

Forman Inspection Services, LLC

Property Inspection Report



1234 Laurel Lane, Denver CO, 80000
Inspection prepared for: & John Doe
Agent: Support - Home Inspector Pro

Inspection Date: 2/17/2010 Time: 12:00
Age: 10 years Size: 4700 sq. ft.
Weather: Sunny/Cool

Inspector: Chuck Forman
NACHI Certification # 10011304
9199 Fox Fire Way, Highlands Ranch, CO, 80129
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DISCLAIMER:

This inspection report reflects the condition of the property as found on the day of the inspection.

This inspection and report are designed to conform to the Standards of Practice of the National Association of Certified Home Inspectors (NACHI) and may not include an inspection of cosmetic or aesthetic items. The inspection will be performed only on readily accessible components of the home. This includes general systems and components and is aimed at identifying any system or component, which requires immediate attention or major repair.

The inspection is performed in compliance with accepted standards of practice and performance and conforms to or exceeds the standards established by the National Association of Certified Home Inspectors (NACHI). The report includes the following items:

Exterior (grounds, home exterior, fences & gates, porches, decks, patios and garage)

Structure (roof, attic, and foundation)

Interior (bedrooms, bathrooms, living room, kitchen, laundry, etc.)

Utility Systems (electrical, heating, plumbing, gas systems, etc.)

Additional Systems (smoke alarm, radon gas, water quality, meth residue etc)

The inspection is limited to visual observations of apparent conditions existing at the time of the inspection. When necessary and appropriate the inspector will perform simple mechanical tests to determine whether or not a system or appliance is in good working order.

The inspection and report are performed and prepared for the sole, confidential and exclusive use and possession of the customer and / or the customer's agent or delegate. If the inspector recommends consulting other specialized experts, any such consultation shall be at the customer's sole discretion and expense.

The inspection of Septic Tanks and Natural gas or Propane tanks and lines should be done by qualified persons, trained specifically for these items. Unless otherwise noted, the inspector makes no representation as to such specialty training. Findings reported here are based solely on a visual inspection. When evaluating the safety aspect of these critical systems, a trained, qualified technician should be employed.

This inspection and report is not an expressed or implied warranty of any items inspected.

Deficiencies and defects, which are latent or concealed, are excluded from the inspection. The inspector is not required to move debris, furniture, equipment, carpeting or other items, which may impede access or limit visibility, or enter any area with less than 24 inches clearance.

This inspection is not a substitute to replace any real property disclosure statements required by law; nor does it substitute or replace any disclosure obligation of the customer.

The inspector has no present or contemplated future interest in the property described and covered by this inspection report.

The inspector will not report on cosmetic/aesthetic defects which include but are not limited to the following: foggy window panes, scratches, small holes, defective carpet, typical minor cracks found in

concrete, stucco, CB construction and asphalt, painting requirements when structural damage is not imminent, and other minor defects which have no bearing on the structural integrity of the property.

General Notes:

It is not the scope of this inspection to determine compliance to code or local ordinance.

The inspector is not required to enter any area having less than 24-inch clearance in any area, which would endanger the inspector or cause harm to the structure. It is not the scope of this inspection to determine the presence of radon, mold or any other harmful substance unless otherwise contracted for under separate agreement.

Due to the nature of log homes and those homes that use natural log parts for construction, it is impossible to determine the interior condition of such components. Natural wood is inherently unstable as a building material as shrinkage will occur no matter how the material is treated. Therefore we do not inspect the interior of the building components and cannot comment on the condition or the expected condition of such materials.

PLEASE REMEMBER:

The primary objective of a home inspection is to provide you with important information pertaining to your prospective home and to point out any major defects before you decide to purchase this home. All homes will have their defects; **the perfect home just does not exist.**

Potential home buyers often incorrectly view an inspection report as a mandatory repair list for the Seller. The fact is that Sellers are not required to produce a flawless house. They have no such obligation by law or by contract; therefore, most repairs are subject to negotiation between you and the Seller.

Typically, buyers will request that various conditions be repaired before the close of escrow, and Sellers will usually agree to some of those demands. But with most building defects, Sellers make repairs as a matter of choice, not obligation, in order to foster good will or to help accomplish the sale. Sellers can refuse any repair demands except where requirements are set forth by state law, local ordinance or the real estate purchase contract. Purchase contracts usually stipulate that safety issues be resolved, structural issues be corrected, fixtures working, windows not be broken, and that there be no leaks in the roof or plumbing.

