



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000



Monday, April 28, 2008
Inspector
Joe Inspector
999-999-9999

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

<p>Property Occupied : Yes</p> <p>Estimated Age Of Property : 11 Year(s)</p> <p>Type of Property : <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multi</p> <p>Primary Construction : <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Brick</p> <p><input checked="" type="checkbox"/> Other : Stucco</p>	<p>Property Faces : <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Weather : Overcast/Windy Temperature : 60 F</p> <p>Soil Conditions : <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Damp <input type="checkbox"/> Snow <input type="checkbox"/> Frozen</p> <p>Persons Present : <input type="checkbox"/> Buyer <input checked="" type="checkbox"/> Seller</p> <p style="padding-left: 100px;"><input type="checkbox"/> Buyer's Agent <input type="checkbox"/> Seller's Agent</p>
--	--

DEFINITIONS :

Below are listed the definitions used throughout the report to describe each feature of the property.

ACC (ACCEPTABLE)	The item/system was performing its intended function at the time of the inspection.
MAR (MARGINAL)	The item/system was marginally acceptable. <i>(It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.)</i>
NI (NOT INSPECTED)	The item/system was not inspected due to safety concerns, inaccessibility and/or concealment or seasonal conditions.
NP (NOT PRESENT)	The item/system does not exist or was visually concealed at the time of the inspection.
DEF (DEFECTIVE)	The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

SCOPE OF THE INSPECTION :

National Property Inspections wishes to remind you, every property requires a certain amount of ongoing maintenance, such as, unclogging drains, servicing of furnaces, air conditioners, water heaters, etc. This property will be no exception. It is suggested that you budget for regular maintenance/repairs.

The following report is based on visual inspection only of the accessible areas of this property. Please read and study the entire report carefully. The following items may be of special interest.

" Independently Owned and Operated "

Inspection Date : Inspector: Joe Inspector
4/28/2008 Inspector Phone: 999-999-9999



Joe Inspector dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

GRADING / DRAINAGE

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Near Level
 Positive Slope
 Negative Slope
 Ponding

Comments :

DRIVEWAY

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Concrete
 Asphalt
 Brick
 Gravel
 General Deterioration
 Cracks
 Settlement

Comments :

WALKS / STEPS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Concrete
 Flagstone
 Brick
 Wood
 General Deterioration
 Handrail Loose / Missing
 Cracks / Settlement
 Tripping Hazard
 Poor Earth / Wood Clearance

Comments :

PORCHES / STOOPS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Enclosed
 Open
 General Deterioration
 Settlement
 Poor Earth / Wood Clearance
 Handrail Loose / Missing

Comments :

PATIO

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Concrete
 Flagstone
 Brick
 General Deterioration
 Cracks
 Settlement
 Slopes Toward House

Comments :

" Independently Owned and Operated "

Inspection Date : 4/28/2008
 Inspector: Joe Inspector
 Inspector Phone: 999-999-9999



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

FENCES / GATES

- Monitor Condition**
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> Wood | <input type="checkbox"/> Plastic / PVC | <input type="checkbox"/> Chain Link | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Wrought Iron | | | |
| <input type="checkbox"/> General Deterioration | <input checked="" type="checkbox"/> Leaning | <input type="checkbox"/> Rotting | <input type="checkbox"/> Portion(s) Missing |
| <input checked="" type="checkbox"/> Needs Repairs | | | |

Comments : The south gates need to be repaired so they will open and close more easily .
 Recommend digging the dirt out from under the gate.



ROOFING

- Monitor Condition**
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | | |
|--|------------------------------------|--|---------------------------------------|--|--|
| Age : 11 | Year(s) | Design Life : 15-25 | Year(s) | Layers : 1 | |
| <input checked="" type="checkbox"/> Visual From Ground | <input type="checkbox"/> Walked On | <input type="checkbox"/> Ladder at Eaves | <input type="checkbox"/> Snow Covered | <input type="checkbox"/> Asphalt / Composition | <input type="checkbox"/> Wood Shake |
| <input type="checkbox"/> Tar and Gravel | <input type="checkbox"/> Metal | <input type="checkbox"/> Rolled Composition | <input type="checkbox"/> Tile | <input type="checkbox"/> Membrane | <input type="checkbox"/> Missing Shingle(s) |
| <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Bubbling | <input type="checkbox"/> Trim Trees / Branches | <input type="checkbox"/> Slate | <input type="checkbox"/> Excessive Granular Loss | <input type="checkbox"/> Cupping/Curling/Lifting/Brittle |
| <input type="checkbox"/> Previous Repairs Noted | | | | <input type="checkbox"/> Improper Installation | |

Comments : Leaks not always detectable.

