

# ***CITY WIDE HOME INSPECTORS***

## **PRE-SALE HOME INSPECTION REPORT**



**66 Garview Crt, Vaughan, Ontario**

**Report Number : 17094984**

**Inspection Date: 2017-09-23**

**Prepared by: City Wide Home Inspectors**

**PO Box 325**

**Tottenham, Ontario, L0G 1W0**

**Phone: (416)203-0333**

**Toll Free : 1-877-203-0474**

**Website: [www.citywidehomeinspectors.com](http://www.citywidehomeinspectors.com)**

**Inspector: Michael Fournier**

**Email: [info@citywidehomeinspectors.com](mailto:info@citywidehomeinspectors.com)**

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September 26, 2017

Inspection Address: 66 Garview Crt, Vaughan, Ontario  
Report Number: 17094984

At your request, an inspection of the above property was performed on 2017-09-23. **City Wide Home Inspectors** is pleased to submit the enclosed report. This report is a professional opinion based on a visual inspection of the accessible components of the home. This report is not an exhaustive technical evaluation. An evaluation of this nature would cost many times more.

Please understand that there are limitations to this inspection. Many components of the home are not visible during the inspection and very little historical information is provided in advance of the inspection. While we can reduce your risk of purchasing a home, we cannot eliminate it, nor can we assume it. Even the most comprehensive inspection cannot be expected to reveal every condition you may consider significant to ownership. In addition to those improvements recommended in our report, we recommend that you budget for unexpected repairs. On average, we have found that setting aside roughly one percent of the value of the home on an annual basis is sufficient to cover unexpected repairs.

The Standards of Practice prohibits us from making any repairs or referring any contractors. We are not associated with any other party to the transaction of this property, except as may be disclosed to you.

The information provided in this report is solely for your use. **City Wide Home Inspectors** will not release a copy of this report without your written consent.

Thank you for selecting our company. We appreciate the opportunity to be of service. Should you have any questions about the general condition of the house in the future, we would be happy to answer these. There is no fee for this telephone or email consulting. Our fees are based on a single visit to the property. If additional visits are required for any reason, additional fees may be assessed.

Sincerely,

A handwritten signature in black ink, which appears to read "Michael Fournier", is written over a light blue horizontal line.

Michael Fournier, Owner  
City Wide Home Inspectors  
Certified Master Inspector, CMI  
Certified Mould Inspector, IAC2  
Certified Commercial Property Inspector, CCPI  
Certified Infrared Camera Property Inspector, CICPI

## BUILDING DATA

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### BUILDING DATA

|                      |                                  |
|----------------------|----------------------------------|
| Approximate Age:     | 25 to 30 yrs                     |
| Building Type:       | Single Family Detached           |
| Building Style:      | Two Story                        |
| General Appearance:  | Satisfactory                     |
| Main Entrance Faces: | For the sake of this report West |
| Weather Condition:   | Clear                            |
| Temperature:         | 20 to 30 C                       |
| Ground cover:        | Dry                              |
| Occupancy:           | Occupied                         |

## REPORT LIMITATIONS

This report is intended only as a general guide to help the client make his own evaluation of the overall condition of the home, and is not intended to reflect the value of the premises, nor make any representation as to the advisability of purchase. The report expresses the personal opinions of the inspector, based upon his visual impressions of the conditions that existed at the time of the inspection only. The inspection and report are not intended to be technically exhaustive, or to imply that every component was inspected, or that every possible defect was discovered. No disassembly of equipment, opening of walls, moving of furniture, appliances or stored items, or excavation was performed. This inspection is a limited visual examination of the readily accessible systems and components of the home only.

This inspection is conducted in compliance with the standards of practice of the International Association of Certified Home Inspectors (Inter-NACHI), a copy of which is available at [www.citywidehomeinspectors.com/sop](http://www.citywidehomeinspectors.com/sop).

Systems and conditions which are not within the scope of the building inspection include, but are not limited to: pools spas or their related equipment, formaldehyde, lead paint, asbestos, toxic or flammable materials, and other environmental hazards; pest infestation, playground equipment, efficiency measurement of insulation or heating and cooling equipment, internal or underground drainage or plumbing, any systems which are shut down or otherwise secured; water wells (water quality and quantity) zoning ordinances; intercom; security systems; heat sensors; central vacuum systems, cosmetics or building code conformity. Any general comments about these systems and conditions are informational only and are not within the scope of this inspection.

The inspection report should not be construed as a compliance inspection of any governmental or non-governmental codes or regulations. The report is not intended to be a warranty or guarantee of the present or future adequacy or performance of the structure, its systems, or their component parts. This report does not constitute any express or implied warranty of merchantability or fitness for use regarding the condition of the property and it should not be relied upon as such. Any opinions expressed regarding adequacy, capacity, or expected life of components are general estimates based on information about similar components and occasional wide variations are to be expected between such estimates and actual experience. We recommend that any deficiencies noted in this report be repaired or corrected after consultation with reputable qualified contractors. It is suggested that more than one quote be obtained before commencing with repairs.

The sellers' property information sheet (SPIS) may be referred to in this document. This item is a statement that is often completed by the seller regarding the condition of the subject property. The buyer is urged to obtain and review this document, if available, as it contains crucial information. Photographs, taken at the time of this inspection, are to be considered part of this inspection report.

We certify that our inspectors have no interest, present or contemplated, in this property or its improvement and no involvement with tradespeople or benefits derived from any sales or improvements. To the best of our knowledge and belief, all statements and information in this report are true and correct.

We assume no liability for the cost of repair or replacement of unreported defects or deficiencies either current or arising in the future. You agree that in all cases our liability shall be limited to liquidated damages in an amount not greater than the fee you paid us. You waive any claim for consequential, exemplary, special or incidental damages or for the loss of the use of the home/building. You acknowledge that the liquidated damages are not a penalty, but that we intend them to (i) reflect the fact that actual damages may be difficult and impractical to ascertain; (ii) allocate risk between us; and (iii) enable us to perform the inspection for the agreed upon fee.

Should any disagreement or dispute arise as a result of this inspection or report, it shall be decided by arbitration and shall be submitted for binding, non-appealable arbitration unless the parties mutually agree otherwise. In the event of a claim, the Client will allow City Wide Home Inspectors to inspect the claim prior to any repairs or waive the right to make the claim. Client agrees not to disturb or repair or have repaired anything which may constitute evidence relating to the complaint, except in the case of an emergency.

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## SUMMARY\*

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### ITEMS NOT OPERATING

None

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### MAJOR CONCERNS

Furnace at or near the end of its useful life  
AC unit at or near the end of its useful life

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### POTENTIAL SAFETY HAZARDS

None

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### DEFERRED COST ITEMS

*Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.*

**Smoke & CO detectors over 5 years old**

\* Items listed in this report may inadvertently have been left off the Summary Sheet. Customer should read the entire report, including the Remarks.

