

HOME INSPECTION REPORT

General Information

Job : _____

Building Description

Attribute	Description / Type	Address / Comments
Age (approximate)	_____	_____
Area (approximate)	_____	_____
Building type	<input type="checkbox"/> Single Family	_____
	<input type="checkbox"/> Multi Family	_____
	<input type="checkbox"/> Condominium	_____
	<input type="checkbox"/> Other - see comments	_____
Construction	<input type="checkbox"/> Frame	_____
	<input type="checkbox"/> Brick	_____
	<input type="checkbox"/> Block	_____
	<input type="checkbox"/> Other - see comments	_____

Grounds

	Comments
Slope away from house <input type="checkbox"/>	_____
Driveway <input type="checkbox"/>	_____
Porch <input type="checkbox"/>	_____
Patio / deck <input type="checkbox"/>	_____
Deck <input type="checkbox"/>	_____
Additional comments: _____	_____
_____	_____

Utilities

Description	Source / type	Comments
Water	<input type="checkbox"/> Public	_____
	<input type="checkbox"/> Deep well	_____
	<input type="checkbox"/> Point well	_____
	<input type="checkbox"/> See comments	_____
Gas / Fuel	<input type="checkbox"/> Natural gas	_____
	<input type="checkbox"/> Propane	_____
	<input type="checkbox"/> Fuel oil	_____
	<input type="checkbox"/> See comments	_____
Sewage	<input type="checkbox"/> Public	_____
	<input type="checkbox"/> Septic tank and drain fill	_____
	<input type="checkbox"/> See comments	_____

Weather at time of inspection

Temperature	Start Time	General Conditions
_____	_____	_____

HOME INSPECTION REPORT

Roof

Job: _____

Item / Attribute	Type / Style	Condition	Comments
Roof (structure)	<input type="checkbox"/> Pitched	<input type="checkbox"/> Good / Fair	_____
	<input type="checkbox"/> Flat	<input type="checkbox"/> Warped	_____
	<input type="checkbox"/> _____	<input type="checkbox"/> Damage	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Unstable / Needs immediate repair	_____
Roof covering	<input type="checkbox"/> Shingle	<input type="checkbox"/> Good / Fair	_____
	<input type="checkbox"/> Membrane/ built-up / Roll	<input type="checkbox"/> Missing pcs.	_____
	<input type="checkbox"/> Slate, Tile	<input type="checkbox"/> Damage	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Needs immediate repair	_____
Remaining life Estimated	<input type="checkbox"/> zero to five years		_____
	<input type="checkbox"/> Greater than five years		_____
	<input type="checkbox"/> See comments		_____
Slope	<input type="checkbox"/> Low, medium		_____
	<input type="checkbox"/> Steep		_____
	<input type="checkbox"/> Flat		_____
	<input type="checkbox"/> See comments		_____
Chimney	<input type="checkbox"/> Masonry	<input type="checkbox"/> Good / Fair	_____
	<input type="checkbox"/> Metal	<input type="checkbox"/> Minor wear	_____
	<input type="checkbox"/> Stone	<input type="checkbox"/> Unstable	_____
	<input type="checkbox"/> NA / See comments	<input type="checkbox"/> Damaged, missing, or broken cap / screen	_____
	<input type="checkbox"/> Location/height acceptable	<input type="checkbox"/> Location/height NOT acceptable	_____
Gutters, downspouts	<input type="checkbox"/> Metal	<input type="checkbox"/> Good / Fair	_____
	<input type="checkbox"/> Plastic	<input type="checkbox"/> Inadequate	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Damaged	_____
		<input type="checkbox"/> Missing pieces	_____
Ventilation	<input type="checkbox"/> Static	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Powered	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> NA / See comments	<input type="checkbox"/> Marginal	_____
		<input type="checkbox"/> Poor / Damaged	_____

Inspected from

Item / Attribute	R	C	V	Location	R	C	V	Visibility	Comments
R = Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	_____
C = Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	_____
V = Ventilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marginal	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor	_____

Additional comments

Note: red boxes indicating damage or items marked as needing immediate repair may result in further damage or may present a safety or health hazard if not repaired.