Before you make any demands of the Seller, try to evaluate the inspection report with an eye toward problems of greatest significance. Look for conditions that compromise health and safety of you and your family or involve potential or active leaks in the plumbing or the roof. Most Sellers will address problems affecting crucial areas or items such as the roof, electrical, plumbing problems and big ticket items such as the furnace, boiler and water heater. Please consult with your Realtor to help you work through an appropriate repair request list to present to the Seller.

If you have any questions whatsoever, pertaining to your home inspection or report, please contact us at **720-988-3387**. We strive to keep every one of our clients well informed.

While this summary page is intended to highlight the **significant** defects identified during the inspection, it does not represent a complete accounting of the findings. These are findings that we recommend be handled, corrected or repaired prior to close of escrow or very shortly thereafter. Additional findings may include suggestions solely for the information of the buyer that may be for the

health or safety of the occupants.

Please refer to the entire attached report for an accurate written and photographic description of the condition of the described property, and related disclaimers pertaining to the investigation.

Report Summary

Grounds		
Page 6 Item: A	Grading	<ul style="list-style-type: none">• trees to close to structure• exterior B-B-Q pits and Fire Pits are excluded from this report
Page 7 Item: F	Deck	<ul style="list-style-type: none">• Weathered decking
Page 7 Item: G	Stairs & Handrails	<ul style="list-style-type: none">• Loose railing

General Information

A. Attendance

Materials: Buyer • Buyers Agent

B. Occupancy

Materials: Property is Occupied

C. Property Info

Materials: Single Family Home

D. Inspector

Materials: Chuck Forman

Grounds

A. Grading

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- gentle slope

- trees to close to structure
- exterior B-B-Q pits and Fire Pits are excluded from this report

B. Driveway/Walkway Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Concrete

Observations:

- NO SIGNIFICANT FINDINGS
- Stained (cosmetic only)



C. Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Same as main structure • Tile

Observations:

- NO SIGNIFICANT FINDINGS
- Could not access

D. Balconey

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Observations:
• None

E. Patio

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
• NO SIGNIFICANT FINDINGS
• Appeared functional at time of inspection
• Open air structure

F. Deck

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
• NO SIGNIFICANT FINDINGS
• Weathered decking



Weathered Deck Boards

G. Stairs & Handrails

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
• Appeared functional at the time of inspection
• Loose railing

H. Grounds Electrical

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
• NO SIGNIFICANT FINDINGS

I. GFCI

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
• NO SIGNIFICANT FINDINGS
• Tested - Operated correctly

J. Fencing Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Wood
Observations:
• NO SIGNIFICANT FINDINGS
• Weathered



K. Gate Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Wood

Observations:

- NO SIGNIFICANT FINDINGS
- Appeared functional at the time of inspection

L. Retaining Wall

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Observations:

- None

M. Condition of Grounds & Foilage

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS



Trees to close to house

Home Exterior

A. Door

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Appeared functional at the time of inspection

B. Eaves & Facia

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

C. Exterior Paint

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

D. Siding Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Stone • Cement board/composition material • Stucco
 Observations:
 • NO SIGNIFICANT FINDINGS

E. Stucco

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

F. Window Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Appeared functional at the time of inspection

Garage

A. Garage

Materials: 3 car garage

B. Electrical

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

C. GFCI

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • Tested - Operated
 • If tripped reset is located in master bath

D. 220 Volt

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

E. Flooring Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Concrete
 Observations:
 • NO SIGNIFICANT FINDINGS
 • Personal items present - most not accessible

F. Garage Door Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Roll-up door • Sectional door

Observations:

- NO SIGNIFICANT FINDINGS
- Functional at the time of inspection

G. Garage Opener Status

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS

H. Garage Door Reverse Status

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- Operated properly
- Eye beam system present and operational at the time of inspection

I. Roof Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Same as main structure

Materials: Tile

Observations:

- NO SIGNIFICANT FINDINGS
- Could not access due to type of roofing materials used
- Inspected from the ground using binoculars, from a ladder and from accessible windows.