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### DEFINITIONS

**SATISFACTORY (Sat.)** - Indicates the component is functionally consistent with its original purpose but may show signs of normal wear and tear and deterioration.

**MARGINAL(Marg.)** - Indicates the component will probably require repair or replacement anytime within five years.

**POOR** - Indicates the component will need repair or replacement now or in the very near future.

**MAJOR CONCERNS** - A system or component that is considered significantly deficient or is unsafe.

**SAFETY HAZARD** - Denotes a condition that is unsafe and in need of prompt attention.

## GROUNDS

|                                         |  |                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                   |  |
|-----------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Service Walks</b>                    |  | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Flagstone<br><input type="checkbox"/> Marginal<br><input type="checkbox"/> Settling cracks                                                                                                               |  | <input type="checkbox"/> Public sidewalk needs repair<br><input type="checkbox"/> Brick<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Not visible  |  |
| Condition:                              |  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Pitched towards home                                                                                                                                                                                                                             |  | <input type="checkbox"/> Other<br><input type="checkbox"/> <b>Trip Hazard</b>                                                                                     |  |
| <b>Driveway</b>                         |  | <input type="checkbox"/> None<br><input type="checkbox"/> Concrete<br><input checked="" type="checkbox"/> Asphalt<br><input type="checkbox"/> Marginal<br><input type="checkbox"/> Pitched towards home                                                                                                            |  | <input type="checkbox"/> Gravel<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Settling cracks                                                      |  |
| Condition:                              |  | <input type="checkbox"/> Fill cracks and seal                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Other<br><input type="checkbox"/> <b>Trip hazard</b><br><input type="checkbox"/> Not visible                                             |  |
| <b>Patio/Lanai</b>                      |  | <input type="checkbox"/> None<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Flagstone<br><input checked="" type="checkbox"/> Brick<br><input type="checkbox"/> Kool-Deck®<br><input type="checkbox"/> Other                                                                                     |  | <input type="checkbox"/> Trip Hazard<br><input type="checkbox"/> Not visible                                                                                      |  |
| Condition:                              |  | <input type="checkbox"/> Pitched towards home (See Remarks page)                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Poor<br><input type="checkbox"/> Settling cracks                                                                                         |  |
| <b>Deck</b>                             |  | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Treated<br><input type="checkbox"/> Satisfactory                                                                                                                                                                                              |  | <input type="checkbox"/> Wood<br><input type="checkbox"/> Painted/Stained<br><input type="checkbox"/> Marginal                                                    |  |
| Condition:                              |  | <input type="checkbox"/> Other<br><input type="checkbox"/> Railing/balusters recommended<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Not visible                                                                                                                                                  |  |                                                                                                                                                                   |  |
| <b>Deck/Patio/Porch Covers</b>          |  | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Metal straps/bolts/nails                                                                                                                                                                                                                      |  | <input type="checkbox"/> Earth to wood contact<br><input type="checkbox"/> Moisture/insect damage<br><input type="checkbox"/> Improper attachment to house        |  |
| Lacks:                                  |  |                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                   |  |
| <b>Porch (covered entrance)</b>         |  | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Marginal                                                                                                                                                                |  | <input type="checkbox"/> Railing/balusters recommended<br><input type="checkbox"/> Other<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Not visible |  |
| Support Pier:                           |  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Marginal                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Safety Hazard                                                                                                                            |  |
| Condition:                              |  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Marginal                                                                                                                                                                                                                                         |  |                                                                                                                                                                   |  |
| Floor:                                  |  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Marginal                                                                                                                                                                                                                                         |  |                                                                                                                                                                   |  |
| <b>Balcony (2nd floor platform)</b>     |  | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Other                                                                                                                                                                      |  | <input type="checkbox"/> Railing/balusters recommended<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Safety Hazard                                 |  |
| Railing:                                |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Marginal                                                                                                                                                                                                                   |  | <input type="checkbox"/> Railing/balusters recommended<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Safety Hazard                                 |  |
| Condition:                              |  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Marginal                                                                                                                                                                                                                                         |  |                                                                                                                                                                   |  |
| <b>Stoops/Steps</b>                     |  | <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Concrete<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Marginal<br><input type="checkbox"/> Settled                                                                                                                            |  | <input type="checkbox"/> Uneven risers<br><input type="checkbox"/> Other<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Damaged wood                |  |
| Condition:                              |  | <input type="checkbox"/> Cracked                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Safety Hazard<br><input type="checkbox"/> Railing recommended<br><input type="checkbox"/> Recommend baluster                             |  |
| <b>Fencing</b>                          |  | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Type:<br><input checked="" type="checkbox"/> Not evaluated                                                                               |  |
| <b>Landscaping Affecting Foundation</b> |  | (See Remarks page)                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                   |  |
| Negative grade at:                      |  | <input type="checkbox"/> East<br><input type="checkbox"/> West<br><input type="checkbox"/> North<br><input type="checkbox"/> South<br><input type="checkbox"/> Recommend additional backfill<br><input type="checkbox"/> Trim back trees/shrubberies<br><input type="checkbox"/> Yard drains observed - not tested |  |                                                                                                                                                                   |  |
|                                         |  | <input checked="" type="checkbox"/> Satisfactory<br><input type="checkbox"/> Recommend window wells/covers<br><input type="checkbox"/> Wood in contact/too close to soil<br><input type="checkbox"/> N/A                                                                                                           |  |                                                                                                                                                                   |  |
| <b>Retaining Wall:</b>                  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Marginal                                                                                                                                                                            |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Other<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Safety Hazard               |  |
| Visual Condition:                       |  | <input type="checkbox"/> Satisfactory                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                   |  |
| <b>Hose Bibs</b>                        |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                             |  | <input type="checkbox"/> No anti-siphon valve<br><input type="checkbox"/> Not on                                                                                  |  |
| Operates:                               |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Not tested                                                                                                                               |  |
| <b>General Comments</b>                 |  |                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                   |  |

Fencing is not part of a home inspection. General site drainage was properly sloping away from the house. Maintain a positive drainage slope away from the foundation.

