

ASHI PARALLEL INSPECTION TRAINING REPORT

This Training Report has been developed for use with the ASHI Parallel Inspection Program only. This report is not to be used as a Home Inspection Report that will be delivered to a home inspection client. The ASHI Candidate understands that this report may be used as a training tool as they develop their own reporting form or system. ASHI, Building Inspector's Career Institute or any Member providing parallel inspection training opportunities shall assume NO liability in the use of this form.

We gratefully acknowledge Building Inspector's Career Institute for allowing use of this reporting form for the ASHI Parallel Inspection Program.

F I E L D - B A S E D T R A I N I N G R E P O R T

SUMMARY INFORMATION

INSPECTED BY: _____

Students Name

PROPERTY ADDRESS: _____

DATE OF INSPECTION: _____ **TIME OF INSPECTION:** _____

CUSTOMER: _____

FOR FIELD TRAINING INSPECTOR ONLY:

Field Training Inspector Verification Statement:

This is to attest that the above student was present with me and participated in the home inspection. This will also affirm that I have personally reviewed this training inspection report with the student and provided the student with any applicable feedback.

Training Inspectors Signature

Date

Printed Name of Training Inspector

24GI000

HI Lic. No.

FIELD TRAINING INSPECTOR'S COMMENTS/RECOMMENDATIONS:

FIELD - BASED TRAINING REPORT

SUMMARY INFORMATION

OUTSIDE TEMPERATURE: _____ ° F

WEATHER:

- | | | | |
|--|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Clear / Sunny | <input type="checkbox"/> Raining | <input type="checkbox"/> Sleet | <input type="checkbox"/> Snowing |
| <input type="checkbox"/> Windy | <input type="checkbox"/> Rain Stopped | <input type="checkbox"/> Fog | <input type="checkbox"/> Snow on Ground |
| <input type="checkbox"/> Cloudy / Overcast | <input type="checkbox"/> Hail | <input type="checkbox"/> Other _____ | |

PRESENT AT INSPECTION:

- | | | | |
|-----------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> No one | <input type="checkbox"/> Owner | <input type="checkbox"/> Listing Realtor | <input type="checkbox"/> Tenant |
| <input type="checkbox"/> Buyer(s) | <input type="checkbox"/> Selling Realtor | <input type="checkbox"/> Other _____ | |

HOUSE STYLE:

- | | | | | |
|--------------------------------------|------------------------------------|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Ranch | <input type="checkbox"/> Bi-level | <input type="checkbox"/> Duplex | <input type="checkbox"/> Patio |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Cape Cod | <input type="checkbox"/> Split level | <input type="checkbox"/> Semi-detached | <input type="checkbox"/> Victorian |
| <input type="checkbox"/> Rowhome | <input type="checkbox"/> Two Story | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Tudor | <input type="checkbox"/> Other _____ |

APPROX. AGE: _____ year(s)

HOUSE LAYOUT:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Lowest Level | | | |
| <input type="checkbox"/> Basement | <input type="checkbox"/> # ___ Half Bathrooms | <input type="checkbox"/> # ___ Bedrooms | <input type="checkbox"/> Laundry Room |
| <input type="checkbox"/> Crawl Space | <input type="checkbox"/> # ___ Bathrooms | <input type="checkbox"/> Office | <input type="checkbox"/> Utility Room |
| <input type="checkbox"/> Basement/Crawlspace | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Family Room | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Slab-on-grade | <input type="checkbox"/> Kitchen w/break | <input type="checkbox"/> Play Room | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> First Floor | | | |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Living Room | <input type="checkbox"/> # ___ Bedrooms | <input type="checkbox"/> Laundry Room |
| <input type="checkbox"/> # ___ Half Bathroom | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Library | <input type="checkbox"/> Utility Room |
| <input type="checkbox"/> # ___ Bathrooms | <input type="checkbox"/> Family Room | <input type="checkbox"/> Den | <input type="checkbox"/> Enclosed Porch |
| <input type="checkbox"/> Hall | <input type="checkbox"/> Living Rm./Dining Rm. Comb. | <input type="checkbox"/> Sun Room | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Foyer | <input type="checkbox"/> Office | <input type="checkbox"/> Great Room | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Second Floor | | | |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Living Room | <input type="checkbox"/> # ___ Bedrooms | <input type="checkbox"/> Laundry Room |
| <input type="checkbox"/> # ___ Half Bathroom | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Library | <input type="checkbox"/> Utility Room |
| <input type="checkbox"/> # ___ Bathrooms | <input type="checkbox"/> Family Room | <input type="checkbox"/> Den | <input type="checkbox"/> Enclosed Porch |
| <input type="checkbox"/> Hall / Stairs | <input type="checkbox"/> Living Rm./Dining Rm. Comb. | <input type="checkbox"/> Sun Room | <input type="checkbox"/> Enclosed Porch |
| <input type="checkbox"/> Office | <input type="checkbox"/> Great Room | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Third Floor | | | |
| <input type="checkbox"/> # ___ Half Bathroom | <input type="checkbox"/> Loft | <input type="checkbox"/> # ___ Bedrooms | <input type="checkbox"/> Laundry Room |
| <input type="checkbox"/> # ___ Bathrooms | <input type="checkbox"/> Finished Attic | <input type="checkbox"/> Library | <input type="checkbox"/> Hall / Stairs |
| <input type="checkbox"/> Other _____ | | | |

