

Confidential Home Inspection Report



Peaceful St. USA

Prepared for: [Happy Homebuyer](#)

Prepared by: [Castle Guardian Home Inspections, LLC](#)
2542 S. West Lebanon Rd.
Dalton OH 44618, OH 44618

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Definitions

A	Acceptable	Functional with no obvious signs of defects.
HS	Health/Safety	Item represents a health or safety concern and should be addressed as soon as possible
RR	Repair/Replacement	Item needs repair or replacement. It is unable to properly perform its intended function or not functioning at all
PM	Preventative Maintenance	Item is performing its intended function but will need preventative maintenance or service in the near future to continue to properly function.
NP	Not Present	Item not present or not found.
NI	Not Inspected	Unable to inspect due to safety, systems being disconnected or enclosed in such a manner that dismantling would be required to complete the inspection process, which is outside the scope of the inspection as per the ASHI standards of practice.

General Information

Property Information

Property Address Peaceful St.
City State Zip USA

Client Information

Client Name Happy Homebuyer

Inspection Company

Inspector Name Craig Limbach
Company Name Castle Guardian Home Inspections, LLC
Address 2542 S. West Lebanon Rd.
City Dalton OH 44618 State OH Zip 44618
Phone 330-495-0156 Fax
E-Mail castleguardianinspections@yahoo.com
File Number 71772TS
Amount Received \$380.00

Conditions

Others Present Buyer's Agent and Buyer Property Occupied Yes
Estimated Age 14 years Entrance Faces Street
Inspection Date 07/12/2017
Start Time 1:00 pm End Time 4:00 pm
Electric On Yes No Not Applicable
Gas/Oil On Yes No Not Applicable
Water On Yes No Not Applicable
Temperature 81 degrees
Weather Sunny Soil Conditions Wet
Space Below Grade Basement
Building Type Single family, 2 story Garage Attached
Sewage Disposal Public How Verified Buyer
Water Source Public How Verified Buyer

Castle Guardian Home Inspections, LLC

13:22 October 15, 2018

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Sample report.inspx

Invoice

Inspector Name: Craig Limbach
Company Name: Castle Guardian Home Inspections, LLC
Address: 2542 S. West Lebanon Rd.
City State Zip: Dalton OH 44618, OH 44618

Client Name: Happy Homebuyer
Address:
City, State Zip:

Property Address: Peaceful St.
City State Zip: USA,

Services Performed	Amount Due
ASHI General Home Inspection	\$380.00
Total:	\$380.00
Balance Due:	Paid In Full

THANK YOU!

We value the opportunity to provide you with a comprehensive inspection report essential to your purchasing decision. If you have any questions about your home inspection, please call us at 330-495-0156.

Provisions

1. The conclusions and recommendations of this report represent my opinion of the existing building and systems.

This report should be considered a preliminary inspection, based on your review and feedback further investigation may be warranted.

This inspection involved visual techniques only, utilizing non-destructive evaluation and no material testing or design work has been done as part of this report. This inspection does not include latent or concealed defects, which may exist on the property or the building and its major structural components at the time of the inspection; equipment items and systems are not dismantled.

Items specifically excluded from a standard inspection include: underground drainage systems or pipes of any kind, or the condition or drainage ability of the land, geological soil conditions, fire and lawn sprinklers systems, utility lines, water mains, volume, quality or pressure of water supply and sewage systems, exterior lighting systems and electrical lines, dry wells, buried or concealed items, buried fuel storage systems or propane fuel installations, intercom systems, central security and fire installations, water softeners, conditioners, and filters, the presence or absence of rodents, termites, and other insects or pests.

This inspection does not include the examination or detection of the presence or danger from any potentially harmful substances and environmental hazards as defined under federal, state, and / or other applicable law, including, but not limited to: radon gas, lead paint, asbestos, asbestos products, urea formaldehyde, polychlorinated biphenyl (PCB), toxic or flammable chemicals, or water, or air borne hazards, and all other similar or potentially harmful substances.