# ROOF COVERING

|                                                                                                                     |              |                                                    |                                                  |                                                        |                                          |                                      |                                |
|---------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|------------------------------------------|--------------------------------------|--------------------------------|
| <b>General Information</b>                                                                                          |              |                                                    |                                                  |                                                        |                                          |                                      |                                |
| <b>Roof Visibility</b>                                                                                              |              | All                                                |                                                  |                                                        |                                          |                                      |                                |
| <b>Inspected From</b>                                                                                               |              | Ground with binoculars                             |                                                  |                                                        |                                          |                                      |                                |
| <b>Style of Roof</b>                                                                                                |              |                                                    |                                                  |                                                        |                                          |                                      |                                |
| Type:                                                                                                               | Combination: | <input type="checkbox"/> Gable                     | <input checked="" type="checkbox"/> Hip          | <input type="checkbox"/> Mansard                       | <input type="checkbox"/> Shed            | <input type="checkbox"/> Flat        | <input type="checkbox"/> Other |
| Pitch:                                                                                                              | Combination: | <input type="checkbox"/> Low                       | <input type="checkbox"/> Medium                  | <input checked="" type="checkbox"/> Steep              | <input type="checkbox"/> Flat            |                                      |                                |
| <b>Roof Covering</b>                                                                                                |              |                                                    |                                                  |                                                        |                                          |                                      |                                |
| Type: Asphalt                                                                                                       |              | Estimated Layers: 1 layer                          |                                                  | Approximate age of cover: 5 to 10 yrs                  |                                          |                                      |                                |
| <b>Ventilation System</b>                                                                                           |              |                                                    |                                                  |                                                        |                                          |                                      |                                |
| Combination:                                                                                                        |              | <input checked="" type="checkbox"/> Soffit         | <input type="checkbox"/> Ridge                   | <input type="checkbox"/> Gable                         | <input checked="" type="checkbox"/> Roof |                                      |                                |
|                                                                                                                     |              | <input type="checkbox"/> Powered                   | <input type="checkbox"/> Eaves                   | <input type="checkbox"/> Other                         |                                          |                                      |                                |
| <b>Flashing Material</b>                                                                                            |              |                                                    |                                                  |                                                        |                                          |                                      |                                |
| Combination:                                                                                                        |              | <input checked="" type="checkbox"/> Galv./Aluminum | <input type="checkbox"/> Asphalt                 | <input type="checkbox"/> Lead                          | <input type="checkbox"/> Rubber          | <input type="checkbox"/> Not visible |                                |
|                                                                                                                     |              | <input type="checkbox"/> Copper                    | <input type="checkbox"/> Other                   |                                                        |                                          |                                      |                                |
| <b>Apparent Condition of the Following at Time of Inspection (conditions reported reflect visible portion only)</b> |              |                                                    |                                                  |                                                        |                                          |                                      |                                |
| <b>Roof Covering</b>                                                                                                |              | <input checked="" type="checkbox"/> Satisfactory   | <input type="checkbox"/> Marginal                | <input type="checkbox"/> Poor                          |                                          |                                      |                                |
| Condition:                                                                                                          |              | <input type="checkbox"/> Curling                   | <input type="checkbox"/> Cupping                 | <input type="checkbox"/> Missing tabs/shingles/tiles   |                                          | <input type="checkbox"/> Burn Spots  |                                |
|                                                                                                                     |              | <input type="checkbox"/> Moss Buildup              | <input type="checkbox"/> Nail Popping            | <input type="checkbox"/> Ponding                       |                                          |                                      |                                |
|                                                                                                                     |              | <input type="checkbox"/> Exposed Felt              | <input type="checkbox"/> Other                   |                                                        |                                          |                                      |                                |
| <b>Ventilation</b>                                                                                                  |              | (See Remarks page)                                 |                                                  | (See Attic page)                                       |                                          |                                      |                                |
| <b>Flashings</b>                                                                                                    |              | <input type="checkbox"/> Not visible               | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal                      | <input type="checkbox"/> Poor            |                                      |                                |
|                                                                                                                     |              | <input type="checkbox"/> Rusted                    | <input type="checkbox"/> Recommend Sealing       | <input type="checkbox"/> Pulled away from chimney/roof |                                          |                                      |                                |
| <b>Skylights</b>                                                                                                    |              | <input type="checkbox"/> Yes                       | <input checked="" type="checkbox"/> No           | <input type="checkbox"/> Satisfactory                  | <input type="checkbox"/> Marginal        | <input type="checkbox"/> Poor        |                                |
| <b>Plumbing Vents</b>                                                                                               |              | <input checked="" type="checkbox"/> Yes            | <input type="checkbox"/> No                      | <input checked="" type="checkbox"/> Satisfactory       | <input type="checkbox"/> Marginal        | <input type="checkbox"/> Poor        |                                |
| <b>General Comments</b>                                                                                             |              |                                                    |                                                  |                                                        |                                          |                                      |                                |

Roof covering appeared in overall satisfactory condition at the time of the inspection.

# CHIMNEY / GUTTERS / SIDING / TRIM

|                                                            |                                                                          |                                                              |                                                           |                                      |                                 |
|------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------|---------------------------------|
| <b>Chimney(s)</b>                                          |                                                                          | <input type="checkbox"/> None                                |                                                           | Location(s): North                   |                                 |
| Viewed from:                                               | <input type="checkbox"/> Roof                                            | <input type="checkbox"/> Ladder at eaves                     | <input checked="" type="checkbox"/> Ground w/binoculars   |                                      |                                 |
| Chase:                                                     | <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stone | <input type="checkbox"/> Metal                               | <input type="checkbox"/> Framed                           | <input type="checkbox"/> Blocks      | <input type="checkbox"/> Stucco |
| Evidence of:                                               | <input type="checkbox"/> Cracked chimney cap                             | <input type="checkbox"/> Loose mortar joints                 | <input type="checkbox"/> Loose brick                      |                                      |                                 |
|                                                            | <input type="checkbox"/> Holes in metal                                  | <input type="checkbox"/> Rust                                | <input type="checkbox"/> Flaking                          |                                      |                                 |
| Flue:                                                      | <input checked="" type="checkbox"/> Tile                                 | <input type="checkbox"/> Metal                               | <input type="checkbox"/> Unlined                          | <input type="checkbox"/> Not visible |                                 |
| Evidence of:                                               | <input type="checkbox"/> Scaling                                         | <input type="checkbox"/> Cracks                              | <input type="checkbox"/> Creosote                         |                                      |                                 |
|                                                            | <input type="checkbox"/> Have flue(s) cleaned and re-evaluated           |                                                              | <input type="checkbox"/> Not evaluated (See Remarks page) |                                      |                                 |
| <input type="checkbox"/> Recommend cricket/saddle flashing |                                                                          | <input type="checkbox"/> Spark arrestor/rain cap recommended |                                                           |                                      |                                 |