I N S P E C T I O N S U M M A R Y

COMMENTS/RECOMMENDATIONS

INDICATE BY ROOM OR AREA

VISIBLE STRUCTURAL COMMENTS/RECOMMENDATIONS:

VISIBLE ROOFING COMMENTS/RECOMMENDATIONS:

VISIBLE MECHANICAL COMMENTS/RECOMMENDATIONS:

VISIBLE MISCELLANEOUS COMMENTS/RECOMMENDATIONS:

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GENERAL COMMENTS/RECOMMENDATIONS

ITEMS OR AREAS NOT TESTED OR INSPECTED

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R O O F I N G

ROOFING Not Inspected

AREA INSPECTED: LAYERS	ROOF STYLE/DESIGN:	MATERIAL:	# of
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MANNER OF INSPECTION:

- From Ground with Limited Viewing using Binoculars From Inside Attic
 Observed from a Ladder at Roof Level Walked on Roof Surfaces where safe and accessible

ROOF CONDITION:

- Functional Marginal See Comments & Recommendations
 Snow Covered-Not Visible Partially Snow Covered-Limited View
 End of Service Life-Replace Not Inspected due to: _____

FLASHINGS MATERIAL: _____

CONDITION:

- Functional Marginal See Comments & Recommendations

SKYLIGHTS:

- None Present o 1 o 2 o 3 o 4
 Functional Marginal See Comments & Recommendations

CHIMNEYS None Present

NUMBER & TYPE: o 1 o 2 o 3 o 4

MATERIAL: _____ Encased with _____

- CONDITION:** Not Inspected
 Functional Marginal See Comments & Recommendations

ANTENNA / SATELLITE DISH None Present

LOCATION: _____

- CONDITION:** Not Inspected
 Chimney Mounted – Remove to Eliminate Potential Chimney Damage See Comments & Recommendations

GUTTERS & DOWNSPOUTS None Present

GUTTER MATERIAL: _____ **DIVERTORS TYPE:** _____

- CONDITION:** Not Visible
 Functional Marginal See Comments & Recommendations

GRADING None

SETTING: SNOW COVERED – NOT VISIBLE
 Positive (away from house) Negative (toward house) Level Other

- CONDITION:** Not Visible
 Marginal Regrade See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

E X T E R I O R

SIDING & TRIM

SIDING MATERIAL: _____ **TRIM MATERIAL:** _____

<input type="checkbox"/> Front _____	<input type="checkbox"/> All _____	<input type="checkbox"/> Fascia _____
<input type="checkbox"/> Sides _____	<input type="checkbox"/> Soffit _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rear _____		

CONDITION: Not Inspected

<input type="checkbox"/> Functional	<input type="checkbox"/> Marginal	<input type="checkbox"/> See Comments & Recommendations
<input type="checkbox"/> Replace Rotted:		<input type="checkbox"/> Replace Missing:

STAIRS, PORCHES/STOOPS, DECKS & RAILS None Present

MATERIAL: Not Inspected

<input type="checkbox"/> Stairs	<input type="checkbox"/> Porches/Stoops	<input type="checkbox"/> Decks	<input type="checkbox"/> Rails
<input type="checkbox"/> Front _____	<input type="checkbox"/> Front _____	<input type="checkbox"/> Front _____	<input type="checkbox"/> Front _____
<input type="checkbox"/> Side _____	<input type="checkbox"/> Side _____	<input type="checkbox"/> Side _____	<input type="checkbox"/> Side _____
<input type="checkbox"/> Rear _____	<input type="checkbox"/> Rear _____	<input type="checkbox"/> Rear _____	<input type="checkbox"/> Rear _____