J. Exterior Door

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Observations:

- Could not access due to personal items

K. Fire Door

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- Functional



L. Rafters & Ceiling

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- Appeared functional at the time of inspection
- Most not accessible due to personal items



M. Walls

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- Personal items prevent complete inspection



Could not fully inspect due to personal items

N. Anchor Bolts

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Observations:

- Not visible due to drywall

O. Vent Screens

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Observations:

- None visible

P. Windows

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Appeared functional at the time of inspection
 • Only windows present were the stationary door windows

Q. Heater

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Observations:
 • None

Exterior Comments

A. Comments on the Exterior of the House

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • NO ADDITIONAL COMMENTS

Interior Areas

A. Living Room

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

B. Dining Room

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

C. Family Room

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

D. Basement

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Finished Basement
 Materials: Media room • Utility closet • Sitting room • Wet bar
 Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted
 • Hardwood floors noted

E. Fireplace

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Family room
 • Master bedroom • Basement
 Materials: Pre-fabricated
 Observations:
 • NO SIGNIFICANT FINDINGS

F. Stairs & Handrails

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Functional

G. Office 1

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

H. Office 2

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

I. Sunroom

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

J. Foyer

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Hardwood floors noted

K. Hallway

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

L. Loft

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

Bedrooms

A. Master Bedroom

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

B. Bedroom 2

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

C. Bedroom 3

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

D. Bedroom 4

Good	Fair	Poor	N/A	None
X				

Observations:
 • NO SIGNIFICANT FINDINGS
 • Carpeted floors noted

E. Bedroom 5

Good	Fair	Poor	N/A	None
			X	X

F. Bedroom 6

Good	Fair	Poor	N/A	None
			X	X

Bathrooms

A. Master Bathroom

Good	Fair	Poor	N/A	None
X				

Observations:
 • NO SIGNIFICANT FINDINGS
 • The GFCI outlet provides protection to the entire bathroom. If tripped reset is located in the master bath.
 • Jet tub operated and is functional at time of inspection

B. Bathroom 2

Good	Fair	Poor	N/A	None
X				

Observations:
 • NO SIGNIFICANT FINDINGS
 • The GFCI outlet provides protection to the entire bathroom. If tripped reset is located in the master bath.

C. Bathroom 3

Good	Fair	Poor	N/A	None
X				

Observations:
 • NO SIGNIFICANT FINDINGS
 • The GFCI outlet provides protection to the entire bathroom. If tripped reset is located in the master bath.

D. Bathroom 4

Good	Fair	Poor	N/A	None
			X	X

E. Bathroom 5

Good	Fair	Poor	N/A	None
			X	X

F. Basement Bathroom

Good	Fair	Poor	N/A	None
X				

Observations:
 • NO SIGNIFICANT FINDINGS
 • The GFCI outlet provides protection to the entire bathroom. If tripped reset is located in the master bath.

G. Half Bath

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

H. Powder Room

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- The GFCI outlet provides protection to the entire bathroom. If tripped reset is located in the master bath.

Kitchen

A. Cook Top

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Whirlpool

Observations:

- NO SIGNIFICANT FINDINGS
- No manufacturer recall found on items listed.
- Operated properly at time of inspection



B. Oven

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Whirlpool

Observations:

- NO SIGNIFICANT FINDINGS
- No manufacturer recall found on items listed.
- Operated properly at time of inspection



C. Microwave

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: LG

Observations:

- NO SIGNIFICANT FINDINGS
- No manufacturer recall found on items listed.
- Operated properly at time of inspection

D. Refrigerator

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Observations:

- Unable to test - see final comments

E. Dishwasher

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Materials: Whirlpool

Observations:

- No manufacturer recall found on items listed.
- Unable to test - see final comments

F. Garbage Disposal

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: In-Sink-Aerator

Observations:

- NO SIGNIFICANT FINDINGS
- Operational at the time of inspection



G. Trash Compactor

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Whirlpool

Observations:

- NO SIGNIFICANT FINDINGS
- No manufacturer recall found on items listed.
- Operated properly at time of inspection

H. Sink

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- Stainless Steel Sink noted
- Double bowl sink
- NO SIGNIFICANT FINDINGS
- Wand was operational at the time of inspection
- Soap dispenser was operational at time of inspection