HOME INSPECTION REPORT

Exterior and Attachments

Job: _____

General

<input type="checkbox"/> Covering	1	2	3	Brick	<input type="checkbox"/> Foundation	1	2	3	Concrete
				Wood					Brick
				Block					
				Vinyl / metal siding					
				See comments					
<input type="checkbox"/> Windows, Doors	1	2	3	Wood	<input type="checkbox"/> Fascia, trim, Soffits	1	2	3	Wood
				Metal					See comments
				See comments					
									See comments
<input type="checkbox"/> Water faucets	1	2	3	Tested	<input type="checkbox"/> REPAIRS NEEDED	1	2	3	Tuck-pointing
				Not tested					Siding (missing broken holes)
				See comments					
									See comments
Comments									

Garages, Sheds, Out buildings

<input type="checkbox"/> Garage / shed	1	2	3	Attached	<input type="checkbox"/> REPAIRS NEEDED	1	2	3	O.H. Door (opener springs door)
				Detached					Siding (missing broken holes)
				Storage shed					
				See comments					
<input type="checkbox"/> Overhead door	1	2	3	Metal	<input type="checkbox"/> Floor	1	2	3	Good
				Wood					See comments
				Fiberglass					
				See comments					See comments
									See comments
<input type="checkbox"/> Door opener	1	2	3	Tested	<input type="checkbox"/> Safety eye	1	2	3	
				Not tested					Not tested / tested, Not working properly
									Not tested / tested, Not working properly
<input type="checkbox"/> GFCI outlets*	1	2	3	Tested	<input type="checkbox"/> O.H. Door spring	1	2	3	Torsion (recommended)
				None / not working					Extension (recommend replacing with torsion springs) Note: extension springs can present a safety hazard if they are not properly maintained
				See comments					
									Extension (recommend replacing with torsion springs) Note: extension springs can present a safety hazard if they are not properly maintained
Comments									

The absence of GFCI electrical outlets is not a deficiency or defect. However, GFCI outlets are recommended for all outdoor outlets grade level access, garages, and workshop areas

HOME INSPECTION REPORT

Interior living spaces

Job: _____

Item / Attribute	Type / Description	Condition	Comments
Floors	<input type="checkbox"/> Sheet (Linoleum)/VCT (tile)	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Wood	<input type="checkbox"/> Fair	
	<input type="checkbox"/> Carpet	<input checked="" type="checkbox"/> Uneven	
	<input type="checkbox"/> See comments	<input checked="" type="checkbox"/> Damaged	
Walls / Celings	<input type="checkbox"/> Plaster, drywall	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Masonry	<input type="checkbox"/> Minor cracks	
	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Damaged	
	<input type="checkbox"/> See comments	<input checked="" type="checkbox"/> Unstable	
Doors	<input type="checkbox"/> Interior doors	<input type="checkbox"/> Good	_____
		<input type="checkbox"/> Fair	
		<input type="checkbox"/> Marginal	
		<input type="checkbox"/> Poor	
Fireplace	<input type="checkbox"/> Masonry, brick	<input type="checkbox"/> Good / Fair	_____
	<input type="checkbox"/> Wood burner	<input checked="" type="checkbox"/> Need to clean	
	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Needs Repair	
	<input type="checkbox"/> Other / see comments		

Attic

Item / Attribute	Type / Style	Condition	Comments
Access	<input type="checkbox"/> Closet	_____	
	<input type="checkbox"/> Hall		
	<input type="checkbox"/> Garage		
	<input type="checkbox"/> See comments		
Floor	<input type="checkbox"/> Yes	_____	
	<input type="checkbox"/> Partial		
	<input type="checkbox"/> None		
Insulation	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Cellulose	<input type="checkbox"/> Fair	
	<input type="checkbox"/> None	<input type="checkbox"/> Marginal	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Poor	
Moisture	<input type="checkbox"/> None visible	<input type="checkbox"/> Good	_____
	<input checked="" type="checkbox"/> Damp, moist	<input type="checkbox"/> Fair	
	<input checked="" type="checkbox"/> Fresh stains	<input type="checkbox"/> Marginal	
	<input type="checkbox"/> Old stains	<input checked="" type="checkbox"/> Poor	
Whole house Fan	<input type="checkbox"/>	<input type="checkbox"/> Tested	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Not tested	

Additional comments

RED check boxes, when checked, indicate that attention is needed. Failure to attend to these items may result in damage or may create a hazard.