  

|                                                     |                                                      |                                   |                                |                                  |                                 |
|-----------------------------------------------------|------------------------------------------------------|-----------------------------------|--------------------------------|----------------------------------|---------------------------------|
| <b>Gutters &amp; Downspouts</b>                     |                                                      | <input type="checkbox"/> None     |                                | <b>(See Remarks page)</b>        |                                 |
| <input type="checkbox"/> Insides need to be cleaned |                                                      | <input type="checkbox"/> Ponding  |                                |                                  |                                 |
|                                                     | <input checked="" type="checkbox"/> Galvanized/Alum. | <input type="checkbox"/> Copper   | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Other   |                                 |
| Condition:                                          | <input checked="" type="checkbox"/> Satisfactory     | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor  | <input type="checkbox"/> Rusting |                                 |
|                                                     | <input type="checkbox"/> Hole in main run            | Leaking:                          |                                | <input type="checkbox"/> Corners | <input type="checkbox"/> Joints |
| Extension needed:                                   | <input type="checkbox"/> North                       | <input type="checkbox"/> South    | <input type="checkbox"/> East  | <input type="checkbox"/> West    |                                 |

  

|               |                                                                                                                                                                     |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Siding</b> |                                                                                                                                                                     |
| Material:     | Brick                                                                                                                                                               |
| Condition:    | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Recommend repair/painting |

  

|                      |                                                                                                                  |
|----------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Window Frames</b> |                                                                                                                  |
| Material:            |                                                                                                                  |
| Condition:           | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor |
|                      | <input type="checkbox"/> Recommend painting <input type="checkbox"/> Damaged wood                                |

  

|                             |              |
|-----------------------------|--------------|
| <b>Trim, Soffit, Fascia</b> |              |
| Trim Material:              | Metal        |
| Soffit Material:            | Metal        |
| Fascia Material:            | Metal        |
| Condition:                  | Satisfactory |
| Condition:                  | Satisfactory |
| Condition:                  | Satisfactory |

  

|                 |                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------|
| <b>Caulking</b> |                                                                                                                  |
| Condition:      | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor |
|                 | <input type="checkbox"/> Recommend around windows/doors/masonry ledges/corners/utility penetrations              |

  

|                         |
|-------------------------|
| <b>General Comments</b> |
|-------------------------|

Gutters were in overall adequate condition. Siding appeared to be in overall adequate condition. Trim appeared to be intact and in overall maintained condition.

**EXTERIOR / ELECTRICAL / AC / GARAGE****Exterior Wall Construction**Construction Style: Wood frame ☒ Satisfactory ☐ Marginal ☐ Poor**Exterior Doors**

☒ Entrance (1); Storm (2); Patio (3)

Weather stripping: ☒ Satisfactory ☐ Marginal ☐ Poor

Condition: ☒ Satisfactory ☐ Marginal ☐ Poor

**Exterior Electrical Service**

☐ Overhead ☒ Underground Service drop: ☐ Satisfactory ☐ Needs service

Exterior outlets: ☒ Yes ☐ No Operate: ☒ Yes ☐ No

GFCI protected: ☒ Yes ☐ No Operate: ☒ Yes ☐ No

Reverse polarity: ☐ Yes ☒ No Open ground: ☐ Yes ☒ No

Overhead wires: ☐ Low ☐ Less than 1 meter from balcony/deck/window ☐ Extension cord/exposed Romex

**Potential safety hazard:** ☐ Yes ☒ No **(See Remarks page)**

**A/C Condenser/Heat Pump**☐ None Approximate age: Over 25 yrs

#1 Brand: Carrier

Condition: ☐ Satisfactory ☒ Marginal ☐ Poor ☒ Rusted/dirty Shutoff: Yes Level: ☒ Yes ☐ No**Garage****Garage Type:** Attached**Garage Size:** Double Car**Automatic opener:** Yes**Operational:** Yes**Safety reverse:** Present: ☒ Yes ☐ No Operates: ☐ Yes ☐ No ☒ Needs adjusting ☐ **Safety Hazard****Electric sensor:** Present: ☒ Yes ☐ No Operates: ☒ Yes ☐ No ☐ Too low ☐ **Safety Hazard****Roofing:** ☒ Same as house Condition: ☒ Satisfactory ☐ Marginal ☐ Poor**Gutters:** ☒ Satisfactory ☐ Marginal ☐ Poor ☐ None**Siding:** ☒ Same as house ☐ Wood ☐ Metal ☐ Vinyl☐ Stucco ☐ Masonry ☐ Slate ☐ Fiberboard**Trim:** ☒ Same as house ☐ Wood ☐ Aluminum ☐ Vinyl**Floor:** ☒ Concrete ☐ Gravel ☐ Asphalt ☐ DirtBurners less than 45 cm above garage floor: ☒ N/A ☐ Yes ☐ No ☐ **Safety hazard**Condition: ☒ Satisfactory ☐ Typical cracks ☐ Large settling cracks**Overhead door:** ☒ Wood ☐ Fiberglass ☐ Masonite ☐ Metal ☐ OtherCondition: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ **Repair, replace, paint****Service door:** ☒ Satisfactory ☐ Marginal ☐ Poor ☐ None**Sill plates:** ☐ Elevated ☐ Floor level ☐ Both ☒ Not visible ☐ Rotted**Electricity present:** ☒ Yes ☐ No **GFCI Protected:** ☐ Yes ☒ No Operates: ☒ Yes ☐ NoReverse polarity/open ground: ☐ Yes ☐ **Safety Hazard** ☒ No ☐ Handyman/ext. cord wiring**Firewall:** (Between garage & living area) ☐ N/A ☒ Present ☐ Missing ☐ Damaged**Fire door:** ☐ Not verifiable ☐ Not a fire door ☐ Needs repair ☒ Satisfactory**Auto closure:** ☐ N/A ☒ Satisfactory ☐ Inoperative ☐ Missing ☐ Needs repair**General Comments**

Doors were reviewed and found to be in working order. Lights appeared to be in normal condition: not all lights were tested. Exterior outlets tested were in normal working order.

# KITCHEN

|                    |                                                  |                                   |                               |
|--------------------|--------------------------------------------------|-----------------------------------|-------------------------------|
| <b>Countertops</b> | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor |
|--------------------|--------------------------------------------------|-----------------------------------|-------------------------------|

|                 |                                                                                                                                                                               |  |  |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Cabinets</b> | Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> <b>Recommend repairs</b> |  |  |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

|                          |                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Plumbing Comments</b> | Faucet leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Pipes leak/corroded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Drainage: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor      Water pressure: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor |  |  |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

|                            |                                                                                                                                                                                                             |  |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Walls &amp; Ceiling</b> | Condition <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Typical cracks <input type="checkbox"/> Moisture stains |  |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

|                            |                                         |                             |
|----------------------------|-----------------------------------------|-----------------------------|
| <b>Heat Source Present</b> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------|-----------------------------------------|-----------------------------|

|              |                                                                                                                                                                                              |  |  |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Floor</b> | Condition <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Sloping <input type="checkbox"/> Squeaks |  |  |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

|                                                                                   |                                                                               |                              |  |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------|--|
| <b>Appliances</b>                                                                 | <b>(See Remarks page)</b>                                                     |                              |  |
| Dishwasher: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Range: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Oven: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Exhaust fan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Refrigerator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No                   | Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> N/A |  |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Electrical</b> | Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>GFCI protected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Remarks)</b><br>Open ground/reverse polarity within 1 meter of water: <input type="checkbox"/> Yes <input type="checkbox"/> <b>Safety Hazard</b> <input checked="" type="checkbox"/> No |  |  |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

|                          |  |  |  |
|--------------------------|--|--|--|
| <b>General Comments:</b> |  |  |  |
|--------------------------|--|--|--|

Counter top has normal wear. Cabinets have normal wear. Water flow was normal with several fixtures operated at the same time. There were no visible active piping leaks at the time of the inspection. Drain lines had no visible leaks or signs of backup at the time of inspection. Outlets were randomly tested and had correct polarity, except as noted.

