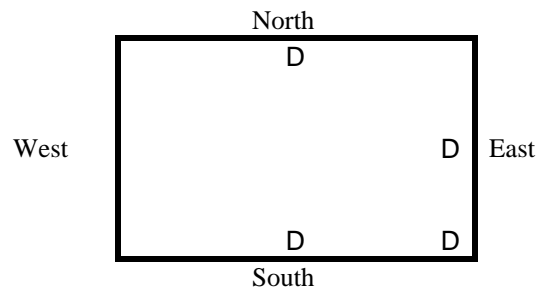
Sub Floor	
	<input checked="" type="checkbox"/> Indication of moisture stains/rotting
** Areas around shower stalls, etc., as viewed from basement or crawl space	

General Comments

THERE IS A TEMPORARY SUPPORT COLUMN THAT WAS ADDED FOR EXTRA SUPPORT. USUALLY THIS WOULD BE A NEGATIVE, BUT THIS WAS ADDED TO RE INFORCE PRESENT STRUCTURE NOT TO REPLACE A SUPPORT. THERE ARE WOOD COLUMNS BELOW THE KITCHEN THAT SHOULD BE STEEL. BASEMENT HAS HAD WATER MANY IN THE LIFE OF THE HOUSE. PROPER DRAINAGE OUTSIDE AND INSTALLATION OF A SUMP PUMP AND FRENCH DRAINS IS RECOMMENDED.

CRAWL SPACE

Slab On Grade	<input type="checkbox"/> N/A	<input type="checkbox"/> Not Visible	Signs of settlement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crawl Space	<input type="checkbox"/> Full	<input checked="" type="checkbox"/> Combination basement/crawl space	<input type="checkbox"/> No Access		
Access	<input type="checkbox"/> Exterior Inspected from: <input checked="" type="checkbox"/> Interior hatch door <input type="checkbox"/> Via basement <input type="checkbox"/> Access panel <input type="checkbox"/> In the crawl space				
Foundation Walls	<input checked="" type="checkbox"/> Concrete block <input type="checkbox"/> Poured concrete <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Piers & columns <input type="checkbox"/> Other <input type="checkbox"/> Cracks <input type="checkbox"/> Movement <input type="checkbox"/> Have evaluated <input type="checkbox"/> Monitor				
Floor	<input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Typical cracks <input type="checkbox"/> Other				
Drainage	<input type="checkbox"/> Outside drain <input type="checkbox"/> Sump pump <input checked="" type="checkbox"/> None apparent Evidence of moisture damage: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ventilation	<input type="checkbox"/> Wall vents <input type="checkbox"/> Power vents <input checked="" type="checkbox"/> None apparent				
Girders (1), Columns (2)	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Not visible Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor				
Joists	<input type="checkbox"/> Not visible <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other <input type="checkbox"/> 2x8 <input checked="" type="checkbox"/> 2x10 <input type="checkbox"/> 2x12 16 inches on center				
Sub Floor	<input type="checkbox"/> Not visible <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Other				
Moisture Stains	<input type="checkbox"/> Walls <input type="checkbox"/> Sub floor <input type="checkbox"/> Other				
Insulation	<input checked="" type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling <input type="checkbox"/> Other				
Vapor Barrier	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See Remarks page) <input type="checkbox"/> Kraft face <input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/> Not visible				
Basement/Crawl Space Walls	<p>Diagram indicates where wall not visible and type of covering: P = Paneling D = Drywall S = Storage C = Crack(s) M = Monitor</p>				



General Comments

PLUMBING

Water Service	Shut off location: BASEMENT			
Water entry piping:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB	<input type="checkbox"/> Unknown
Water lines:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic	<input type="checkbox"/> Polybutylene <input type="checkbox"/> Unknown
	Lead (<i>other than solder joints</i>):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Service entry <input type="checkbox"/> Unknown
	Water pressure:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor	Cross connection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Pipes:	<input type="checkbox"/> Corroded <input type="checkbox"/> Leaking	<input type="checkbox"/> Valves broken/missing	<input type="checkbox"/> Supported/insulated
Drain/waste/vent pipe:	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Cast iron	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Not visible
	Waste discharge:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Slow drain	
Hose bibs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operates:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not tested