Neither this survey nor this report constitutes an exhaustive technical evaluation. This report is prepared for the sole, confidential, and exclusive use and possession of the client. Neither the contents of the inspection nor any representation made herein are assignable.

Castle Guardian Home Inspections is not responsible for the conclusions, opinions, or recommendations made by others based on the information in this report.

The conditions of the property may change due to factors such as water and moisture leaks, actions taken by owner or others, or the passing of the time itself.

The client must accept the responsibility for all risks for items, which are not reasonably detectable within the scope of this inspection.

I have made every effort to perform a comprehensive and thorough inspection with recommendations for this property. This inspection and report are not intended to be used as a guarantee or warranty, express or implied, regarding the adequacy, performance or condition of any inspected structure, item, or system.

Castle Guardian is not an insurer of the property including but not limited to any inspected structure, item or system. Castle Guardian hereby disclaims all other warranties, expressed or implied, including warranties of habitability, merchantability and fitness for any particular purposes whatsoever.

If you have any questions regarding this inspection or need further evaluation, please contact me.

Sincerely,

Castle Guardian Home Inspections

President - Craig Limbach

Lots and Grounds

A = Acceptable, HS = Health/Safety, RR = Repair/Replacement, PM = Preventative Maintenance, NP = Not Present, NI = Not Inspected

A HS RR PM NP NI

1. Driveway: Concrete
2. Walks: Concrete
3. Steps/Stoops: Wood
4. Porch: Concrete
5. Deck: Composite, Vinyl Deck enclosed, unable to inspect the underside.
Several deck boards split on ends.
May need new holes drilled and resecured

6. Grading: Minor slope Grade at foundation is flat to negative in places, recommend adding additional fill to achieve more acceptable grade and improve water shed away from foundation.

7. Vegetation: Trees & Shrubs



Air Conditioning

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A HS RR PM NP NI

Side of house AC System

1. A/C System Operation: Functional
2. Condensate Removal: PVC
3. Exterior Unit: Pad mounted
4. Manufacturer: American Standard
5. Model Number 4a7a7048a1000aa
6. Area Served: whole building Approximate Age: 4 years
7. Fuel Type: Electric Temperature Differential: 18 degrees
8. Type: Central A/C Capacity: 4 Ton
9. Visible Coil: Copper core with aluminum fins
10. Refrigerant Lines: Copper
11. Electrical Disconnect: Local pullout

Exterior Surface and Components

Your inspector is considered a generalist and the inspection is limited in scope to visual observations only as per our inspection agreement and the ASHI standards of practice. If recommended or if you want further more detailed information pertaining to your home or its potential deficiencies you will need to consult with a specialist in the area of concern.

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A HS RR PM NP NI

All Exterior Surface

- 1. Type: Vinyl siding
- 2. Trim: Composite, Vinyl, Wood Trim has shrunk and separated in a few places, recommend caulking all seams, joints as added prevention against water intrusion, deterioration



- 3. Fascia: Aluminum
- 4. Soffits: Aluminum
- 5. Door Bell: Hard wired
- 6. Entry Doors: Insulated metal Kick plate below front door is rotting out on left side



- 7. Windows Vinyl single hung thermopane
- 8. Exterior Lighting: Surface mount
- 9. Exterior Electric Outlets: 110 VAC GFCI
- 10. Hose Bibs: Rotary frost free
- 11. Gas Meter: Side of house
- 12. Main Gas Valve: Located at gas meter Courtesy photo of main gas shutoff



Roof

While every attempt is made to locate or identify any defects or deficiencies, it is impossible to find all defects & deficiencies with a non-destructive inspection. Defects that may be concealed with roof sheathing, shingles, felt paper, building materials, insulation or procedures that your inspector deems as unsafe are outside the scope of this inspection as per our inspection agreement and the ASHI standards of practice.