## BASEMENT KITCHEN

|                                                                                                                                                                         |                                                                                                                                                                               |                                         |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Countertops</b>                                                                                                                                                      | <input checked="" type="checkbox"/> Satisfactory                                                                                                                              | <input type="checkbox"/> Marginal       | <input type="checkbox"/> Poor                                                                    |
| <b>Cabinets</b>                                                                                                                                                         | Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> <b>Recommend repairs</b> |                                         |                                                                                                  |
| <b>Plumbing Comments</b>                                                                                                                                                |                                                                                                                                                                               |                                         |                                                                                                  |
| Faucet leaks:                                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                           | Pipes leak/corroded:                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| Drainage:                                                                                                                                                               | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor                                                                                                    | Water pressure:                         | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor                       |
| <b>Walls &amp; Ceiling</b>                                                                                                                                              |                                                                                                                                                                               |                                         |                                                                                                  |
| Condition                                                                                                                                                               | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor                                                              | <input type="checkbox"/> Typical cracks | <input type="checkbox"/> Moisture stains                                                         |
| <b>Heat Source Present</b>                                                                                                                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                           |                                         |                                                                                                  |
| <b>Floor</b>                                                                                                                                                            |                                                                                                                                                                               |                                         |                                                                                                  |
| Condition                                                                                                                                                               | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor                                                              | <input type="checkbox"/> Sloping        | <input type="checkbox"/> Squeaks                                                                 |
| <b>Appliances</b>                                                                                                                                                       | <b>(See Remarks page)</b>                                                                                                                                                     |                                         |                                                                                                  |
| Dishwasher:                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                           | Operates:                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Range:                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                           | Operates:                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Oven:                                                                                                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                           | Operates:                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Exhaust fan:                                                                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                           | Operates:                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Refrigerator:                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                           | Operates:                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Other:                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                      | Operates:                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            |
| <b>Electrical</b>                                                                                                                                                       |                                                                                                                                                                               |                                         |                                                                                                  |
| Outlets present:                                                                                                                                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                           | Operates:                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| GFCI protected:                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                           | Operates:                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Remarks)</b>                        |
| Open ground/reverse polarity within 1 meter of water: <input type="checkbox"/> Yes <input type="checkbox"/> <b>Safety Hazard</b> <input checked="" type="checkbox"/> No |                                                                                                                                                                               |                                         |                                                                                                  |
| <b>General Comments:</b>                                                                                                                                                |                                                                                                                                                                               |                                         |                                                                                                  |

Counter top has normal wear. Cabinets have normal wear. Water flow was normal with several fixtures operated at the same time. There were no visible active piping leaks at the time of the inspection. Drain lines had no visible leaks or signs of backup at the time of inspection. Outlets were randomly tested and had correct polarity, except as noted.

## LAUNDRY / UTILITY ROOM

|                                                                   |                                                                                      |                                                  |                                                                            |                                        |                                                                     |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------|
| <b>Room Components</b>                                            |                                                                                      |                                                  |                                                                            |                                        |                                                                     |
| Laundry sink:                                                     | <input type="checkbox"/> N/A                                                         | Faucet leaks:                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        | Pipe leaks:                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Cross connections:                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None apparent       | Heat source present:                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |                                        |                                                                     |
| Room appears vented:                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | <input type="checkbox"/> Not visible             |                                                                            |                                        |                                                                     |
| Dryer vented:                                                     | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wall                | <input type="checkbox"/> Ceiling                 | <input type="checkbox"/> Not vented                                        |                                        |                                                                     |
| Electrical: Open ground/reverse polarity within 1 meter of water: |                                                                                      |                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> <b>Safety Hazard</b> | <input checked="" type="checkbox"/> No |                                                                     |
| Appliances present:                                               | <input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer | <input checked="" type="checkbox"/> Water heater | <input checked="" type="checkbox"/> Furnace                                | <input type="checkbox"/> Other         |                                                                     |
| Gas pipe:                                                         | <input checked="" type="checkbox"/> N/A                                              | Valve shutoff:                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                   | <input type="checkbox"/> Cap Needed    | <input type="checkbox"/> <b>Safety Hazard</b>                       |
| <b>General Comments</b>                                           |                                                                                      |                                                  |                                                                            |                                        |                                                                     |

At the time of the inspection the laundry facilities were in satisfactory condition.