Well Pump	<input checked="" type="checkbox"/> N/A	(See Remarks page)		
	<input type="checkbox"/> Submersible	<input type="checkbox"/> In basement	<input type="checkbox"/> Well house	<input type="checkbox"/> Well pit <input type="checkbox"/> Shared well
Pressure gauge operates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Sanitary Pump	<input checked="" type="checkbox"/> N/A			
Sealed crock:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Heater #1				
RHEEM	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other
	Capacity: 40 gallons		Approx. age: 4 yr.(s)	
			Seismic restraints needed: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relief valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Missing
Vent pipe:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Pitch proper	<input type="checkbox"/> Rusted <input type="checkbox"/> Other

Water Softener	(Unit not evaluated)		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Plumbing hooked up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

General Comments	HOT WATER RELIEF VALVE EXTENSION PIPE IS MISSING IT SHOULD BE 4 TO 6" FROM THE FLOOR.
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HEATING SYSTEM

Fuel Shutoff Main fuel shutoff location: AT UNIT

Forced Air System

Brand name: GE

Approximate age: 50 year(s)

Energy source: Gas LP Oil Electric
Hot air systems: Belt drive Direct drive Gravity
Heat exchanger: Visual with mirror N/A (sealed) Not accessible
Condition: Rusted Flame distortion Other
View is extremely limited - See Remarks page about options
Heat pump: Aux. Elec. Aux. Gas Aux. geothermal N/A
Emergency heat tested: Yes No N/A
CO test: Tester: Sniffit Plenum/register Not tested N/A
Distribution: Metal duct Insul. flex duct Cold air returns
Flue piping: Metal PVC Proper pitch Rusted N/A
Filter: Standard Electrostatic Paper N/A
Condition: Satisfactory Replace/clean Missing
Operated: When turned on by thermostat: Fired Did not fire
Operation: Satisfactory: Yes No Recommend HVAC technician examine
Controls: Disconnect Normal operating and safety controls observed

Others N/A

Electric baseboard Radiant ceiling cable Gas space heater
 Woodburning stove (See Remarks page)

General Comments

ONE OF THE HEAT DUCTS WAS DISCONNECTED. FURNACE IS OLD, PAST ITS LIFE EXPECTANCY AND NOT AS EFFICIENT AS NEW MODELS.

ELECTRICAL

Main Panel	Location: GARAGE		
Amps: 100	Volts: 240	<input checked="" type="checkbox"/> Breakers	<input type="checkbox"/> Fuses
Appears grounded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Main Wire: <input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum	<input type="checkbox"/> Not visible
Branch Wire: <input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum	<input type="checkbox"/> Not visible
<input checked="" type="checkbox"/> Romex	<input checked="" type="checkbox"/> BX cable	<input type="checkbox"/> Conduit	<input type="checkbox"/> Knob & tube
<input type="checkbox"/> Double tapping	<input type="checkbox"/> Branch wires undersized	<input type="checkbox"/> Others	
<input type="checkbox"/> Panel not accessible	<input type="checkbox"/> Not evaluated	Reason:	

Sub Panel(s)	<input type="checkbox"/> None apparent		
Location 1: BASEMENT	Location 2:	Location 3:	
<input type="checkbox"/> Panel not accessible	<input type="checkbox"/> Not evaluated	Reason:	
Branch Wiring: <input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Copper clad aluminum	
Neutral/ground separated: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Have electrician separate	
Neutral isolated: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Have electrician isolate	

Electrical Fixtures
A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be:
<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
<input checked="" type="checkbox"/> Open grounds <input type="checkbox"/> Reverse polarity <input type="checkbox"/> Other
<input type="checkbox"/> Solid conductor aluminum branch wiring circuits (See Remarks page)
<input checked="" type="checkbox"/> Recommend a licensed electrician evaluate the service