CONDITION:

<input type="checkbox"/> Functional	<input type="checkbox"/> Marginal	<input type="checkbox"/> See Comments & Recommendations
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SIDEWALK, DRIVEWAY & WALKS None Present

SIDEWALK: None

Not Completed

MATERIAL: _____

Snow Covered-Not Visible Partially Snow Covered -Limited View

DRIVEWAY: None

Not Completed

MATERIAL: _____

Snow Covered-Not Visible Partially Snow Covered -Limited View

WALKS: None

Not Completed

MATERIAL: _____

Snow Covered-Not Visible Partially Snow Covered -Limited View

CONDITION:

<input type="checkbox"/> Not Inspected	<input type="checkbox"/> Functional	<input type="checkbox"/> Marginal	<input type="checkbox"/> See Comments & Recommendations
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RETAINING WALLS None Present

MATERIAL: _____

Not Completed Snow Covered-Not Visible Partially Snow Covered-Limited View

CONDITION:

<input type="checkbox"/> Not Inspected	<input type="checkbox"/> Functional	<input type="checkbox"/> Marginal	<input type="checkbox"/> See Comments & Recommendations
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COMMENTS & RECOMMENDATIONS

Not Completed Snow Covered-Not Visible Partially Snow Covered-Limited View

I N T E R I O R R O O M S

WALLS/CEILINGS/FLOORS

WALL MATERIAL: Plaster Drywall Paneling Wood Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

CEILING MATERIAL: Plaster Drywall Paneling Wood Ceiling Tiles Suspended Ceiling
 Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

FLOOR MATERIAL: Hardwood Sheet goods V/Tile Tile/Stone/Marble Laminated Area Rug
 W/W Carpet Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

DOORS & WINDOWS

DOOR TYPE: None Wood Metal w/glass Sliding Glass Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

PRIMARY WINDOW TYPE: None Wood Metal Vinyl Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

SOLID FUEL BURNING APPLIANCES None

TYPE: Not Inspected

Wood Stove Masonry Fireplace Factory Built Fireplace Gas Fireplace
 Fireplace Insert Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

SPECIAL FEATURES None

TYPE: Not Inspected

Washer & Dryer Lines Smoke Detectors Burglar Alarm CO Detectors
 Central Vacuum Intercom Wall/Window A/C Fire Alarm
 Sauna Hot Tub Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

Not Completed Install Handrails at _____

BATHROOMS

NUMBER OF BATHROOMS _____ (_____ bathroom) Not Inspected

WALLS/CEILINGS/FLOORS

WALL MATERIAL: Plaster Drywall Paneling Wood Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

CEILING MATERIAL: Plaster Drywall Paneling Wood Ceiling Tiles Suspended Ceiling
 Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

FLOOR MATERIAL: Hardwood Sheet goods V/Tile Tile/Stone/Marble Laminated Area Rug
 W/W Carpet Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

DOORS & WINDOWS

DOOR TYPE: None Wood Metal w/glass Sliding Glass Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

PRIMARY WINDOW TYPE: None Wood Metal Vinyl Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

BATHROOM PLUMBING FIXTURES Not Inspected – Water Off (to _____)

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

VENTILATION None

VENTILATION TYPE: Fans Windows Other _____

TERMINATION POINTS: Roof Wall Attic Eave Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

SPECIAL FEATURES None

TYPE: Not Inspected

Washer & Dryer Lines Smoke Detectors Burglar Alarm CO Detectors
 Central Vacuum Intercom Wall/Window A/C Fire Alarm
 Sauna Hot Tub Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

Not Completed RegROUT all floor and/or wall tile as needed to prevent leakage and drainage.

KITCHEN

WALLS/CEILING/FLOOR

WALL MATERIAL: Plaster Drywall Paneling Wood Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

CEILING MATERIAL: Plaster Drywall Paneling Wood Ceiling Tiles Suspended Ceiling
 Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

FLOOR MATERIAL: Hardwood Sheet goods V/Tile Tile/Stone/Marble Laminated Area Rug
 W/W Carpet Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

DOORS & WINDOWS None

DOOR TYPE: None Wood Metal w/glass Sliding Glass Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

PRIMARY WINDOW TYPE: None Wood Metal Vinyl Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

PLUMBING FIXTURES Not Inspected (Water Off (to _____))

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

COUNTERS & CABINETS

Secure loose _____ Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

APPLIANCES None

BUILT-IN APPLIANCES TESTED: Oven Range Hood/Fan Dishwasher Garbage Disposer

CONDITION:

