



Home Inspection Report

12345 Main Street
Sample Report



Inspection Information

CLIENT & SITE INFORMATION:

DATE: October 11, 2009.
CLIENT: Sample Report.
CLIENT PHONE: 555-555-5555.
CLIENT EMAIL: sample.com.
INSPECTION SITE: 12345 Main Street.
INSPECTOR: William Rourke.

WEATHER CONDITIONS:

CURRENT WEATHER: Clear, Temperature in degrees Fahrenheit: 60-70.
PRIOR DAY WEATHER: Clear.
SOIL CONDITIONS: Wet.

TIGER AGREEMENT AND STATEMENT-

Our Agreement and Statement paperwork as well a copy of the CT Standards of Practice for Home Inspection were provided to you. For your convenience in understanding the report the rating system is defined again below. During your contractual inspection period, you should carefully evaluate any property component or system that did not receive a "Functioning as Intended" rating in the report, any suggestions or comments made in the report, and any items or areas that are not included in the report.

Functioning As Intended - Component is functioning as originally intended, with normal wear and tear.

Maintenance/Upgrade - Work required to maintain component, or upgrade to current construction standards.

Not Functioning Properly - Component is in need of repairs or replacement.

Further Evaluation - Further evaluation by a specialist is suggested to determine the need for or extent of repairs/replacement and associated costs.

Not Inspected/Not Accessible - Component is not accessible. Please contact Tiger Group for a return inspection.

Exterior

ROOF SYSTEM:

Structure Type: Sloped.
Surface Type: Asphalt composition shingles. Expected roof life can be affected by many variables, typical range is 20-30 years.
How inspected: From a ladder at the edge of the roof and binoculars from ground level.
Number of Layers: Appears to be one layer at accessible areas.

	Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected	
<i>Roof Assembly:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underlayment- noted under the roofing material at an accessible edge. Drip Edge- metal drip edge noted.
<i>Overall Condition of Roof Surface:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall Condition: Roof covering appears to be at about 2/3 through its useful life, assuming proper maintenance and normal wear. Multiple nail pops noted at all slopes, vegetation and chalking stains noted on surface, caulk seal at flashing, rear vent stack rubber boot is splitting. Maintain the surface by cleaning and repairing areas as needed in order to extend the useful life of the roof.

EXTERIOR CHIMNEY:

Type and Components: Masonry. Flue cap in place, blocking access to flue.
Condition of Masonry Chimney:
Condition of Flashing: Flashing sealer noted, indicating prior repairs or preventative maintenance- monitor condition and maintain flashing performance to prevent water entry. Reset/repair loose flashing to prevent water entry. See related attic note.
Accessible areas of flue/liner: *The interior of chimneys or liner condition is limited to visible inspection from readily accessible areas. Inspection is further limited by soot/creosote accumulation or design. Full inspection requires specialized equipment and in some cases, cleaning. Requirements for flue liners and flue sizing is beyond the scope of a home inspection. Consult with a chimney sweep for a full inspection.*

SIDING:

Type of Construction: Wood frame.
Vinyl or Aluminum Siding Description: Vinyl siding- Clean mildew growth/staining or other staining to maintain. Minor damage or denting noted, repair as needed.

TRIM:

General Trim - Type and Condition: Vinyl, Metal wrapped surfaces, condition of the materials below is not accessible. Reset displaced soffit vent material at front and rear. Maintain caulk sealed areas.
Window/Door Trim -Type and Conditions: Vinyl, Metal wrapped surfaces, condition of the materials below is not accessible. Conditions are similar to General Trim.

WINDOWS AND DOORS:

Exterior Entry Doors:
Exterior of Windows:
Flashing - Windows & Doors: *The window and door flashing is not accessible, its application and performance cannot be determined through visual inspection.*

EXPOSED GUTTER AND DOWNSPOUTS:

TYPE AND CONDITION:

Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Metal. Maintenance repairs suggested: debris in gutter, cleaning/repair/adjustment needed. Subsurface drains noted, they are beyond the scope of visual inspection, suggest confirmation of system termination and performance with owner. Repair connector at rear, determine discharge of seasonal room gutters.

YARD DRAINAGE, GRADING, LANDSCAPE:

Grading and Drainage:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Improve all grading to allow minimum slope of 6 inches within 10 feet of building. Refer to the TIGER Wood Boring Insect diagram. Yard drains noted, identify termination and monitor performance during rains - Consult owner as needed.