I. Electrical

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- GFCI outlets in kitchen operated when tested

J. Floor

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Hardwood floors noted

Observations:

- NO SIGNIFICANT FINDINGS

K. Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS

Laundry

A. Dryer Vent

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- Appeared functional at time of inspection

B. Exhaust Fan

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Appeared functional at time of inspection

C. Plumbing

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Did not test washer - see comments
 • Did not test washer - contained personal items

D. Wash Basin

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Wash Basin mounted in cabinet
 Observations:
 • NO SIGNIFICANT FINDINGS
 • Laminate counter top noted

E. Electrical

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • Light operational at time of inspection
 • 220 volt outlet operational at time of inspection

Interior Comments

A. Interior Comments

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Some items in a home, ie refrigerator, washing machine, electrical items on counter tops, are personal items that will not stay with the home. When inspecting a home if personal items are found they will not be included in the inspection process

Foundation

A. Slab Foundation

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

B. Foundation Perimeter

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

C. Vent Screens

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

D. Access Panel

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Observations:
 • None

E. Posts & Girders

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

F. SubFlooring

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Not visible due to finished basement below, and floor coverings above

G. Foundation Walls

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Basement present

H. Cripple Walls

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Basement present

I. Crawl Space

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Roof

A. Roof Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: NO SIGNIFICANT FINDINGS • Inspected from ground with binoculars, ladder and windows were accessible due to roofing materials • Hip roof
 Materials: Tile
 Observations:
 • NO SIGNIFICANT FINDINGS
 • Unable to walk due to roofing materials used
 • Trees/Foliage in contact with roof - recommend trimming and removal



B. Flashing

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- Could not access due to roofing materials
- Viewed from ground with binoculars, ladder and accessible windows

C. Skylights

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

D. Vents/Vent Caps

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- Functional
- Limited view due to roofing material not allowing access

E. Chimney/Chase

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Metal

Observations:

- NO SIGNIFICANT FINDINGS
- Could not access due to roofing materials
- Viewed from ground with binoculars, ladder and accessible windows

F. Spark Arrestor

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- Present
- Could not access

G. Gutters

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS



Attic

A. Access

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Functional
 • Restricted access

B. Chimney

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Functional
 • Could not fully inspect due to height limitations in attic

C. Duct Work

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Observations:
 • None in attic

D. Exhaust Vent

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Functional

E. Insulation Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Blown in
 Materials: 12 plus inches
 Observations:
 • NO SIGNIFICANT FINDINGS

F. Structure

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Could not access all areas
 • Joist type roofing present

G. Ventilation

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Functional

H. Vent Screens

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

Structure Comments

A. Comments - Structure

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

Electrical

A. Electrical Panel

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: MAIN LOCATION: • Rear of house

Observations:

- NO SIGNIFICANT FINDINGS
- Functional at time of inspection

B. SubPanel Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: MAIN LOCATION: • Basement • Storage area

Observations:

- NO SIGNIFICANT FINDINGS
- Functional at time of inspection

C. Main Amp Breaker

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- 200 amp

D. Breakers in Off Position

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- 0

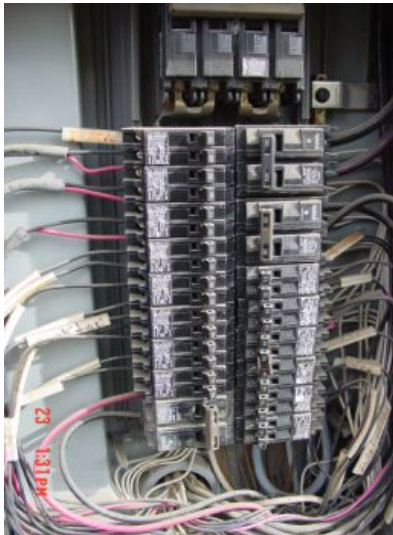
E. Breakers

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Copper

Observations:

- NO SIGNIFICANT FINDINGS
- Appeared functional at time of inspection



F. Fuses

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

G. Cable Feeds

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:

- NO SIGNIFICANT FINDINGS
- Underground

H. Phone Lind

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Underground

I. GFCI's

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

J. Receptacles

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

K. Wiring

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

L. Lights/Switches

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

Heat/AC

A. Heater Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: LOCATION • Basement
 Materials: Amana
 Observations:
 • NO SIGNIFICANT FINDINGS
 • Operated