General Comments:	<p>SUBPANEL BOX SHOULD BE MADE MORE ACCESSIBLE. OPENING IS TOO SMALL. THERE IS A LIVE WIRE HANGING BELOW THE MAIN BATH THAT SHOULD EITHER BE REMOVED OR IN AJUNCTION BOX.THERE ARE OTHER DISCONNECTED WIRES THAT DID NOT SEEM TO BE LIVE. RECOMMEND THEIR REMOVAL. ANY WIRES SPLICED WITH ELECTRICAL TAPE SHOULD BE SPLICED IN JUNCTION BOXES. RECOMMEND A LICENSED ELECTRICIAN REMEDY THE UNGROUNDED OUTLETS. GFCI OUTLETS SHOULD BE INSTALLED WITHIN 6' OF WATER AND OUTSIDE.</p>
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* Items listed in this report may inadvertently have been left off the Summary Sheet. Customer should read the entire report, including the Remarks.

DEFINITIONS

SATISFACTORY - Indicates the component is functionally consistent with its original purpose but may show signs of normal wear and tear and deterioration.

MARGINAL - Indicates the component will probably require repair or replacement anytime within five years.

POOR - Indicates the component will need repair or replacement now or in the very near future.

<p>We Always Miss Some Minor Things Some say we are inconsistent because our reports identify some minor problems but not others. The minor problems that are identified were discovered while looking for more significant problems. We note them simply as a courtesy. The intent of the inspection is not to find minor problems. It is to find major problems. These are the things that affect people's decisions to purchase.</p>	<p>Not Insurance In conclusion, a home inspection is designed to better your odds. It is not designed to eliminate all risk. For that reason, a home inspection should not be considered an insurance policy. The premium that an insurance company would have to charge for a policy with no deductible, no limit and an indefinite policy period would be considerably more than the fee we charge. It would also not include the value added by the inspection.</p>
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SUMMARY*

GROUNDS RECOMMEND REPAIRING AND SEALING THE DRIVEWAY CRACKS. RECOMMEND STAINING THE DECK. RECOMMEND ADDITIONAL BACKFILL FOR THE FRONT OF THE HOUSE SO GROUND SLANTS AWAY. REAR BLOCK RETAINING WALL HAS LOOSE BLOCKS AND IS LEANING. **ROOF COVERING** FRONT ROOF ON THE MAIN SECTION OF THE HOUSE IS ABOUT 20 YEARS OLD SHOWING SIGNS OF ITS AGE. IT IS 2 LAYERS AND WILL NEED REPLACEMENT SOON. MINOR REPAIRS NEEDED AT THIS TIME.

GUTTERS / SIDING RECOMMEND EXTENDING GUTTER DOWNSPOUTS ON THE EAST SIDE OF HOUSE 4' AWAY FROM THE BUILDING. THERE IS SOME LOOSE SIDING ON THE WEST SIDE BOTTOM OF HOUSE AND RIPPLED SIDING AT THE REAR.

EXTERIOR / ELECTRICAL / GARAGE EXTERIOR OUTLETS ARE UNGROUNDED. RECOMMEND CHANGING THEM TO GFCI OUTLETS. RECOMMEND A SAFETY REVERSE FOR THE GARAGE DOOR OPENER. THE USE OF EXTENSION CORDS FOR PERMANENT WIRING SHOULD BE DISCONTINUED. MOISTURE STAINS PRESENT.

KITCHEN FLOOR HAS DAMAGED CRACKED LINOLEUM. OVEN LED CONTROL LIGHTS ARE OUT... HARD TO TELL WHAT TEMP IS SET. MOST CABINET DOORS WERE MISSING AT THE TIME OF THE INSPECTION. COUNTERTOPS HAVE BURNS AND ARE WORN THIN.

LAUNDRY WALL SWITCH PLATE SHOULD BE SECURED.