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
 Inspector Phone: 999-999-9999



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

FLASHING/VALLEYS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|--|---|--|--|
| <input checked="" type="checkbox"/> Metal | <input checked="" type="checkbox"/> Composition / Membrane | <input type="checkbox"/> Rust | <input type="checkbox"/> Improper Installation | <input type="checkbox"/> Suspected Leak(s) |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Exposed Nails | <input type="checkbox"/> Previous Repairs Noted | <input type="checkbox"/> Filled with Debris | |

Comments :

CHIMNEY

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|---|----------------------------------|--|--|
| <input type="checkbox"/> Brick / Masonry | <input checked="" type="checkbox"/> Framed | <input type="checkbox"/> Metal | <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Improper Height |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Separated from House | <input type="checkbox"/> Unlined | <input type="checkbox"/> Deteriorated / Missing Cap | <input type="checkbox"/> Out of Plumb |
| | | | <input type="checkbox"/> Deteriorated Brick / Mortar | |

Comments : Flue not inspected. Annual cleaning is recommended.

GUTTERS/DOWN SPOUTS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|---|--------------------------------|
| <input checked="" type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | <input type="checkbox"/> Steel | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Missing | <input type="checkbox"/> Rust / Corroded | <input type="checkbox"/> Leaking | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Filled with Debris | <input type="checkbox"/> Misaligned | <input type="checkbox"/> Missing Extension / Splash Block | |

Comments : Recommend that gutters be cleaned each year due to the accumulation of pine straw, leaves etc.

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector

dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

EXTERIOR SURFACE

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
SIDING/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR FAUCETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ELECTRICAL OUTLETS <input type="checkbox"/> NO GFCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR LIGHTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Stucco					
<input type="checkbox"/> Synthetic Stucco <input type="checkbox"/> Composite <input type="checkbox"/> Veneer <input type="checkbox"/> Brick					
<input checked="" type="checkbox"/> General Deterioration <input type="checkbox"/> Needs Paint <input type="checkbox"/> Missing / Loose <input type="checkbox"/> Cracked					
<input type="checkbox"/> Needs Caulk / Seal <input type="checkbox"/> Poor Earth / Siding Clearance					

Comments :

WINDOWS

Monitor Condition
 Recommend Repairs

	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Insulated Panes <input type="checkbox"/> Single Pane <input type="checkbox"/> Window Wells					
<input type="checkbox"/> General Deterioration <input type="checkbox"/> Needs Caulk / Seal <input checked="" type="checkbox"/> Defective / Damaged Storm Windows					
<input type="checkbox"/> Needs Paint / Finish <input type="checkbox"/> Fogged <input type="checkbox"/> Painted Shut					

Comments : There is a broken window pane on the south window in the master bedroom that needs to be replaced.



EXTERIOR DOORS

Monitor Condition
 Recommend Repairs

	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Deterioration <input type="checkbox"/> Delaminated / Damaged <input type="checkbox"/> Missing / Damaged Hardware <input type="checkbox"/> Doorbell Inoperative					
<input type="checkbox"/> Screen / Storm Door Damaged <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Repair/Replace Weather-Strip <input type="checkbox"/> Needs Caulk / Seal					

Comments :

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector

dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

FOUNDATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Concrete Block | <input checked="" type="checkbox"/> Concrete | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> Post / Pier |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Stone | <input type="checkbox"/> Wood | <input type="checkbox"/> Sub-Grade Entryway |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Horizontal Cracks | <input type="checkbox"/> Step Cracks | <input type="checkbox"/> Vertical Cracks |
| <input type="checkbox"/> Limited Observation | <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Trim Vegetation | |

Comments :

GARAGE/CARPORT

Monitor Condition Recommend Repairs

- Attached Detached Carport
 One Car Two Cars Three or More Cars

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FLOOR/WALLS/CEILING/ELECTRICAL