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A HS RR PM NP NI

All Roof Surface

1. Method of Inspection: On roof
2. Unable to Inspect: 20% Pitch of roof, Safety
3. Material: Asphalt shingle Typical roof systems of this type construction generally last 20 to 25 years under normal circumstances, providing they have proper ventilation



4. Type: Gable
5. Approximate Age: Original
6. Flashing: Aluminum
7. Valleys: Asphalt shingle
8. Plumbing Vents: PVC



9. Electrical Mast: Underground utilities
10. Gutters: Aluminum
11. Downspouts: Aluminum
12. Leader/Extension: Plastic drain line

Garage/Carport

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A HS RR PM NP NI

Attached Garage

1. Type of Structure: Attached Car Spaces: 2
2. Garage Doors: Metal
3. Door Operation: Overhead
4. Door Opener: Automatic
5. Service Doors: Insulated metal
6. Ceiling: Textured drywall
7. Walls: Painted drywall Signs of past water intrusion, staining over big garage door, normal moisture readings at time of inspection

8. Floor/Foundation: Poured concrete, Concrete block Floor cracks present, very common

9. Electrical: 110 VAC GFCI
10. Windows: Vinyl single hung thermopane



Kitchen

Visual inspections of plumbing, pipes and electrical wiring that are concealed inside wall cavities, floors, ceilings or building components require technically exhaustive or destructive inspection methods which are outside the scope of this inspection as per our inspection agreement and the ASHI standards of practice.

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A HS RR PM NP NI

1st Floor Kitchen

1. Cooking Appliances: Kenmore
2. Ventilator: Microwave
3. Disposal: In-Sinkerator
4. Dishwasher: Kenmore
5. Air Gap Present? Yes No
6. Refrigerator: Kenmore
7. Microwave: Kenmore
8. Sink: Stainless Steel
9. Electrical: 110 VAC GFCI

Kitchen (Continued)

- | | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing/Fixtures: Stainless steel, plastic trap |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter Tops: Formica |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabinets: Laminate and wood |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Textured drywall |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Painted drywall |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Linoleum |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Sliding thermopane |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: HVAC supply ducts |

Living Space

A = Acceptable, HS = Health/Safety, RR = Repair/Replacement, PM = Preventative Maintenance, NP = Not Present, NI = Not Inspected

A HS RR PM NP NI

Family Room Living Space

- | | | | | | | | |
|----|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Textured drywall |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Painted drywall |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl single hung thermopane Cracked interior pane in upper sash at window to right of fireplace |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: HVAC supply ducts |

Front entryway Living Space

- | | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Textured drywall |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Painted drywall |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC lighting |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: HVAC supply duct |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired |

Remaining 1st floor Living Space

- | | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Textured drywall |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Painted drywall |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood, Glass, French |
| 17. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl single hung thermopane Windows lower than 18 inches from floor need to have safety rated glass or grills or guards over windows. Office windows are not safety glass. Shutters need to remain, safety hazard |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: HVAC supply ducts |

Mud Room Living Space

- | | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Textured drywall |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Painted drywall |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Linoleum |

Living Space (Continued)

- 23. Doors: Raised panel hollow core
- 24. Electrical: 110 VAC
- 25. HVAC Source: HVAC supply duct

Bathroom

Visual inspections of plumbing, pipes and electrical wiring that are concealed inside wall cavities, floors, ceilings or building components require technically exhaustive or destructive inspection methods which are outside the scope of this inspection as per our inspection agreement and the ASHI standards of practice. Concealed or buried plumbing is not inspected. All tubs & showers are run for approximately 10 minutes during inspection.

A = Acceptable, HS = Health/Safety, RR = Repair/Replacement, PM = Preventative Maintenance, NP = Not Present, NI = Not Inspected

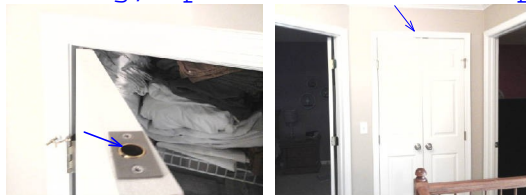
A HS RR PM NP NI

1st floor half bath Bathroom

- 1. Ceiling: Textured drywall
- 2. Walls: Painted drywall
- 3. Floor: Hardwood
- 4. Doors: Raised panel hollow core
- 5. Electrical: 110 VAC GFCI
- 6. Sink/Basin: Pedestal
- 7. Faucets/Traps: Chrome fixtures/plastic trap
- 8. Toilets: Universal Rundle
- 9. HVAC Source:
- 10. Ventilation: Electric ventilation fan