# BATHROOMS

## Bath: Master Bedroom

|                          |                                                       |                                                     |                                        |                                         |                                         |                                                                               |
|--------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------|
| Sinks                    | Faucet leaks:                                         | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Pipes leak:                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No                                        |
| Tubs                     | Faucet leaks:                                         | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Pipes leak:                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No                                        |
| Showers                  | Faucet leaks:                                         | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Pipes leak:                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No                                        |
| Toilet:                  | Bowl loose                                            | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Operates:                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                                                   |
| Whirlpool:               |                                                       | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Operates:                               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No                                                   |
| Shower/Tub area:         |                                                       | <input checked="" type="checkbox"/> Ceramic/Plastic | <input type="checkbox"/> Fiberglass    |                                         | <input type="checkbox"/> Masonite       | <input type="checkbox"/> Other                                                |
|                          | Condition:                                            | <input checked="" type="checkbox"/> Satisfactory    | <input type="checkbox"/> Marginal      |                                         | <input type="checkbox"/> Poor           | <input type="checkbox"/> Rotted floors                                        |
|                          | Caulk/Grouting needed:                                | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Where:                                  | <input type="checkbox"/> Poor           |                                                                               |
| Drainage:                | <input checked="" type="checkbox"/> Satisfactory      | <input type="checkbox"/> Marginal                   |                                        |                                         | <input type="checkbox"/> Poor           |                                                                               |
| Water flow:              | <input checked="" type="checkbox"/> Satisfactory      | <input type="checkbox"/> Marginal                   |                                        |                                         | <input type="checkbox"/> Poor           |                                                                               |
| Moisture stains present: | <input type="checkbox"/> Yes                          | <input type="checkbox"/> Walls                      | <input type="checkbox"/> Ceilings      | <input checked="" type="checkbox"/> No  |                                         |                                                                               |
| Outlets present:         | <input checked="" type="checkbox"/> Yes               | <input type="checkbox"/> No                         | GFCI protected:                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No             | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                          | Open ground/reverse polarity within 1 meter of water: |                                                     |                                        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No  |                                                                               |
|                          | <b>Potential safety hazards present:</b>              |                                                     |                                        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No  | (See Remarks page)                                                            |
| Heat source present:     | <input checked="" type="checkbox"/> Yes               | <input type="checkbox"/> No                         |                                        |                                         |                                         |                                                                               |
| Exhaust fan:             | <input type="checkbox"/> Yes                          | <input checked="" type="checkbox"/> No              | Operates:                              | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             | <input type="checkbox"/> Noisy                                                |
| Windows:                 | <input checked="" type="checkbox"/> Sat.              | <input type="checkbox"/> Marg.                      | <input type="checkbox"/> Poor          | <input type="checkbox"/> Cracked glass  | <input type="checkbox"/> None           | <input type="checkbox"/> Evidence of leaking insulated glass                  |
| Door:                    | <input checked="" type="checkbox"/> Sat.              | <input type="checkbox"/> Marg.                      | <input type="checkbox"/> Poor          | <input type="checkbox"/> Holes          | <input type="checkbox"/> Does not latch | <input type="checkbox"/> Hardware broken <input type="checkbox"/> None        |

## General Comments

Recommend the addition of an exhaust fan vented to the exterior of the home to improve ventilation in the home and prevent moisture build up especially in the winter months.

## Bath: Second floor

|                          |                                                       |                                                     |                                        |                                         |                                         |                                                                               |
|--------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------|
| Sinks                    | Faucet leaks:                                         | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Pipes leak:                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No                                        |
| Tubs                     | Faucet leaks:                                         | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Pipes leak:                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No                                        |
| Showers                  | Faucet leaks:                                         | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Pipes leak:                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No                                        |
| Toilet:                  | Bowl loose                                            | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Operates:                               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                                                   |
| Whirlpool:               |                                                       | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Operates:                               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No                                                   |
| Shower/Tub area:         |                                                       | <input checked="" type="checkbox"/> Ceramic/Plastic | <input type="checkbox"/> Fiberglass    |                                         | <input type="checkbox"/> Masonite       | <input type="checkbox"/> Other                                                |
|                          | Condition:                                            | <input checked="" type="checkbox"/> Satisfactory    | <input type="checkbox"/> Marginal      |                                         | <input type="checkbox"/> Poor           | <input type="checkbox"/> Rotted floors                                        |
|                          | Caulk/Grouting needed:                                | <input type="checkbox"/> Yes                        | <input checked="" type="checkbox"/> No | Where:                                  | <input type="checkbox"/> Poor           |                                                                               |
| Drainage:                | <input checked="" type="checkbox"/> Satisfactory      | <input type="checkbox"/> Marginal                   |                                        |                                         | <input type="checkbox"/> Poor           |                                                                               |
| Water flow:              | <input checked="" type="checkbox"/> Satisfactory      | <input type="checkbox"/> Marginal                   |                                        |                                         | <input type="checkbox"/> Poor           |                                                                               |
| Moisture stains present: | <input type="checkbox"/> Yes                          | <input type="checkbox"/> Walls                      | <input type="checkbox"/> Ceilings      | <input checked="" type="checkbox"/> No  |                                         |                                                                               |
| Outlets present:         | <input checked="" type="checkbox"/> Yes               | <input type="checkbox"/> No                         | GFCI protected:                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No             | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                          | Open ground/reverse polarity within 1 meter of water: |                                                     |                                        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No  |                                                                               |
|                          | <b>Potential safety hazards present:</b>              |                                                     |                                        | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No  | (See Remarks page)                                                            |
| Heat source present:     | <input checked="" type="checkbox"/> Yes               | <input type="checkbox"/> No                         |                                        |                                         |                                         |                                                                               |
| Exhaust fan:             | <input type="checkbox"/> Yes                          | <input checked="" type="checkbox"/> No              | Operates:                              | <input type="checkbox"/> Yes            | <input type="checkbox"/> No             | <input type="checkbox"/> Noisy                                                |
| Windows:                 | <input checked="" type="checkbox"/> Sat.              | <input type="checkbox"/> Marg.                      | <input type="checkbox"/> Poor          | <input type="checkbox"/> Cracked glass  | <input type="checkbox"/> None           | <input type="checkbox"/> Evidence of leaking insulated glass                  |
| Door:                    | <input checked="" type="checkbox"/> Sat.              | <input type="checkbox"/> Marg.                      | <input type="checkbox"/> Poor          | <input type="checkbox"/> Holes          | <input type="checkbox"/> Does not latch | <input type="checkbox"/> Hardware broken <input type="checkbox"/> None        |

## General Comments

Recommend the addition of an exhaust fan vented to the exterior of the home to improve ventilation in the home and prevent moisture build up especially in the winter months.

**Bath: Main floor**

Sinks Faucet leaks: ☐ Yes ☒ No Pipes leak: ☐ Yes ☒ No  
 Toilet: Bowl loose ☐ Yes ☒ No Operates: ☒ Yes ☐ No ☐ Cracked bowl ☐ Toilet leaks  
 Drainage: ☒ Satisfactory ☐ Marginal ☐ Poor  
 Water flow: ☒ Satisfactory ☐ Marginal ☐ Poor  
 Moisture stains present: ☐ Yes ☐ Walls ☐ Ceilings ☒ No  
 Outlets present: ☒ Yes ☐ No GFCI protected: ☒ Yes ☐ No Operates: ☒ Yes ☐ No  
 Open ground/reverse polarity within 6' of water: ☐ Yes ☒ No  
**Potential safety hazards present:** ☐ Yes ☒ No **(See Remarks page)**  
 Heat source present: ☒ Yes ☐ No  
 Exhaust fan: ☒ Yes ☐ No Operates: ☒ Yes ☐ No ☐ Noisy  
 Windows: ☐ Sat. ☐ Marg. ☐ Poor ☐ Cracked glass ☒ None ☐ Evidence of leaking insulated glass  
 Door: ☒ Sat. ☐ Marg. ☐ Poor ☐ Holes ☐ Does not latch ☐ Hardware broken ☐ None

**General Comments**

At the time of the inspection, the bathroom and its components were found to be in satisfactory condition except as noted.