Functional Not Tested Marginal See Comments & Recommendations

SOLID FUEL BURNING APPLIANCES None

TYPE: Not Inspected

Wood Stove Masonry Fireplace Factory Built Fireplace Gas Fireplace
 Fireplace Insert Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

ATTIC ACCESS None No access to _____

ACCESS TYPE: _____ **LOCATION OF ACCESS:** _____ **FLOORED:** Yes No Partial

_____ Yes No Partial

_____ Yes No Partial

MANNER OF INSPECTION:

Entered Inspected from access only due to _____

Limited view due to _____ Other _____

CONDITION:

Acceptable Not Entered Marginal See Comments & Recommendations

CHIMNEY None

NUMBER 1 2 3 OTHER **MATERIAL:** _____

Not Inspected Acceptable Marginal See Comments & Recommendations

INSULATION None Not Visible due to flooring Partial flooring limits full view

NUMBER OF LAYERS: 1 2 3 Other **MATERIAL:** _____

THICKNESS: _____ inches **TYPE:** Batts Rolled Loose Spray-in-place

CONDITION:

Not Completely Visible Acceptable Marginal See Comments & Recommendations

ROOF STRUCTURE

RAFTERS: Wood Truss Metal

APPROX. SIZE: _____ **APPROX. SPACING:** _____ **APPROX. SPAN:** _____

JOISTS: None Wood Truss Metal

APPROX. SIZE: _____ **APPROX. SPACING:** _____ **APPROX. SPAN:** _____

CONDITION:

Not Completely Visible Functional Marginal See Comments & Recommendations

EVIDENCE OF LEAKAGE Yes None visible at the time of inspection

CONDITION:

Not Completely Visible See Comments & Recommendations

VENTILATION None

TYPE: _____

CONDITION:

Not Completed Functional Marginal See Comments & Recommendations

SPECIAL FEATURES None

Firewall Attic Antenna

CONDITION:

Not Completed Functional Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

Not Completed

S T R U C T U R E

FOUNDATION Not Visible Finished Not Completed Not Inspected
TYPE: Slab on Grade Block Poured Concrete Brick Stone Wood
 Other _____ w/ _____ Skirting/Enclosure
CONDITION:
 Not Inspected Functional Marginal See Comments & Recommendations

FLOOR FRAMING
JOIST MATERIAL: Not Visible Finished – See Basement Page Not Completed
 Wood Truss Metal I-beam Heavy Timber
 APPROX. SIZE: _____ **APPROX. SPACING:** _____ **APPROX. SPAN:** _____
CONDITION:
 Not Completely Visible Functional Marginal See Comments & Recommendations
GIRDER/BEAM MATERIAL: None Not Visible Finished Not Completed
 Wood Truss Metal Heavy Timber Laminated **APPROX. SIZE:** _____
CONDITION:
 Not Completely Visible Functional Marginal See Comments & Recommendations
COLUMN MATERIAL: None Not Visible Finished Not Completed
 Wood Metal Lally Masonry Screwjack
CONDITION:
 Not Completely Visible Functional Marginal See Comments & Recommendations

WALL FRAMING Not Visible Finished Not Completed
MATERIAL: Wood Metal
CONDITION:
 Not Completely Visible Functional Marginal See Comments & Recommendations

WOOD DESTROYING INSECT INFESTATION Not Inspected – Recommend inspection by qualified company
TYPE & LOCATION: Not Inspected None
 Old Active Termites Carpenter Ants Powder Post Beetles Carpenter Bees
 Located at (explain) _____
CONDITION: Not Completely Visible See Comments & Recommendations
 Treated / Rec. Treatment for Termites Powder Post Beetles Carpenter Ants Carpenter Bees

COMMENTS & RECOMMENDATIONS
 Not Completed Finished Walls Prohibit Full View Painted Walls Prohibit Full Visibility

B A S E M E N T

BASEMENT

TYPE: None Not Visible Not Completed Not Inspected
 Full Partially Finished Unfinished
 Partial Finished Walkout/Daylight

LIMITING FACTORS:

Limited View Due to Storage _____

WALLS/CEILING/FLOOR (for finished areas only - see STRUCTURE page for unfinished areas)

WALL MATERIAL: Plaster Drywall Paneling Wood Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

CEILING MATERIAL: Plaster Drywall Paneling Wood Ceiling Tiles Suspended Ceiling

Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

FLOOR MATERIAL: Hardwood Sheet goods V/Tile Tile/Stone/Marble Laminated Area Rug

W/W Carpet Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

DOORS & WINDOWS None

DOOR TYPE: Wood Metal w/glass Sliding Glass Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