B. Enclosure

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Functional at time of inspection

C. Gas Valve

Good	Fair	Poor	N/A	None
X				

Observations:
• NO SIGNIFICANT FINDINGS
• Functional at time of inspection

D. Thermostats

Good	Fair	Poor	N/A	None
X				

Observations:
• NO SIGNIFICANT FINDING
• Operational at time of inspection
• Functional

E. Venting

Good	Fair	Poor	N/A	None
X				

Observations:
• NO SIGNIFICANT FINDINGS



F. Filter

Good	Fair	Poor	N/A	None
X				

Materials: Inside heater
Observations:
• NO SIGNIFICANT FINDINGS
• Appeared functional at time of inspection
• Suggest replacing filters in forced air systems upon taking possession.



G. Air Supply

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Appeared functional at time of inspection

H. Registers

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Appeared functional at time of inspection

I. Refrigerant Lines

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Appeared functional at time of inspection

J. AC Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Materials: Electric
 Materials: Exterior of house • Rear of house
 Observations:
 • Did not operate
 • Could not test due to exterior temperature



Plumbing

A. Water Shut off Valve

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: MAIN LOCATION: • Basement
 Observations:
 • NO SIGNIFICANT FINDINGS
 • Functional at time of inspection
 • Operated



B. Supply Line

Good	Fair	Poor	N/A	None
X				

Observations:
 • Main supply line 3/4" copper

C. Waste Lines

Good	Fair	Poor	N/A	None
X				

Observations:
 • NO SIGNIFICANT FINDINGS
 • PVC waste lines



D. Laundry

Good	Fair	Poor	N/A	None
X				

Observations:
 • NO SIGNIFICANT FINDINGS

E. Exterior

Good	Fair	Poor	N/A	None
X				

Observations:
 • NO SIGNIFICANT FINDINGS

Water Heater

A. Findings

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: AO Smith • 5-10 years
 Materials: Basement
 Observations:
 • NO SIGNIFICANT FINDINGS



B. Number of Gallons

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • 40 gallons

C. Heater Condition

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Gas
 Materials: Basement • Storage area
 Observations:
 • NO SIGNIFICANT FINDINGS
 • Operated correctly at time of inspection

D. TPRV

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS
 • Appeared functional at time of inspection

E. Venting

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • NO SIGNIFICANT FINDINGS

Gas Utilities

A. Gas Type

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations:
 • Natural Gas

B. Main Shut off Location

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Observations:
- At exterior of house
 - Front of house



C. Other Findings

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Observations:
- NO SIGNIFICANT FINDINGS

Utility Comments

A. Utility Comments

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Observations:
- Although it was not required at the time of construction, Arc Fault Circuit Interrupters (AFCI) circuit breakers are an important safety feature in the electrical system. There were no AFCI breakers found in the main panel. Recommend adding AFCI breakers at least on circuits supplying power to the bedrooms.
 - Temperature of the water heater should not be above 120 degrees. Recommend turning down the temperature setting on the heater.
 - For homes over 10 years old, it is recommended that the sewer line from the house to the termination point be camera scoped to ensure the lines are free of debris, or tree roots, that could damage and clog line.

Additional Systems

A. Smoke Alarms

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Materials: Smoke Alarms tested
- Observations:
- NO SIGNIFICANT FINDINGS
 - Operational at time of inspection

B. CO Detector

Good	Fair	Poor	N/A	None
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Carbon Monoxide Detectors tested
Observations:
• NO SIGNIFICANT FINDINGS

C. Radon Gas

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Materials: Did not test for Radon



Radon Mitigation System

D. Water Quality

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Materials: Did not test water quality

E. Meth Residue

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

F. Meth Residue

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

G. Sprinkler System

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Observations:
• Sprinkler system is winterized and could not be tested



Winterized

H. Sprinkler System

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Observations:

- Sprinkler system is winterized and could not be tested



Winterized

I. Alarm System

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Observations:

- Recommend consulting with seller to obtain code for alarm system

J. Alarm System

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Observations:

- Recommend consulting with seller to obtain code for alarm system