**Bath: Basement**

Sinks Faucet leaks: ☐ Yes ☒ No Pipes leak: ☐ Yes ☒ No  
 Showers Faucet leaks: ☐ Yes ☒ No Pipes leak: ☐ Yes ☒ No  
 Toilet: Bowl loose ☐ Yes ☒ No Operates: ☒ Yes ☐ No ☐ Cracked bowl ☐ Toilet leaks  
 Shower area: ☒ Ceramic/Plastic ☐ Fiberglass ☐ Masonite ☐ Other  
 Condition: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Rotted floors  
 Caulk/Grouting needed: ☐ Yes ☒ No Where: ☐ Poor  
 Drainage: ☒ Satisfactory ☐ Marginal ☐ Poor  
 Water flow: ☒ Satisfactory ☐ Marginal ☐ Poor  
 Moisture stains present: ☐ Yes ☐ Walls ☐ Ceilings ☒ No  
 Outlets present: ☒ Yes ☐ No GFCI protected: ☒ Yes ☐ No Operates: ☒ Yes ☐ No  
 Open ground/reverse polarity within 1 meter of water: ☐ Yes ☒ No  
**Potential safety hazards present:** ☐ Yes ☒ No **(See Remarks page)**  
 Heat source present: ☒ Yes ☐ No  
 Exhaust fan: ☒ Yes ☐ No Operates: ☒ Yes ☐ No ☐ Noisy  
 Door: ☒ Sat. ☐ Marg. ☐ Poor ☐ Holes ☐ Does not latch ☐ Hardware broken ☐ None

**General Comments**

At the time of the inspection, the bathroom and its components were found to be in satisfactory condition except as noted.

# INTERIOR ROOMS

## MASTER BEDROOM

|                               |                                                                                                                                                                                                                                                     |                                                                              |                                                                               |                                                                        |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Location:</b> Second floor |                                                                                                                                                                                                                                                     |                                                                              |                                                                               |                                                                        |
| Walls & Ceiling:              | <input checked="" type="checkbox"/> Satisfactory                                                                                                                                                                                                    | <input type="checkbox"/> Marginal                                            | <input type="checkbox"/> Poor                                                 | <input type="checkbox"/> Typical Cracks <input type="checkbox"/> Holes |
|                               | Moisture stains:                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                                                 | <input checked="" type="checkbox"/> No                                        |                                                                        |
| Flooring:                     | <input checked="" type="checkbox"/> Satisfactory                                                                                                                                                                                                    | <input type="checkbox"/> Marginal                                            | <input type="checkbox"/> Poor                                                 | <input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes       |
| Ceiling fan:                  | <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                             | <input type="checkbox"/> Satisfactory                                        | <input type="checkbox"/> Marginal                                             | <input type="checkbox"/> Poor                                          |
| Electrical:                   | Switches: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                       | Outlets: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                        |
|                               | Open ground/reverse polarity: <input type="checkbox"/> Yes                                                                                                                                                                                          | <input type="checkbox"/> <b>Safety Hazard</b>                                | <input checked="" type="checkbox"/> No                                        | <input type="checkbox"/> Covers missing                                |
| Heat source present:          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible                                                                                                                                                                        |                                                                              |                                                                               |                                                                        |
| Windows:                      | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Cracked glass <input type="checkbox"/> None <input type="checkbox"/> Evidence of leaking insulated glass             |                                                                              |                                                                               |                                                                        |
| Door:                         | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Holes <input type="checkbox"/> Does not latch <input type="checkbox"/> Hardware broken <input type="checkbox"/> None |                                                                              |                                                                               |                                                                        |
| Closet Doors:                 | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Holes <input type="checkbox"/> Missing <input type="checkbox"/> Tracks broken <input type="checkbox"/> None          |                                                                              |                                                                               |                                                                        |

**General Comments:**

At the time of the inspection the room was found to be in overall satisfactory condition.

## BEDROOM #2

|                               |                                                                                                                                                                                                                                                     |                                                                              |                                                                               |                                                                        |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Location:</b> Second floor |                                                                                                                                                                                                                                                     |                                                                              |                                                                               |                                                                        |
| Walls & Ceiling:              | <input checked="" type="checkbox"/> Satisfactory                                                                                                                                                                                                    | <input type="checkbox"/> Marginal                                            | <input type="checkbox"/> Poor                                                 | <input type="checkbox"/> Typical Cracks <input type="checkbox"/> Holes |
|                               | Moisture stains:                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                                                 | <input checked="" type="checkbox"/> No                                        |                                                                        |
| Flooring:                     | <input checked="" type="checkbox"/> Satisfactory                                                                                                                                                                                                    | <input type="checkbox"/> Marginal                                            | <input type="checkbox"/> Poor                                                 | <input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes       |
| Ceiling fan:                  | <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                             | <input type="checkbox"/> Satisfactory                                        | <input type="checkbox"/> Marginal                                             | <input type="checkbox"/> Poor                                          |
| Electrical:                   | Switches: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                       | Outlets: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                        |
|                               | Open ground/reverse polarity: <input type="checkbox"/> Yes                                                                                                                                                                                          | <input type="checkbox"/> <b>Safety Hazard</b>                                | <input checked="" type="checkbox"/> No                                        | <input type="checkbox"/> Covers missing                                |
| Heat source present:          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible                                                                                                                                                                        |                                                                              |                                                                               |                                                                        |
| Windows:                      | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Cracked glass <input type="checkbox"/> None <input type="checkbox"/> Evidence of leaking insulated glass             |                                                                              |                                                                               |                                                                        |
| Door:                         | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Holes <input type="checkbox"/> Does not latch <input type="checkbox"/> Hardware broken <input type="checkbox"/> None |                                                                              |                                                                               |                                                                        |
| Closet Doors:                 | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Holes <input type="checkbox"/> Missing <input type="checkbox"/> Tracks broken <input type="checkbox"/> None          |                                                                              |                                                                               |                                                                        |

**General Comments:**

At the time of the inspection the room was found to be in overall satisfactory condition.