PRIMARY WINDOW TYPE: Wood Metal Vinyl Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

SPECIAL FEATURES

TYPE: None _____

CONDITION:

Not Inspected Functional Marginal See Comments & Recommendations

EVIDENCE OF MOISTURE PENETRATION: Yes No

TYPE: _____

LOCATION: _____

CONDITION:

See Comments & Recommendations

SUBSURFACE MOISTURE CONTROL

TYPE: None

- Floor Drain Sump Pump & French Drain Sump Hole Only Other _____
- French (Perimeter) Drain Sump Hole & French Drain Built-up Gutter

CONDITION:

- Not Visible Functional Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

- Not Completed Smoke Alarm Not Tested Wood Stove Not Inspected
- Cleanout Fireplace Install Smoke Alarm Install Carbon Monoxide Detector
- Regrade as Needed Throughout _____

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C R A W L S P A C E

NUMBER & TYPE None Not Inspected # _____ Full # _____ Partial

LIMITING FACTORS:

Limited View Due to Storage Not Entered-Crawl Flooded / Due to Animal
 Not Entered: Access Blocked by Storage / Access covered w/plastic / Access Nailed Shut / Access Locked
 Inspected From Access Only: Low Clearance / Narrow opening / Storage blocking access / Obstruction at access
 Remove Debris Other _____

ACCESS TYPE **ACCESS LOCATION**

<input type="checkbox"/> Trap	<input type="checkbox"/> Hall	<input type="checkbox"/> Closet	<input type="checkbox"/> Other
<input type="checkbox"/> Opening	<input type="checkbox"/> Garage	<input type="checkbox"/> Basement	<input type="checkbox"/> Exterior
<input type="checkbox"/> Other _____	<input type="checkbox"/> Family Room	<input type="checkbox"/> Other _____	

VENTILATION

TYPE: None Not Visible Vents Windows

CONDITION:

Not Inspected Functional Marginal See Comments & Recommendations

WALLS, CEILING & FLOOR

WALLS:

Not Visible Unfinished - See Structure Covered with Insulation Covered with Plastic

CEILING:

Not Visible Covered with Insulation Covered with Homasote Other
 Unfinished - See Structure Covered with Vapor Barrier Covered with Drywall

FLOOR:

Not Visible Dirt Other
 Concrete With a Vapor Retarder

CONDITION

Not Visible Functional Marginal See Comments & Recommendations

EVIDENCE OF MOISTURE PENETRATION: Yes No

TYPE: _____

LOCATION: _____

CONDITION:

See Comments & Repairs

SUBSURFACE MOISTURE CONTROL

TYPE: None

Floor Drain Sump Hole Only Sump Pump & French Drain Other _____
 French (Perimeter) Drain Sump Hole & French Drain Built-up Gutter

CONDITION:

Not Visible Functional Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

Not Completed Regrade as Needed Throughout _____

ELECTRIC SERVICE ENTRY

TYPE: Not Visible Above Ground In a Conduit Underground

ESTIMATED SERVICE ENTRY CABLE SIZE: Unable to Determine _____ amps/240 Volts

SERVICE ENTRY CABLE MATERIAL: Unable to Determine
 Copper Copper Clad/Aluminum Aluminum Other _____

CONDITION:
 Not Tested Functional Marginal See Comments & Recommendations

ELECTRICAL DEVICES (switches, lights, receptacles) None

CONDITION:
 Not Tested Functional Marginal See Comments & Recommendations

LOCATION OF GROUND FAULT CIRCUIT INTERRUPTERS (GFCI'S):
 None _____

CONDITION:
 Not Tested Functional Marginal See Comments & Recommendations

ELECTRICAL SERVICE PANEL & WIRING

NUMBER OF SERVICE PANEL BOXES: None 1 2 3 4 Other _____

TYPE OF SERVICE PANEL BOXES:	LOCATION
<input type="checkbox"/> Box 1 <input type="radio"/> Main	<input type="checkbox"/> Sub panel
<input type="checkbox"/> Box 2 <input type="radio"/> Main	<input type="checkbox"/> Sub panel
<input type="checkbox"/> Box 3 <input type="radio"/> Main	<input type="checkbox"/> Sub panel
<input type="checkbox"/> Box 4 <input type="radio"/> Main	<input type="checkbox"/> Sub panel

EST. PANEL BOX RATINGS:

<input type="checkbox"/> Box 1 <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts
<input type="checkbox"/> Box 2 <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts
<input type="checkbox"/> Box 3 <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts
<input type="checkbox"/> Box 4 <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts

EST. PANEL BOX MAIN DISCONNECT RATINGS:

<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts
<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts
<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts
<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> _____ amps/240 Volts

BRANCH WIRE MATERIAL:
 Copper Aluminum
 Copper Clad/Aluminum Other _____

BRANCH WIRE TYPES:
 Plastic Sheathed (Non Metallic) Armor Clad (BX)
 Cloth Sheathed Knob & Tube

DISCONNECT TYPES:
 Breakers Fuses
 Breakers & Fuses Other _____

GROUNDING:
 Unable to Determine Exterior Ground Rod
 To Water Pipes Other _____

CONDITION:
 Not Tested Functional Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

Not Completed _____

PLUMBING SERVICE & SUPPLY LINES

WATER SUPPLY:

- Public Private Unable to Determine

INCOMING SERVICE LINE: Not Visible

PIPE SIZE: _____

MATERIAL: _____

MAIN SHUTOFF LOCATION: Not Visible

METER LOCATION: Not Visible

DISTRIBUTION LINES: Not Visible

PIPE SIZE: _____

MATERIAL: _____

CONDITION:

- Not Tested Functional Marginal See Comments & Recommendations

DRAIN, WASTE & VENT SYSTEM

WASTE/SEWER LINES:

- Not Visible Public System Private System Unable to Determine

CONDITION:

- Not Tested Functional Marginal See Comments & Recommendations

VENT STACK:

Not Visible

MATERIAL: _____

CONDITION:

- Not Tested Functional Marginal See Comments & Recommendations

SPECIAL FIXTURES: None

- Outside Faucets Solid Waste Pump Laundry Tub Pump Sauna
 Hydromassage Tub Whirlpool/Jacuzzi/Hot Tub Fire Sprinkler System
 Lawn Sprinkler System Other _____

CONDITION:

- Not Tested Functional Marginal See Comments & Recommendations

WATER HEATER: Tankless (With the Boiler) Independent High Efficiency

NUMBER OF UNITS: None 1 2 3

- Unit 1 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.
 Unit 2 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.
 Unit 3 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.

ENERGY SOURCE: _____

SIZE OF UNIT: _____ gal. Unable to Determine **LOCATION:** _____

CONDITION:

- Not Tested Functional Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

- Not Completed Water Off-Unable to Test Well/Septic Not Tested Unable to Determine

COOLING SYSTEM (A/C)

AIR CONDITIONING

NUMBER OF UNITS None 1 2 3 4

Unit 1 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.
 Unit 2 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.
 Unit 3 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.
 Unit 4 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.

ENERGY SOURCE: Electric Natural Gas Propane Gas Other _____

SYSTEM TYPE: Unable to Determine

High Efficiency Split (with the furnace) Water Cooled Gas Chiller
 Air Cooled Integral (independent of heater) Evaporative Cooler Other

SIZE OF UNITS:

Unit 1 Rating _____ o RLA FLA Number of Tons _____ Unable to Determine
 Unit 2 Rating _____ o RLA FLA Number of Tons _____ Unable to Determine
 Unit 3 Rating _____ o RLA FLA Number of Tons _____ Unable to Determine
 Unit 4 Rating _____ o RLA FLA Number of Tons _____ Unable to Determine

AIR HANDLER LOCATIONS:

Unit 1 _____ Unit 3 _____
 Unit 2 _____ Unit 4 _____

CONDENSATE TRAYS PRESENT: Yes No N/A See Comments & Recommendations

NUMBER OF THERMOSTATS:

None 1 2 3 4

Unit 1 Location _____ Temperature Differential: Supply Temp _____ o Return Temp _____ o
 Unit 2 Location _____ Temperature Differential: Supply Temp _____ o Return Temp _____ o
 Unit 3 Location _____ Temperature Differential: Supply Temp _____ o Return Temp _____ o
 Unit 4 Location _____ Temperature Differential: Supply Temp _____ o Return Temp _____ o

A/C ACCESSORIES None See Heating

Safety Switch/Disconnect Electronic Air Cleaner
 on Unit Near Unit Humidifier
 on Wall at top of Basement Steps Other _____
 Near Unit at bottom of Basement Steps

CONDITION:

Not Tested Functional Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

Not Completed Electric Off Gas Off Propane Off
 Ext. below 65°-unable to test Not Visible for Inspection Water Off
 Service Required (explain) Replace Unit
 Service Required-Unit Not Cooling Properly