2nd floor main Bathroom

- 11. Ceiling: Textured drywall
- 12. Walls: Painted drywall Detent ball on left closet door in hallway is missing, repairs needed to keep door latched



- 13. Floor: Linoleum
- 14. Doors: Raised panel hollow core
- 15. Electrical: 110 VAC GFCI
- 16. Counter/Cabinet: Laminate and wood
- 17. Sink/Basin: One piece sink/counter top, Dual bowl
- 18. Faucets/Traps: Stainless fixtures / plastic trap
- 19. Tub/Surround: Fiberglass
- 20. Toilets: Universal Rundle
- 21. HVAC Source: HVAC supply duct
- 22. Ventilation: Electric ventilation fan

Bathroom (Continued)

Master Bathroom

- | | | | | | | | | | |
|-----|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Linen |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Textured drywall |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Painted drywall |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Linoleum |
| 27. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Raised panel hollow core |
| 28. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl casement thermopane, Vinyl thermopane |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI Light inoperative in water closet |
| 30. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Laminate and wood |
| 31. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: One piece sink/counter top, Dual bowl |
| 32. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Chrome fixtures/chrome traps |
| 33. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: Fiberglass |
| 34. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa Tub/Surround: Fiberglass |
| 35. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Universal Rundle |
| 36. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: HVAC supply duct |
| 37. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan, Windows |

Basement Bathroom

- | | | | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 38. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Textured drywall |
| 39. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Painted drywall |
| 40. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Laminate |
| 41. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Raised panel |
| 42. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 43. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Laminate and wood |
| 44. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Porcelain single bowl |
| 45. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Stainless fixtures / plastic trap |
| 46. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: Fiberglass pan and ceramic tile surround |
| 47. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Kohler |
| 48. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Exhaust fan heater |
| 49. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan |

Bedroom

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A HS RR PM NP NI

Master Bedroom

- | | | | | | | | | | |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Double, Walk In |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Textured drywall |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Painted drywall |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Raised panel hollow core, French |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: HVAC supply ducts |
| 8. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired Recommend installing photo-electric smoke detectors on every floor & near all bedrooms, Safety |

Bedroom (Continued)

Remaining Bedroom

- 9. Closet: Single
- 10. Ceiling: Textured drywall
- 11. Walls: Painted drywall
- 12. Floor: Carpet
- 13. Doors: Raised panel hollow core Front orange bedroom door is hitting jamb, sticking at top, adjustment needed for normal operation
- 14. Electrical: 110 VAC
- 15. HVAC Source: HVAC supply ducts
- 16. Smoke Detector: Hard wired Recommend installing photo-electric smoke detectors on every floor & near all bedrooms, Safety

Attic

Areas deemed unsafe, hidden from view, under sheathing behind walls, under insulation etc, are outside the scope of this inspection as per our inspection agreement and the ASHI standards of practice.

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A HS RR PM NP NI

All Attic

- 1. Method of Inspection: From the attic access
- 2. Unable to Inspect: 20% Roof line, Insulation, Safety and footing
- 3. Roof Framing: Truss
- 4. Sheathing: OSB



- 5. Ventilation: Ridge and soffit vents
- 6. Insulation: Fiberglass



- 7. Insulation Depth: 10 to 12 inches
- 8. Wiring/Lighting: 110 VAC
- 9. Moisture Penetration: None observed
- 10. Bathroom Fan Venting: Electric fans

Basement

Inspections do not cover any hidden defects or ongoing problems concealed by carpet, furnishings, sub-floors, enclosed walls or ceilings or anything restricting visual inspection procedures.