Landscape:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Vegetation is contacting or near the building - suggest trimming or removal to prevent negative effects. Refer to the TIGER Wood Boring Insect diagram.

BASEMENT ENTRY:

Type and Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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BASEMENT WINDOWS/VENTS:

Conditions:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EXTERIOR FAUCET:

Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ELECTRIC SERVICE ENTRY:

Type and Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Underground, meter, Service Size - appears to be 200 amp service based on exterior breaker or wire size.

LIGHTING AND OUTLETS:

Electric Outlets:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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GFCI protected.

Lighting (on building):

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WALKWAYS AND DRIVEWAYS

Walkways Type and Condition:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pavers. Reset uneven areas.

Driveway Type and Condition:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Asphalt. Fill cracks and seal surface to maintain asphalt driveway.

DECK/ ENTRY/ PORCH:

Location and Type:

Front, Masonry.

Overall Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Accessible areas are functioning as intended.

Flashing:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Prior seal noted at joint to house indicates repair or preventative seal, consult owner for historical perspective and monitor conditions for repair.

DECK/ ENTRY/ PORCH:

Location and Type:

Rear, Wood framed deck with seasonal use room.

Overall Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Accessible areas are functioning as intended.

Flashing:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Prior seal noted at joint to house indicates repair or preventative seal, consult owner for historical perspective and monitor conditions for repair.

Decking/Surface:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The decking materials need some maintenance/repair - clean and treat surface.

Porch Conditions:

Porch Components: See related notes at exterior section for roofing, siding, trim, gutter conditions. Prior sealing at skylight and roof panels - no leak stains present at exterior.

Garage

INTERIOR/STRUCTURE:

Type:

Under living space.

	Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected	
Overall condition:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concrete.
Floor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concrete.
Wall Structure:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood frame.
Fire Separation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finished Ceiling/Walls:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Columns:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of Water Entry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No visible or accessible evidence at the time of inspection. The evidence, source or amount of water penetration may not always be observable at the time of this inspection, therefore we suggest you consult with the owner for a history of water entry.
Windows:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DOORS:						
Overhead Door:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead Door Opener:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Door:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL and MECHANICAL:						
Switches and Lights:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior Outlets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground fault protected - provide dedicated circuit for refrigerator/freezer as needed.

Basement

ACCESSIBLE AREAS:

Access:

Comments relate to accessible areas only, conditions exist that limit access- insulation, mechanical equipment or ductwork, storage items (suggest review the final walk-through or after the home is vacated)

FOUNDATION AND FLOOR:

Foundation:

Functioning as Intended	Maintenance /Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concrete. Surface finish applied to interior foundation and wall sections.

Floor:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Concrete.

BASEMENT COMPONENTS:

Windows:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Staircase:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Lighting:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Electric Outlets:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EXPOSED FRAMING:

Overall Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Girder(s):

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Type: Wood-dimensional lumber built-up beam.

Columns:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Type: Concrete filled, steel lally columns.

Sill:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Wood.

Subfloor:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Plywood.

Floor Joists:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2x10 Spaced, 16" on center. Mildew/mold on some framing members, remediate as needed. Monitor notched framing above service panel.

INSULATION:

Conditions:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fiberglass, Depth: 3-4". Damaged or missing insulation noted, suggest repairs or upgrade.

CHIMNEY BASE:

Condition:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Wood hearth forms in place, suggest removal for proper fire safety. Maintenance repairs or upgrades to current standards are suggested. Evidence prior water entry noted, suggest identification of source and repair as needed.

Cleanout Access:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Suggest removal of buildup.

EXTERIOR ACCESS:

Type and Condition:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Bulkhead access doors. There is evidence of water entry at the doorway into the drain system, monitor.

WATER PENETRATION AND DAMPNESS:

Conditions:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The evidence, source, amount, or frequency of water penetration may not always be observable or evident at the time of this inspection. We suggest you consult the owner for a historical perspective of water penetration. If we indicate signs of water penetration you should anticipate the possibility of ongoing water entry and the need for controls unless a warranted system has been installed.

Evidence of prior water penetration, suggest consulting with the owner for history and with a contractor for analysis and

estimates to prevent entry. Evidence noted- moisture stains.