ROOF

SIDING/TRIM

- General Deterioration Settlement / Movement Obscured / Limited View Cracked
 Outlets NOT GFCI Protected Electrical Deficiencies

Comments :

OVERHEAD GARAGE DOORS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of Openers : 1

- Wood Metal Fiberglass
 General Deterioration Loose Track Repair / Replace Weather-Stripping
 Missing / Damaged Hardware Damaged / Inoperative Repair / Adjust Automatic Reverse

Comments :

GARAGE PEDESTRIAN DOOR INTO HOUSE

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Solid Core Hollow Core Metal
 General Deterioration Repair / Replace Weather-Stripping / Seal
 Non-Fire Rated Assembly

Comments :

Attic / Roof

Method of Inspection Physical Entry Visual from Access No Access / Limited View **100 % Visible**

" Independently Owned and Operated "

Inspection Date : Inspector: Joe Inspector
 4/28/2008 Inspector Phone: 999-999-9999



Joe Inspector

dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

ATTIC / ROOF FRAMING/SHEATHING

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Trusses Rafters Plywood / Panel Board / Boards
 Broken Rafters / Trusses Deflection Water Stains / Suspected Leak(s) Delaminated

Comments : Leaks not always detectable.

ATTIC / ROOF VENTILATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Gable Ridge Soffit Static Vent Turbine
 Powered Vent Attic Fan Whole House Fan No Venting
 Additional Vents Needed Obstructed Air Flow Clothes Dryer / Exhaust Fans Vented Into Attic

Comments :

ATTIC / ROOF INSULATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Loose Fill Blanket Missing Uneven Distribution

Comments : **10-12 Inches of loose fill insulation = approx. R32**

ATTIC ELECTRICAL

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Open Splices / Junction Boxes

Comments : Limited visibility due to obstructions. See Electrical Section for additional Information.

Foundation

- Foundation Type** Basement Crawl Space Slab On Grade

" Independently Owned and Operated "

Inspection Date : Inspector: Joe Inspector
 4/28/2008 Inspector Phone: 999-999-9999



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

FOUNDATION FRAMING SUPPORT

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Horizontal Cracks | <input type="checkbox"/> Step Cracks | <input type="checkbox"/> Vertical Cracks |
| <input type="checkbox"/> Limited Observation | <input type="checkbox"/> Leaning / Bowing | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Efflorescence / Suspected Leak(s) |

Comments :

FOUNDATION FLOOR/SLAB

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|---------------------------------|---------------------------------------|---|
| <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Wood | <input type="checkbox"/> Differential | <input type="checkbox"/> Obscured / Covered |
| <input type="checkbox"/> Settlement | <input type="checkbox"/> Cracks | | |

Comments :

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
 Inspector Phone: 999-999-9999



Joe Inspector

dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

ELECTRICAL

Monitor Condition Recommend Repairs

SERVICE SIZE (Main Panel)

- 110 Volt (Nominal)
 110 / 220 Volt (Nominal)
 120 / 240 Volt (Nominal)
 60 Amp
 100 Amp
 125 Amp
 150 Amp
 200 Amp
 Undetermined

SERVICE SIZE (Sub Panel)

- 40 Amp
 60 Amp
 100 Amp
 Undetermined

SERVICE			ACC	MAR	NI	NP	DEF
ENTRANCE CABLE	<input type="checkbox"/> Overhead	<input checked="" type="checkbox"/> Underground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input checked="" type="checkbox"/> Breaker(s)	<input type="checkbox"/> Fuse(s) <input type="checkbox"/> Combination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<input type="checkbox"/> Breaker(s)	<input type="checkbox"/> Fuse(s) <input type="checkbox"/> Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BONDING/GROUNDING	<input type="checkbox"/> Solid Aluminum	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI(IN PANEL)*			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARC FAULT			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS*			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Overfused	<input type="checkbox"/> Double Tapping	<input type="checkbox"/> Rust / Corrosion	<input type="checkbox"/> Insufficient Access			
	<input type="checkbox"/> Looses Connections	<input type="checkbox"/> No Main Disconnect	<input type="checkbox"/> Fuse / Breakers Incorrectly Sized	<input type="checkbox"/> Overheating / Scorching			
	<input type="checkbox"/> Improper Splices	<input type="checkbox"/> Open Knockouts	<input type="checkbox"/> Water Meter Not Jumpered	<input type="checkbox"/> Improper Ground			

Comments : *Smoke Detectors / GFCI's checked with test button only. Monthly Test Recommended.