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A HS RR PM NP NI

All Basement

- | | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Open framing, Textured drywall |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Open framing, Painted drywall |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Poured concrete, Carpet |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Drain: Surface drain |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Raised panel hollow core |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl hopper |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: HVAC supply ducts |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: Fiberglass, Insulated rim band |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Mechanical, Windows |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump: Submerged, with battery backup |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Location: None noticed |
| 13. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairs/Railings: Wood stairs with no handrails Missing handrails, baluster spacing on handrails should be maximum 4 inch spacing, safety hazards |

Structure

Hidden or concealed damage or displacement is outside the scope of this inspection as per our inspection agreement and the ASHI standards of practice.

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A HS RR PM NP NI

- | | | | | | | | |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structure Type: Wood frame |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: Poured concrete Unable to inspect 75%, insulated walls |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Differential Movement: None noticed |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beams: Steel I-Beam |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bearing Walls: Poured, Frame |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists/Trusses: Solid wood |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piers/Posts: Steel posts |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Slab: OSB, Poured slab |

Heating System

While every attempt is made to call out and report any obvious or visual problems with mechanical systems in the home, it is not possible to detect all problems or malfunctions without performing a technically exhaustive inspection which would require dismantling the mechanical systems and components in the home. Inspections of this nature are not performed as they are outside the scope of this inspection as per our inspection agreement and the ASHI standards of practice.

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A HS RR PM NP NI

Basement Heating System

1. Heating System Operation: Functioning Service and certification by licensed HVAC contractor is recommended to be performed before closing and there after yearly.
Mechanical heating systems of this type generally last 25 to 30 years under normal circumstances

2. Manufacturer: Carrier



3. Model Number 58mxa100-f-1-16

4. Type: Forced air Capacity: 100,000 BTUHR

5. Area Served: Whole building Approximate Age: Original

6. Fuel Type: Natural gas

7. Heat Exchanger: 5 Burner Enclosed combustion, Unable to inspect due to safety, systems being disconnected or enclosed in such a manner that dismantling would be required to complete the inspection process, which is outside the scope of the inspection as per the ASHI standards of practice.

8. Unable to Inspect: 60%

9. Blower Fan/Filter: Direct drive with disposable filter
10. Distribution: Metal duct, Thermalflex
11. Flue Pipe: PVC
12. Controls: Limit switch
13. Thermostats: Electronic

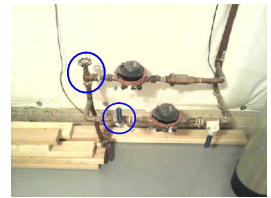
Plumbing

While every attempt is made to locate or identify any defects or deficiencies, it is impossible with a non-destructive inspection to find all deficiencies that may be concealed inside ceilings, under sheathing or building materials, behind walls, under floors, slabs or inside system cabinets and components, and are therefore outside the scope of this inspection. Buried or covered drain lines are not inspected.

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A HS RR PM NP NI

- 1. Service Line: Copper
- 2. Main Water Shutoff: Basement at meter Courtesy photo of main water shutoff



- 3. Water Lines: Copper, CPVC, Pex
- 4. Drain Pipes: PVC
- 5. Service Caps: Accessible
- 6. Vent Pipes: PVC
- 7. Gas Service Lines: Black iron

Basement Water Heater

- 8. Water Heater Operation: Functional Under normal operating conditions water heaters of this type generally last 15 to 20 years
- 9. Manufacturer: Rheem
- 10. Model Number mr 105245 b
- 11. Type: Electric Capacity: 105 Gal.
- 12. Approximate Age: 4 years Area Served: Whole building
- 13. TPRV and Drain Tube: Copper

Electrical

While every attempt is made to disclose any deficiencies, hidden defects in wall cavities, floors, ceilings or those that are not readily visible or safely accessible are outside of the scope of this inspection as per our inspection agreement and the ASHI standards of practice.