HOME INSPECTION REPORT

Bathrooms

Job: _____

Item / Attribute	Type / Description					Condition																																			
	Bathroom number																																								
	1	2	3	4	5																																				
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First floor																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second Floor																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Master bedroom																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments																																			
<u>The number at the top of each column refers to the bathroom number.</u>																																									
Electrical outlets	1	2	3	4	5	GFCI protected																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not GFCI*																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
Toilet	1	2	3	4	5	Std. gravity flush																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure flush																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O.H. gravity flush																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments																																			
Plumbing	1	2	3	4	5	No leaks visible																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaks visible																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrosion																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments																																			
Shower / tub	1	2	3	4	5	Shower																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tub																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spa																																			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Good</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fair</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Marginal</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Poor</td> </tr> </tbody> </table>								1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor
	1	2	3	4	5																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marginal																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor																																			
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	1	2	3	4	5																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good / Fair																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs caulk or grout																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaks																																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs Repair																																			

Additional comments

*Absence of GFCI electrical outlets does not constitute a defect or deficiency. However, GFCI outlets are recommended in all bathrooms.

Note: **RED check boxes**, when checked, indicate that attention is needed. Failure to attend to these items may result in damage or create a safety or health hazard.

HOME INSPECTION REPORT

Plumbing

Job: _____

General

Item / Attribute	Type / Description	Condition	Comments
Main shut-off valve(s)	<input type="checkbox"/> Supply side	<input type="checkbox"/> Good / fair	_____
	<input type="checkbox"/> House side	<input type="checkbox"/> Leaks	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Corrosion	
		<input type="checkbox"/> Unable to close	
Piping	<input type="checkbox"/> No leaks visible	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Leaks visible	<input type="checkbox"/> Fair	
	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Marginal	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Poor	
Soil stack (vent), drain	<input type="checkbox"/>	<input type="checkbox"/> Good	_____
		<input type="checkbox"/> Fair	
		<input type="checkbox"/> Marginal	
		<input type="checkbox"/> Poor	
Sump pump	<input type="checkbox"/> Yes	<input type="checkbox"/> Tested	_____
	<input type="checkbox"/> No	<input type="checkbox"/> Not tested	
	<input type="checkbox"/> Backup system	<input type="checkbox"/> No cover	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Broken	
Water Heater	<input type="checkbox"/> Electric	<input type="checkbox"/> Good / fair	_____
	<input type="checkbox"/> Gas	<input type="checkbox"/> Leaks	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Corrosion	
		<input type="checkbox"/> Replace	
	<input type="checkbox"/> Pressure relief	<input type="checkbox"/> Pressure relief missing / Incorrectly installed Safety hazard!	
Age (approx.) _____	Capacity _____		

Additional Comments

Note: **RED check boxes**, when checked, indicate that attention is needed. Failure to attend to these items may result in damage or create a safety hazard.

HOME INSPECTION REPORT

Heating and Cooling

Job: _____

Primary Heat Source

Item / Attribute	Type / Description	Condition	Comments
Heat source	<input type="checkbox"/> Forced air furnace	<input type="checkbox"/> Good / fair	_____
	<input type="checkbox"/> Gravity furnace	<input type="checkbox"/> Marginal	_____
	<input type="checkbox"/> Electric baseboard	<input type="checkbox"/> Damaged	_____
	<input type="checkbox"/> Boiler	<input checked="" type="checkbox"/> Needs Repair / Missing pcs.	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Unable to test	_____
Brand name	CARRIER	_____	_____
Model	58SXC060-GG	_____	_____
Other	_____	_____	_____
Humidifier	<input type="checkbox"/> Yes	<input type="checkbox"/> Good / fair	_____
	<input type="checkbox"/> No	<input type="checkbox"/> Leaks	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Corrosion	_____
		<input type="checkbox"/> Poor	_____
Service piping	<input type="checkbox"/> Shut-off valve	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Fair	_____
		<input type="checkbox"/> Marginal	_____
		<input type="checkbox"/> Poor	_____
Flue piping	<input type="checkbox"/> Plastic	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Galvanized steel	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> mixed types	<input type="checkbox"/> Marginal	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Poor	_____
Distribution	<input type="checkbox"/> Sheet metal	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Flex duct	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> Zoned	<input type="checkbox"/> Marginal	_____
	<input type="checkbox"/> See comments	<input type="checkbox"/> Poor	_____