Sump Pump:

Functioning as Intended	Maintenance /Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is a sump pump installed, the pump and drain lines should be checked periodically. If it is accessible we are limited to testing the operation by operating the float. This does not represent the performance of the pump, drain or any sub slab drainage system. Consult with the owner for the history of basement water entry, if none available consider further analysis of the pump and or drain system by a specialist. Suggest adding a sealed cover to the sump basin. Pump drain- accessible areas appear functional, monitor performance periodically. Backup- no battery back-up installed, consider upgrade. Consult installation company regarding warranty or maintenance requirements. A dedicated single electrical outlet is ideal for sump pump application. GFCI outlets are prone to tripping, disconnecting power to pump.

Wood Boring Insects:

Wood Boring Insect:

A separate Wood Boring Insect report is provided with your inspection on site. Please review and follow through on directions as needed. Please contact our office if your financing requires additional paperwork.

Additional Comments:

Rodent or Animal activity:

The investigation for rodent, pest or animal evidence is beyond the scope of a home inspection. If evidence is noted, suggest further evaluation by a specialist to determine need for and method of extermination. Rodent nesting or droppings noted, suggest further evaluation to determine extent and options to control. Evidence of extermination, consult owner for history and as needed service company to determine extent and options to control.

Heating, Cooling, Ventilation

FUEL SUPPLY:

Fuel Source:

Oil Fired.

Oil Tank:

Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An ultrasonic test for your aboveground oil tank has been provided through the Tanksure program. We will submit the information to Tanksure and a certificate will follow by mail to report conditions. You must execute the certificate through a member oil company in order to obtain the warranty. You may be contacted by Tanksure member Oil and Homeowner insurance providers.

Fuel Shutoff Location:

At Unit.

SYSTEM COMPONENTS:

Thermostat Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Location: First Floor, Second floor.

Emergency Shutoff Location:

Stairs.

Exposed Flue/Damper:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Conditions of the interior of the flue are not accessible and are beyond the scope of inspection. In enclosed utility areas, it is recommended that adequate combustion/ventilation air be maintained, avoid storing flammable or other material in this area. Metal.

Safety Components:

Relief valves, valves, gauges, switches, and other safety devices cannot be tested.

SERVICE RECORDS:

Records Available:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Contact the current service provider to obtain information on the history of the unit and any inaccessible components. This report indicates the condition of the systems on the day of the inspection without regard to life expectancy; therefore, we suggest that you obtain a major service policy from a service company that should include annual servicing/safety check, efficiency testing, warranty and emergency service. Date of last recorded service: Scasco 9/25/09.

FURNACE/AIR HANDLER:

Type and Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Thermopride Forced Air Furnace operated normally.

Heat Exchanger:

In order to evaluate a heat exchanger disassembly or technically exhaustive testing by a heating technician is required. This report does not represent the condition of the Heat Exchanger, we recommend that you have this evaluated by a service company.

Burner(s):

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fire Chamber:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Evaluate when cleaning.

Circulator Fan:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Filter Condition:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Type: Reusable - Wash and reuse.

Accessible Ductwork:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Type: Fiberglass board. Consider further investigation or research regarding potential concerns with fiberglass duct interior buildup and cleaning related to indoor air quality.

Humidifier:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Yes, there is a humidifier installed. The scope of this inspection does not include determining if the unit is operational. Not functional, upgrade as needed.

COOLING SYSTEM or HEAT PUMP:

Type and Condition:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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American Standard Split System, electric. System functioned as intended at the time of inspection. Obtain service records - none posted on unit, system should be serviced annually, if none available service before use. We recommend obtaining

a service contract.

	Functioning as Intended	Maintenance /Upgrade	Not Functioning Property	Further Evaluation	Not Inspected	
Service lines:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual conditions noted, inspection does not include technically exhaustive pressure/temperature testing.
Condenser Visual Conditions:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated Age: 4/2000. Clean when servicing.
Electric Disconnect:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condensate Drain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature Differential:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The desired temperature differential is 15 - 22 degrees F.

Electric Systems

ACCESSIBLE WIRING

Type and Conditions:

Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type: Romex type, plastic insulated copper.

MAIN SERVICE PANEL

Disconnect Location:

At Main Panel.

Panel Size and Location:

Basement. Size: 200 Amp.

Service Cable Type:

Aluminum.

Panel Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The accessible components of the panel, are functioning as intended.

Breakers or Fuse Condition:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Breaker(s) have more than one wire/circuit installed in the terminal, this can cause loose wires or overload of breakers. Repair needed at top left double tap, breaker is intended to serve one wire/circuit.