MAIN BATH HOT WATER SUPPLY LINE TO THE TUB IS DISCONNECTED. WHIRLPOOL AND STEAM SHOWER DID NOT OPERATE AT THE TIME OF THE INSPECTION. THERE IS NO WAY TO GET TO THE WHIRLPOOL TUB MOTOR OR PUMP FOR REPAIRS. RECOMMEND CAULKING NEAR THE WHIRLPOOL TUB CONTROL. SINK DRAIN STOPPER MISSING. SINK COLD WATER SUPPLY SHUT OFF KNOB MISSING.

MASTER BATH SINK DRAIN STOPPER IS MISSING. TUB DRAIN STOPPER DOES NOT HOLD WATER, USING RUBBER STOPPER.

BASEMENT BATH UNGROUNDED OUTLET IS A SAFETY CONCERN. RECOMMEND GFCI OUTLET BE INSTALLED. THE SINK DRAIN STOPPER IS MISSING. THERE IS NO HEAT SOURCE. THERE IS MOLD PRESENT, RECOMMEND MOLD TEST. THE INSULATION ON THE WINDOW SHOULD BE REMOVED SO ROOM CAN BE VENTED.

DINING ROOM THERE ARE A COUPLE OF CRACKED WINDOWS. WINDOWS ARE OLDER, SOME ARE PAINTED SHUT. SOME HAD BROKEN SASH SPRINGS. SLIDING SCREEN DOOR FALLS OFF ITS TRACK AND IS DIFFICULT TO OPERATE.

LIVING ROOM RECOMMEND RAILING BETWEEN LIVING ROOM AND DINING ROOM.

REC ROOM CEILING IS MISSING IN MOST OF THE REC ROOM. MUSTY ODOR... RECOMMEND MOLD TEST.

ATTIC THERE IS AN OPEN ELECTRIC JUNCTION BOX IN THE ATTIC ABOVE THE DINING ROOM THAT NEEDS A COVER. THE MASTER BEDROOM BATH FAN EXHAUSTS INTO THE ATTIC AND NOT OUTSIDE. RECOMMEND ADDITIONAL INSULATION IN THE MAIN HOUSE SECTION OF THE ATTIC.

BASEMENT THERE IS A TEMPORARY SUPPORT COLUMN THAT WAS ADDED FOR EXTRA SUPPORT. USUALLY THIS WOULD BE A NEGATIVE, BUT THIS WAS ADDED TO REINFORCE PRESENT STRUCTURE NOT TO REPLACE A SUPPORT. THERE ARE WOOD COLUMNS BELOW THE KITCHEN THAT SHOULD BE STEEL. BASEMENT HAS HAD WATER MANY IN THE LIFE OF THE HOUSE. PROPER DRAINAGE OUTSIDE AND INSTALLATION OF A SUMP PUMP AND FRENCH DRAINS IS RECOMMENDED.

PLUMBING HOT WATER RELIEF VALVE EXTENSION PIPE IS MISSING IT SHOULD BE 4 TO 6" FROM THE FLOOR.

HEATING SYSTEM ONE OF THE HEAT DUCTS WAS DISCONNECTED. FURNACE IS OLD, PAST ITS LIFE EXPECTANCY AND NOT AS EFFICIENT AS NEW MODELS.

ELECTRICAL SUBPANEL BOX SHOULD BE MADE MORE ACCESSIBLE. OPENING IS TOO SMALL. THERE IS A LIVE WIRE HANGING BELOW THE MAIN BATH THAT SHOULD EITHER BE REMOVED OR IN A JUNCTION BOX. THERE ARE OTHER DISCONNECTED WIRES THAT DID NOT SEEM TO BE LIVE. RECOMMEND THEIR REMOVAL. ANY WIRES SPLICED WITH ELECTRICAL TAPE SHOULD BE SPLICED IN JUNCTION BOXES. RECOMMEND A LICENSED ELECTRICIAN REMEDY THE UNGROUNDED OUTLETS. GFCI OUTLETS SHOULD BE INSTALLED WITHIN 6' OF WATER AND OUTSIDE.

Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.

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