Primary Cooling System

Item / Attribute	Type / Description	Condition	Comments
System type	<input type="checkbox"/> Whole house	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Window	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> Other	<input type="checkbox"/> Marginal	_____
	<input type="checkbox"/> See comments	<input checked="" type="checkbox"/> Needs repair	_____
		<input type="checkbox"/> Unable to test	_____
Number of units	_____	<input type="checkbox"/> Adequate	_____
		<input checked="" type="checkbox"/> See comments	_____
Comments: _____			

Additional comments

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Note: RED check boxes, when checked, indicate that attention is needed. Failure to attend to these items may result in damage or create a safety hazard.

HOME INSPECTION REPORT

Electrical System

Job: _____

Service

Item / Attribute	Type / Description	Condition	Comments
Service location	_____	<input type="checkbox"/> Good	
Brand name	_____	<input type="checkbox"/> Fair	
Main disconnects (#)	_____	<input type="checkbox"/> Marginal	
System voltage	_____	<input type="checkbox"/> Poor	
Main overcurrent device	<input type="checkbox"/> Fuse	<input type="checkbox"/> Good	
	<input type="checkbox"/> Breaker	<input type="checkbox"/> Fair	
	<input type="checkbox"/> Mixed types	<input type="checkbox"/> Marginal	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Poor	
Ampere rating	_____		
Service entrance	<input type="checkbox"/> Overhead, cable	<input type="checkbox"/> Good	
	<input type="checkbox"/> Overhead, conduit	<input type="checkbox"/> Fair	
	<input type="checkbox"/> Underground	<input type="checkbox"/> Marginal	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Poor	
Bonding jumper on water meter	<input type="checkbox"/> Yes	<input type="checkbox"/> Good	
	<input type="checkbox"/> No	<input type="checkbox"/> Fair	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Loose	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Broken	
Made electrodes (ground)	<input type="checkbox"/> Water line	<input type="checkbox"/> Good	
	<input type="checkbox"/> Ground rod	<input type="checkbox"/> Fair	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Loose	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Needs repair	
GFCI Breakers/ AFCI Breakers	<input type="checkbox"/> _____	<input type="checkbox"/> Tested	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Not tested	

Additional Comments:

Note: **RED check boxes**, when checked, indicate that attention is needed. Failure to attend to these items may result in damage or create a safety hazard.

Note: A representative number of devices were visually checked. Not all switches, light fixtures, outlets, and other devices were checked. Overcurrent devices were visually checked but NOT tested. GFCI outlets are recommended in all bathrooms, basements, workshops, pool areas, garages, and outdoors where there is grade level access.

HOME INSPECTION REPORT

Basement, Utility, Crawl Space

Job: _____

Item / Attribute	Type / Description	Condition	Comments
Floor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Good	
	<input type="checkbox"/> Earth	<input type="checkbox"/> Minor cracks	
	<input type="checkbox"/> Earth w/ vapor barrier	<input type="checkbox"/> Deep cracks	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Needs repair	
Walls	<input type="checkbox"/> Concrete	<input type="checkbox"/> Good	
	<input type="checkbox"/> Block	<input type="checkbox"/> Minor cracks	
	<input type="checkbox"/> Covered	<input type="checkbox"/> Deep cracks	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Needs repair	
Floor drain	<input type="checkbox"/> Yes	<input type="checkbox"/> Good	
	<input type="checkbox"/> None visible	<input type="checkbox"/> Fair	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Rusted <input type="checkbox"/> Needs repair	
Moisture	<input type="checkbox"/> None visible	<input type="checkbox"/> Good	
	<input type="checkbox"/> Damp / wet	<input type="checkbox"/> Fair	
	<input type="checkbox"/> Stains	<input type="checkbox"/> Marginal	
	<input type="checkbox"/> Efflorescence	<input type="checkbox"/> Poor	
	<input type="checkbox"/> See comments		
Support beam	<input type="checkbox"/> Steel	<input type="checkbox"/> Good / fair	
	<input type="checkbox"/> Wood	<input type="checkbox"/> Sag/deflection	
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Cracks	
	<input type="checkbox"/> See comments	<input type="checkbox"/> Needs repair	
	<input type="checkbox"/> See comments		
	<input type="checkbox"/> See comments		

Additional Comments:

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