Service Ground:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SUBPANEL(S)

Location:

Basement.

Panel Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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OTHER COMPONENTS:

Smoke Detectors:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Part of alarm system, unable to test. Consult installer or maintenance company for information.

Plumbing System

GENERAL COMMENT:

Comment: Operation of main valves, individual fixture shutoffs and other valves is beyond the scope of inspection.

SUPPLY PLUMBING:

Water Service: Source- Well system in place. Determination of water quality is beyond the scope of inspection, review the Tiger Statement document to determine applicable optional water tests.
Water samples were drawn as Optional tests, see Tiger Statement and results to follow separate from home inspection report. Service pipe type- Plastic. Main Valve location- Basement.

	Functioning as Intended	Maintenance /Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<i>Interior Piping:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interior Water Flow:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Copper.
Interior water flow is tested by monitoring visual effects of operating multiple fixtures simultaneously.

ACCESSIBLE WELL EQUIPMENT:

Operation/Condition:

Refer to Tiger Functional Flow test results. Well System Pressure Tank, Bladder Tank, Suggest consulting owner or prior service company regarding history of pump repairs and its age. Pump Type: Submersible pump, not accessible due to location in well.

DRAIN/WASTE/VENT PLUMBING:

Sewage Disposal: Verification of type of system is beyond the scope of inspection. Suggest verification of conditions beyond the house with the owner or through testing. Public Sewer System-main waste pipe from the house to sewer system is beyond the scope of a home inspection.

<i>Materials and Condition:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Accessible Venting:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Functional Drainage:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Waste Line Cleanout:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials: Plastic. Leak stains noted at front foundation where piping terminates - see exterior notes.
Located, in the basement.

LAUNDRY CONNECTIONS:

Location: Kitchen area.
Washer Connection:
Dryer Connection:

No spill pan installed under the washing machine, consider adding to prevent damage in the event of leaking.

WATER HEATER:

Description: Aged A.O.Smith Type: Individual tank water heater. Tank Size: Approximately 70-80 gallon. Electric. Age:1993.
Overall Condition:

Aged tank, appears to be functioning however you should budget for replacement. Our standard test for the hot water system is to fill a tub at a usable temperature for bathing. Tub was successfully filled.

Kitchen

KITCHEN:

Location: Main Level.

	Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected	
Sink:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance repairs needed at sink. There is evidence of a leak at the faucet.
Countertops:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walls/Ceiling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic defects or wear and tear conditions are beyond the scope of home inspection.
Electrical Outlets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat Source:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

APPLIANCES:

Stove Top:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oven:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Waste Disposal:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and minimize disposal use with a septic system, inform septic service company for proper maintenance and suggestions.

Comments: *Unless otherwise noted, all appliances listed are working on the day of the inspection. We do not represent a guarantee or warranty of the continuous operation of the appliances. Self-cleaning mechanism, timers, clocks, thermostats, gasket or seal performance and cosmetic blemishes are not part of this inspection report. Microwave ovens, clothes washing machines and dryers are not included.*

Bathrooms

OVERALL BATHROOM COMMENTS:

General Comment:

Tub/Shower Walls:

Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection is limited to visual conditions at tub/shower wall, conditions behind finished surfaces are not accessible. Maintain all caulk and grout seals to prevent negative effects of moisture.

Heat Source:

<input type="checkbox"/>				
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BATHROOM:

Location/Label:

Half bath.

Sink:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Outlets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Ceiling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GFCI in place.

Diffuser.

BATHROOM:

Location/Label:

Second Floor Hall.

Sink:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Walls:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Outlets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Ceiling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation Fans:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type: Tub/shower combination.

Type: Fiberglass.

BATHROOM:

Location/Label:

Master Bath.

Sink:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type: Shower and Tub.

	Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<i>Tub/Shower Walls:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Toilet:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Electrical Outlets:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lighting:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Floor:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Window(s):</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Walls/Ceiling:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Door(s):</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Heat Source:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ventilation Fans:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diffuser.

Interior Rooms

INTERIOR COMPONENTS:

	Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
Front Entry Door:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Entry Door:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Stairway:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIREPLACE(S) AND STOVES:

Wood Fireplace(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Living Room, *Inspection is limited to visible areas of the fireplace, test fires are not started, analysis of draft is beyond the scope of a home inspection.* Masonry fireplace in place. The fireplace flue is in need of cleaning, this also normally includes inspection. Typical buildup from use noted. Debris noted at damper; reset, clean or repair as needed before use.