HEATPUMP

NUMBER OF UNITS: None 1 2 3 4

<input type="checkbox"/> Unit 1 Brand _____	<input type="checkbox"/> Age _____	<input type="checkbox"/> Serial # _____	<input type="checkbox"/> Model # _____	<input type="checkbox"/> Not Det.
<input type="checkbox"/> Unit 2 Brand _____	<input type="checkbox"/> Age _____	<input type="checkbox"/> Serial # _____	<input type="checkbox"/> Model # _____	<input type="checkbox"/> Not Det.
<input type="checkbox"/> Unit 3 Brand _____	<input type="checkbox"/> Age _____	<input type="checkbox"/> Serial # _____	<input type="checkbox"/> Model # _____	<input type="checkbox"/> Not Det.
<input type="checkbox"/> Unit 4 Brand _____	<input type="checkbox"/> Age _____	<input type="checkbox"/> Serial # _____	<input type="checkbox"/> Model # _____	<input type="checkbox"/> Not Det.

ENERGY SOURCE: Electric Natural Gas Propane Gas Other _____

SYSTEM TYPE: Unable to Determine Primary System Independent Auxiliary System

<input type="checkbox"/> High Efficiency	<input type="checkbox"/> Evaporative Cooler	<input type="checkbox"/> Auxiliary Heating System	<input type="checkbox"/> Thru the Wall Unit
<input type="checkbox"/> Air Cooled	<input type="checkbox"/> Water Cooled	<input type="checkbox"/> Gas Chiller	<input type="checkbox"/> Wall/Window Unit

SIZE OF UNITS:

<input type="checkbox"/> Unit 1 Rating _____	<input type="checkbox"/> RLA	<input type="checkbox"/> FLA	<input type="checkbox"/> Number of Tons _____	<input type="checkbox"/> Unable to Determine
<input type="checkbox"/> Unit 2 Rating _____	<input type="checkbox"/> RLA	<input type="checkbox"/> FLA	<input type="checkbox"/> Number of Tons _____	<input type="checkbox"/> Unable to Determine
<input type="checkbox"/> Unit 3 Rating _____	<input type="checkbox"/> RLA	<input type="checkbox"/> FLA	<input type="checkbox"/> Number of Tons _____	<input type="checkbox"/> Unable to Determine
<input type="checkbox"/> Unit 4 Rating _____	<input type="checkbox"/> RLA	<input type="checkbox"/> FLA	<input type="checkbox"/> Number of Tons _____	<input type="checkbox"/> Unable to Determine

AIR HANDLER LOCATION:

<input type="checkbox"/> Unit 1 _____	<input type="checkbox"/> Unit 3 _____
<input type="checkbox"/> Unit 2 _____	<input type="checkbox"/> Unit 4 _____

CONDENSATE TRAYS PRESENT: Yes No N/A See Comments & Recommendations

NUMBER OF THERMOSTATS:

<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> Unit 1 Location _____	Temperature Differential: Supply Temp _____	Return Temp _____		
<input type="checkbox"/> Unit 2 Location _____	Temperature Differential: Supply Temp _____	Return Temp _____		
<input type="checkbox"/> Unit 3 Location _____	Temperature Differential: Supply Temp _____	Return Temp _____		
<input type="checkbox"/> Unit 4 Location _____	Temperature Differential: Supply Temp _____	Return Temp _____		

PRIMARY HEATING DISTRIBUTION METHOD: Unable to Determine Forced Air Ducts _____

AUXILIARY HEATING METHOD: None Unable to Determine

<input type="checkbox"/> Electric Resistance	<input type="checkbox"/> See the Heating Section	<input type="checkbox"/> Separate Boiler	<input type="checkbox"/> Separate Furnace
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CONDITION:

<input type="checkbox"/> Not Tested	<input type="checkbox"/> Functional	<input type="checkbox"/> Marginal	<input type="checkbox"/> See Comments & Recommendations
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COMMENTS & RECOMMENDATIONS

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Not Completed | <input type="checkbox"/> Ext. below/above 65° - unable to test | <input type="checkbox"/> A/C Cycle | <input type="checkbox"/> Heating Cycle |
| <input type="checkbox"/> Not Visible for Inspection | <input type="checkbox"/> Electric Off | <input type="checkbox"/> Gas | <input type="checkbox"/> Water Off |
| <input type="checkbox"/> Service Required (explain) | | | |
| <input type="checkbox"/> Service Required-Unit Not Cooling Properly | <input type="checkbox"/> Replace Unit | | |

H E A T I N G S Y S T E M

HEATING

NUMBER OF UNITS: None

1

2

3

4

Unit 1 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.
 Unit 2 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.
 Unit 3 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.
 Unit 4 Brand _____ Age _____ Serial # _____ Model # _____ Not Det.