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A HS RR PM NP NI

- 1. Service Size Amps: 200 Volts: 220-240 VAC
- 2. Service: Aluminum
- 3. 120 VAC Branch Circuits: Copper
- 4. 240 VAC Branch Circuits: Copper
- 5. Conductor Type: Romex
- 6. Ground: Plumbing and driven ground

Basement Electric Panel

Electrical (Continued)

7. Manufacturer: Cutler-Hammer Courtesy photo of electrical panel



8. Main Breaker Size: 200 Amps
9. Breakers: Al/Cu
10. AFCI: 15 amp
11. Is the panel bonded? Yes No

Laundry Room/Area

Washer and dryer not inspected

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A HS RR PM NP NI

Basement Laundry Room/Area

1. Ceiling: Open framing
2. Walls: Painted drywall
3. Floor: Poured concrete
4. Electrical: 110 VAC
5. Laundry Tub: PVC
6. Laundry Tub Drain: PVC
7. Washer Hose Bib: Ball valves
8. Washer and Dryer Electrical: 110 VAC 220 dryer receptacle not present
9. Dryer Vent: Metal flex, Rigid metal
10. Dryer Gas Line: Black iron, Insulflex
11. Washer Drain: Recessed wall drain

Fireplace/Wood Stove

Recommend having wood stove / fireplace / flue cleaned, serviced & certified by qualified fireplace/ appliance contractor before use. {Safety}

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A HS RR PM NP NI

Family Room Fireplace

1. Fireplace Construction: Marble, Wood
2. Type: Gas log

Fireplace/Wood Stove (Continued)

3. Fireplace Insert: Prefab, Gas log Gas burner not operated, valve closed



4. Smoke Chamber: Metal, prefab
5. Flue: Metal Enclosed
6. Hearth: Flush

Final Comments

In my opinion this home appears to be structurally sound. A few deferred maintenance and safety related items noted in report should be addressed as soon as feasible. Photographs may be included to help you to understand and visualize what was observed during the inspection. Photos are intended to show an example or sample of a described defect, but may not show every occurrence of the defect or accurately depict the severity of the defect. Also note that not all defects will be photographed. Some areas of the home may not have been inspected due to safety, systems being disconnected or enclosed in such a manner that dismantling would be required to complete the inspection process, which is outside the scope of the inspection as per the ASHI standards of practice. The conclusions and recommendations of this report represent my opinion of the existing building and systems. This report should be considered a preliminary inspection, based on your review and feedback further investigation may be warranted. It is advised that all concerns be addressed prior to closing.

Health/Safety Summary

Living Space

Remaining 1st floor Living Space Windows: Vinyl single hung thermopane Windows lower than 18 inches from floor need to have safety rated glass or grills or guards over windows.
Office windows are not safety glass. Shutters need to remain, safety hazard

Bedroom

Master Bedroom Smoke Detector: Hard wired Recommend installing photo-electric smoke detectors on every floor & near all bedrooms, Safety

Remaining Bedroom Smoke Detector: Hard wired Recommend installing photo-electric smoke detectors on every floor & near all bedrooms, Safety

Basement

All Basement Basement Stairs/Railings: Wood stairs with no handrails Missing handrails, baluster spacing on handrails should be maximum 4 inch spacing, safety hazards

Repair/Replacement Summary

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

Exterior Surface and Components

Entry Doors: Insulated metal Kick plate below front door is rotting out on left side



Living Space

Family Room Living Space Windows: Vinyl single hung thermopane Cracked interior pane in upper sash at window to right of fireplace

Bathroom

2nd floor main Bathroom Walls: Painted drywall Detent ball on left closet door in hallway is missing, repairs needed to keep door latched



Master Bathroom Electrical: 110 VAC GFCI Light inoperative in water closet

Bedroom

Remaining Bedroom Doors: Raised panel hollow core Front orange bedroom door is hitting jamb, sticking at top, adjustment needed for normal operation

Preventative Maintenance 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.

Lots and Grounds

Deck: Composite, Vinyl Deck enclosed, unable to inspect the underside.
Several deck boards split on ends.
May need new holes drilled and resecured



Grading: Minor slope Grade at foundation is flat to negative in places, recommend adding additional fill to achieve more acceptable grade and improve water shed away from foundation.

Exterior Surface and Components

Trim: Composite, Vinyl, Wood Trim has shrunk and separated in a few places, recommend caulking all seams, joints as added prevention against water intrusion, deterioration