OVERALL INTERIOR COMMENTS:

Comment: Inspection is limited to visible area that are not blocked by furniture, finishes, window treatments or stored items. At a minimum a representative number of like components were inspected. Ongoing adjustment or repairs of doors and windows should be anticipated. Cosmetic defects are beyond the scope of a home inspection. Items such as flooring condition, fading or peeling paint, holes in walls, doors, ceiling and trim are not reported - make repairs as needed.

ROOMS:

Label/Location:	First Floor.				
Ceiling/Walls:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Outlets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light/Switch:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROOMS:

Label/Location:	Second Floor.				
Ceiling/Walls:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Outlets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light/Switch:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attic

ATTIC ACCESS:

Attic Access:

Functioning as Intended	Maintenance / Upgrade	Not Functioning Properly	Further Evaluation	Not Inspected
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pull Down. Consider adding insulation for improved energy efficiency.

ACCESSIBLE STRUCTURE:

Roof Framing:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Rafters- 2x10, spaced- 16" on center. Some collar ties present, add secondary framing at separated rafters along ridge for additional support.

Roof Backing:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Plywood.

Ceiling Joists:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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No Access due to insulation or flooring materials in place.

Visible Flashing Condition:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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There is evidence of a active leak noted at the chimney flashing- repair as needed.

INSULATION:

Type and Conditions:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Loose Fiberglass: Depth: 10" plus. Insulation has been disturbed, redistribute/reset as needed for consistent coverage.

VENTILATION:

Type and Conditions:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Type: Soffit vents, Ridge vents, Gable end vents.

DUCTWORK:

Type and Condition:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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WATER PENETRATION:

Evidence of Leaks:

The evidence, source or amount of water penetration may not always be observable at the time of inspection. We suggest you consult the owner for a historical perspective of whether evidence of water penetration has been noted or not.

ANIMAL/BIRD ACTIVITY:

Evidence noted:

The inspection for and identification of animal or bird evidence is beyond the scope of a home inspection. Reference to any evidence should be followed by analysis by a specialist or control/cleanup as needed.

Photos

Representative photos are provided for your convenience, they do not indicate summary items or level of concern. Please refer to the report details.

Photo Log:

Photo #1: Roofing conditions, including lifting shingles.



Photo #2: Example of exterior maintenance needed.



Photo #3: Chimney flashing conditions at exterior.



Photo #4: Leak stain at rear basement foundation.



Photo #5: Attic framing separation at ridge board.



**Local Inspectors Available:**

Cheshire...203-272-3635
Danbury...203-778-0095
Glastonbury...860-633-8928
Hartford...860-278-1224
Madison...203-245-3020
New London...860-444-1616
Stamford...203-316-9206
Trumbull...203-452-7274
Westport...203-221-1163

REPORT SUMMARY

12345 Main Street, Sample Report

The following notes are excerpts from the report indicating components that are not *Functioning as Intended*. They are rated *Not Functioning Properly - component is in need of repairs or replacement* or *Further Evaluation by a specialist is suggested to determine the need for or extent of repairs/replacement and associated costs* on our rating system(See Agreement).

Exterior

EXTERIOR CHIMNEY:

Condition of Flashing: Reset/repair loose flashing to prevent water entry.

Heating, Cooling, Ventilation

COOLING SYSTEM or HEAT PUMP:

Type and Condition: Obtain service records - none posted on unit, system should be serviced annually, if none available service before use. We recommend obtaining a service contract.

Electric Systems

MAIN SERVICE PANEL

Breakers or Fuse Condition: Repair needed at top left double tap, breaker is intended to serve one wire/circuit.

Interior Rooms

FIREPLACE(S) AND STOVES:

Wood Fireplace(s): Living Room, Masonry fireplace in place. The fireplace flue is in need of cleaning, this also normally includes an inspection. Typical buildup from use noted. Debris noted at damper; reset, clean or repair as needed before use.

Attic

ACCESSIBLE STRUCTURE:

Roof Framing: Rafters- 2x10, spaced- 16" on center. Some collar ties present, add secondary framing at separated rafters along ridge for additional support.

Visible Flashing Condition: There is evidence of a active leak noted at the chimney flashing- repair as needed.