ENERGY SOURCE: Electric Natural Gas Propane Gas Oil Other _____

MAIN GAS SHUTOFF VALVE LOCATION: _____

SYSTEM TYPE:

High Efficiency Furnace Boiler w/separate air blower Other
 Heat pump Boiler Electric Baseboard

PRIMARY HEATING DISTRIBUTION METHOD: _____

AUXILLIARY HEATING DISTRIBUTION METHOD: None _____

BTU RATING:

Unit 1 Rating _____ Input Output Unable to Determine
 Unit 2 Rating _____ Input Output Unable to Determine
 Unit 3 Rating _____ Input Output Unable to Determine
 Unit 4 Rating _____ Input Output Unable to Determine

UNIT LOCATIONS:

Unit 1 _____ Unit 3 _____
 Unit 2 _____ Unit 4 _____

NUMBER OF THERMOSTATS:

None 1 2 3 4

Unit 1 Location _____ Temperature Differential: Supply Temp _____ ° Return Temp _____ °
 Unit 2 Location _____ Temperature Differential: Supply Temp _____ ° Return Temp _____ °
 Unit 3 Location _____ Temperature Differential: Supply Temp _____ ° Return Temp _____ °
 Unit 4 Location _____ Temperature Differential: Supply Temp _____ ° Return Temp _____ °
 Individual Units For Electric Baseboard Heaters

HEATING ACCESSORIES None

Safety Switch/Disconnect Location
 on the Unit near the attic access
 on the wall at top of the basement steps
 near the unit at the bottom of the basement steps

HEATING ACCESSORIES NOT TESTED None

Electronic Air Cleaner Humidifier
 Other _____

CONDITION:

Not Tested Functional Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

Not Completed Electric Off Gas Off Pilot Light Off
 Underground Oil/Propane Tank Not Evaluated Above Ground Oil/Propane Tank Not Evaluated
 Water Off Recommend Cleaning & Servicing _____

GARAGE/CARPORT/SHED/BARN

TYPE: Attached None Detached Not Inspected # of Cars _____

SPECIAL COMMENTS:

Not Completed Limited View & Mobility-Storage Limited View-Storage
 Locked-No Key Available Locked-Inspected Through Windows Only Other _____

ROOFING See Exterior Roofing

MATERIAL: _____

MANNER OF INSPECTION:

From Ground Through Binoculars From Inside Attic Other _____

CONDITION:

Not Inspected Functional Marginal See Comments & Recommendations

FLASHINGS MATERIAL: _____

CONDITION

Not Inspected Functional Marginal See Comments & Recommendations

SIDING & TRIM See Exterior Siding

SIDING MATERIAL:

Front _____
 Sides _____
 Rear _____

TRIM MATERIAL

All _____ Fascia _____
 Soffit _____ Other _____

CONDITION:

Not Inspected Functional Marginal See Comments & Recommendations

VEHICLE DOORS None

1 2 3 Other _____

TYPE: Manual Automatic Door Opener **MATERIAL:** _____

CONDITION:

Not Tested Functional Marginal See Comments & Recommendations

WALLS/CEILING/FLOOR (see also STRUCTURE page)

WALL MATERIAL: Framed Block Brick Plaster Drywall Paneling Wood
 Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

CEILING MATERIAL: Framed Plaster Drywall Paneling Wood

Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

FLOOR MATERIAL: Concrete Sheet goods Area Rug W/W Carpet Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

G A R A G E

DOORS & WINDOWS None

DOOR TYPE: Wood Metal w/glass Sliding Glass Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

PRIMARY WINDOW TYPE: None Wood Metal Vinyl Other _____

CONDITION:

Functional Not Completely Visible Marginal See Comments & Recommendations

ROOF STRUCTURE Not Visible

RAFTERS: None Not Visible Wood Metal Truss

APPROX. SIZE _____ **APPROX. SPACING** _____ **APPROX. SPAN** _____

JOISTS: None Not Visible Wood Metal Truss

APPROX. SIZE _____ **APPROX. SPACING** _____ **APPROX. SPAN** _____

CONDITION:

Not Completely Visible Functional Marginal See Comments & Recommendations

COMMENTS & RECOMMENDATIONS