PLUMBING

Monitor Condition Recommend Repairs

- Water Service :** Water Public Water Private Water Off
 Water Shut Off Location : Meter located at the street.
Sewage Service : Sewage Public Sewage Private Fuel Off
 Fuel Shut Off Location : Gas meter located side of

SUPPLY			ACC	MAR	NI	NP	DEF
DRAINS	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Polybutylene <input type="checkbox"/> PEX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EJECTOR PUMP	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Cast Iron <input type="checkbox"/> Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> General Deterioration	<input type="checkbox"/> Improper Connections	<input type="checkbox"/> Low Flow	<input type="checkbox"/> Water Conditioner Not Part of Insp.			
	<input type="checkbox"/> Missing / Improper Cleanouts	<input type="checkbox"/> Suspected Leak(s)	<input type="checkbox"/> Improper Venting	<input type="checkbox"/> Water Hammer / Noise			

Comments : Main utility line, septic systems and gray water systems are excluded from this Inspection.

" Independently Owned and Operated "

Inspection Date : Inspector: Joe Inspector
 4/28/2008 Inspector Phone: 999-999-9999



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

WATER HEATER

- Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand : **A.O. Smith** Model : **FSGI 40 232** Size : **40 Gallons**
 Age : **11** Year(s) Design Life : **10-12** Year(s)

- Gas Electric Oil Solar Integral with Boiler
 Leaks Rust / Corrosion Improper Elevation Insulation Blanket Obstructs View
 Gas Leak Faulty Flue Connection At or Near Design Life Beyond Design Life
 Missing / Improper Pressure Relief Valve / Extension Seismically Strapped

Comments :

LAUNDRY FACILITIES

- Monitor Condition Recommend Repairs

Location :	ACC	MAR	NI	NP	DEF
Adj. to Kitchen					
UTILITY HOOKUPS <input type="checkbox"/> Gas (Dryer) <input type="checkbox"/> Electric (Dryer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRYER VENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DRAIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
 Inspector Phone: 999-999-9999



Joe Inspector dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

HEATING

Monitor Condition Recommend Repairs

Brand : **Rheem**

Model : **RGPH-05EAUER**

BTUs : **50000**

Age : 11	Year(s)	Design Life : 15-20	Year(s)	ACC	MAR	NI	NP	DEF
OPERATION				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABOVE GROUND STORAGE TANKS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUMIDIFIER				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Forced Air | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Boiler / Hot Water | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Baseboard / Radiant | <input type="checkbox"/> Gravity | | |
| <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Air Source | <input type="checkbox"/> Water Source | | |
| <input type="checkbox"/> Rusted Heat Exchanger | <input type="checkbox"/> Unusual Flame Pattern | <input type="checkbox"/> Too Warm to Test | <input type="checkbox"/> Shut Down For Season |
| <input type="checkbox"/> Corroded / Leaking | <input type="checkbox"/> At or Near Design Life | <input type="checkbox"/> Beyond Design Life | |
| <input type="checkbox"/> Improper Temperature Rise | <input type="checkbox"/> Needs Normal Maintenance / Cleaning | | |
| <input type="checkbox"/> Missing / Improper Pressure Relief Valve Leaks | <input type="checkbox"/> Underground Storage Tank Not Part of Inspection | | |

Comments : Heat Exchanger - Unable to detect cracks/holes without dismantling unit.

DRAFT CONTROL/VENT

Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Metal Pipe | <input type="checkbox"/> PVC | |
| <input type="checkbox"/> Negative Slope | <input type="checkbox"/> Improper Size | <input type="checkbox"/> Inadequate Flue Clearance |
| <input type="checkbox"/> Obstruction | <input type="checkbox"/> Loose Connection | <input type="checkbox"/> Inadequate / Marginal Combustion Air |
| <input type="checkbox"/> Leaks | <input type="checkbox"/> Improper Connection | <input type="checkbox"/> Excessive Corrosion / Perforation |

Comments :

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

KITCHEN

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILING(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE TOP/OVEN <input type="checkbox"/> Gas <input type="checkbox"/> Electric		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STOVE ANTI-TIP BRACKET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISHWASHER/CROSS FLOW PROTECTION <input type="checkbox"/> Leaking Seal <input type="checkbox"/> Clogged Drain		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROWAVE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARBAGE DISPOSAL <input type="checkbox"/> Seized <input type="checkbox"/> Noisy <input type="checkbox"/> Improper Elec. Connection		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : The back left burner on the stove top is not working. Everything else in the kitchen is in very good condition.



" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector

dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

FAMILY ROOM

Monitor Condition Recommend Repairs

				ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET/STORAGE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILT IN SHELVING				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WET BAR	<input type="checkbox"/> No GFCI Protection			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments :

FIREPLACE

Monitor Condition
 Recommend Repairs

				ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Wood Burning	<input type="checkbox"/> Gas Log	<input type="checkbox"/> Gas Starter	<input type="checkbox"/> Fireplace Insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Masonry Firebox	<input checked="" type="checkbox"/> Metal Firebox	<input type="checkbox"/> Clean Out Trap						
<input type="checkbox"/> Damper Bent / Inoperable	<input type="checkbox"/> Poor Drafting	<input type="checkbox"/> Damaged Mortar / Firebrick						
<input type="checkbox"/> Damaged / Defective Doors	<input type="checkbox"/> Missing Damper Stopper	<input type="checkbox"/> Recommend Cleaning						

Comments : Recommend annual cleaning - Fireplace design and soot / creosote buildup, in most cases, prevents view of chimney liner / cracks.

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

MASTER BATH

Monitor Condition Recommend Repairs

			ACC	MAR	NI	NP	DEF
CEILING(S)	<input checked="" type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/> Leaking	<input type="checkbox"/> Cracked / Damaged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input type="checkbox"/> Loose at Base	<input type="checkbox"/> Runs Continuously	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/> No Service Access	<input type="checkbox"/> No GFCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : The bathtub is very slow to drain. The drain pipe under the sink is leaking. Everything else is in good condition.



" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

HALL BATH

Monitor Condition Recommend Repairs

			ACC	MAR	NI	NP	DEF
CEILING(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/> Leaking	<input type="checkbox"/> Cracked / Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input type="checkbox"/> Loose at Base	<input type="checkbox"/> Runs Continuously	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/> No Service Access	<input type="checkbox"/> No GFCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : **Bathtub stopper is broken and needs to be repaired or replaced.**



" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
 Inspector Phone: 999-999-9999



Joe Inspector dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

BREAKFAST NOOK

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

ENTRANCE/FOYER

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

" Independently Owned and Operated "

Inspection Date : Inspector: Joe Inspector
4/28/2008 Inspector Phone: 999-999-9999



Joe Inspector dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

DINING ROOM

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

MASTER BEDROOM

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input checked="" type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : The south window has a broken pane. Everything else in the master bedroom is in very good condition.



" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

BEDROOM #2

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

BEDROOM #3

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

" Independently Owned and Operated "

Inspection Date : Inspector: Joe Inspector
4/28/2008 Inspector Phone: 999-999-9999



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

Summary

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

FENCES / GATES

Marginal

The south gates need to be repaired so they will open and close more easily .
Recommend digging the dirt out from under the gate.



WINDOWS

Marginal

There is a broken window pane on the south window in the master bedroom that needs to be replaced.



" Independently Owned and Operated "

Inspection Date : 4/28/2008
Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

KITCHEN

Stove Top/Oven

Defective

The back left burner on the stove top is not working. Everything else in the kitchen is in very good condition.



MASTER BATH

Sink/Faucet

Marginal

Tub/Shower

Marginal

The bathtub is very slow to drain. The drain pipe under the sink is leaking. Everything else is in good condition.



" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999



Joe Inspector
dba National Property Inspections

Jane Doe, 1234 Some Street, Some City, US, 00000

HALL BATH

Tub/Shower

Marginal

Bathtub stopper is broken and needs to be repaired or replaced.



MASTER BEDROOM

Windows/Trim

Defective

The south window has a broken pane. Everything else in the master bedroom is in very good condition.



MAR (MARGINAL)

The item/system was marginally acceptable. (It performed its designed function as of the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.)

DEF (DEFECTIVE)

The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

" Independently Owned and Operated "

Inspection Date : 4/28/2008 Inspector: Joe Inspector
Inspector Phone: 999-999-9999