## BEDROOM #3

|                               |                                                                                                                                                                                                                                                     |                                                                              |                                                                               |                                                                        |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Location:</b> Second floor |                                                                                                                                                                                                                                                     |                                                                              |                                                                               |                                                                        |
| Walls & Ceiling:              | <input checked="" type="checkbox"/> Satisfactory                                                                                                                                                                                                    | <input type="checkbox"/> Marginal                                            | <input type="checkbox"/> Poor                                                 | <input type="checkbox"/> Typical Cracks <input type="checkbox"/> Holes |
|                               | Moisture stains:                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                                                 | <input checked="" type="checkbox"/> No                                        |                                                                        |
| Flooring:                     | <input checked="" type="checkbox"/> Satisfactory                                                                                                                                                                                                    | <input type="checkbox"/> Marginal                                            | <input type="checkbox"/> Poor                                                 | <input type="checkbox"/> Squeaks <input type="checkbox"/> Slopes       |
| Ceiling fan:                  | <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                             | <input type="checkbox"/> Satisfactory                                        | <input type="checkbox"/> Marginal                                             | <input type="checkbox"/> Poor                                          |
| Electrical:                   | Switches: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                       | Outlets: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                        |
|                               | Open ground/reverse polarity: <input type="checkbox"/> Yes                                                                                                                                                                                          | <input type="checkbox"/> <b>Safety Hazard</b>                                | <input checked="" type="checkbox"/> No                                        | <input type="checkbox"/> Covers missing                                |
| Heat source present:          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible                                                                                                                                                                        |                                                                              |                                                                               |                                                                        |
| Windows:                      | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Cracked glass <input type="checkbox"/> None <input type="checkbox"/> Evidence of leaking insulated glass             |                                                                              |                                                                               |                                                                        |
| Door:                         | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Holes <input type="checkbox"/> Does not latch <input type="checkbox"/> Hardware broken <input type="checkbox"/> None |                                                                              |                                                                               |                                                                        |
| Closet Doors:                 | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor <input type="checkbox"/> Holes <input type="checkbox"/> Missing <input type="checkbox"/> Tracks broken <input type="checkbox"/> None          |                                                                              |                                                                               |                                                                        |

**General Comments:**

At the time of the inspection the room was found to be in overall satisfactory condition.

**BEDROOM #4****Location:** Second floor

Walls & Ceiling: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Typical Cracks ☐ Holes  
 Moisture stains: ☐ Yes ☒ No  
 Flooring: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Squeaks ☐ Slopes  
 Ceiling fan: ☒ N/A ☐ Satisfactory ☐ Marginal ☐ Poor  
 Electrical: Switches: ☒ Yes ☐ No Outlets: ☒ Yes ☐ No Operates: ☒ Yes ☐ No  
 Open ground/reverse polarity: ☐ Yes ☐ **Safety Hazard** ☒ No ☐ Covers missing  
 Heat source present: ☒ Yes ☐ Not visible  
 Windows: ☒ Sat. ☐ Marg. ☐ Poor ☐ Cracked glass ☐ None ☐ Evidence of leaking insulated glass  
 Door: ☒ Sat. ☐ Marg. ☐ Poor ☐ Holes ☐ Does not latch ☐ Hardware broken ☐ None  
 Closet Doors: ☒ Sat. ☐ Marg. ☐ Poor ☐ Holes ☐ Missing ☐ Tracks broken ☐ None

**General Comments:**

At the time of the inspection the room was found to be in overall satisfactory condition.

**LIVING ROOM****Location:** First floor

Walls & Ceiling: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Typical Cracks ☐ Holes  
 Moisture stains: ☐ Yes ☒ No  
 Flooring: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Squeaks ☐ Slopes  
 Ceiling fan: ☒ N/A ☐ Satisfactory ☐ Marginal ☐ Poor  
 Electrical: Switches: ☒ Yes ☐ No Outlets: ☒ Yes ☐ No Operates: ☒ Yes ☐ No  
 Open ground/reverse polarity: ☐ Yes ☐ **Safety Hazard** ☒ No ☐ Covers missing  
 Heat source present: ☒ Yes ☐ Not visible  
 Windows: ☒ Sat. ☐ Marg. ☐ Poor ☐ Cracked glass ☐ Evidence of leaking insulated glass  
 Door: ☐ Sat. ☐ Marg. ☐ Poor ☐ Holes ☐ Does not latch ☐ Hardware broken ☒ None

**General Comments:**

At the time of the inspection the room was found to be in overall satisfactory condition.

**DINING ROOM****Location:** First floor

Walls & Ceiling: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Typical Cracks ☐ Holes  
 Moisture stains: ☐ Yes ☒ No  
 Flooring: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Squeaks ☐ Slopes  
 Ceiling fan: ☒ N/A ☐ Satisfactory ☐ Marginal ☐ Poor  
 Electrical: Switches: ☒ Yes ☐ No Outlets: ☒ Yes ☐ No Operates: ☒ Yes ☐ No  
 Open ground/reverse polarity: ☐ Yes ☐ **Safety Hazard** ☒ No ☐ Covers missing  
 Heat source present: ☒ Yes ☐ Not visible  
 Windows: ☒ Sat. ☐ Marg. ☐ Poor ☐ Cracked glass ☐ Evidence of leaking insulated glass  
 Door: ☐ Sat. ☐ Marg. ☐ Poor ☐ Holes ☐ Does not latch ☐ Hardware broken ☒ None

**General Comments:**

At the time of the inspection the room was found to be in overall satisfactory condition.

**EATING AREA**

|                                                                                                   |                                                  |                                         |                                               |                                         |                                                              |                                          |                               |                                         |                             |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------------------------|------------------------------------------|-------------------------------|-----------------------------------------|-----------------------------|
| <b>Location:</b> First floor                                                                      |                                                  |                                         |                                               |                                         |                                                              |                                          |                               |                                         |                             |
| Walls & Ceiling:                                                                                  | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal       | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Typical Cracks | <input type="checkbox"/> Holes                               |                                          |                               |                                         |                             |
|                                                                                                   | Moisture stains:                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No        |                                         |                                                              |                                          |                               |                                         |                             |
| Flooring:                                                                                         | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal       | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Squeaks        | <input type="checkbox"/> Slopes                              |                                          |                               |                                         |                             |
| Ceiling fan:                                                                                      | <input checked="" type="checkbox"/> N/A          | <input type="checkbox"/> Satisfactory   | <input type="checkbox"/> Marginal             | <input type="checkbox"/> Poor           |                                                              |                                          |                               |                                         |                             |
| Electrical:                                                                                       | Switches:                                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                   | Outlets:                                | <input checked="" type="checkbox"/> Yes                      | <input type="checkbox"/> No              | Operates:                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                   | Open ground/reverse polarity:                    | <input type="checkbox"/> Yes            | <input type="checkbox"/> <b>Safety Hazard</b> | <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Covers missing                      |                                          |                               |                                         |                             |
| Heat source present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible |                                                  |                                         |                                               |                                         |                                                              |                                          |                               |                                         |                             |
| Windows:                                                                                          | <input checked="" type="checkbox"/> Sat.         | <input type="checkbox"/> Marg.          | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Cracked glass  | <input type="checkbox"/> Evidence of leaking insulated glass |                                          |                               |                                         |                             |
| Door:                                                                                             | <input checked="" type="checkbox"/> Sat.         | <input type="checkbox"/> Marg.          | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Holes          | <input type="checkbox"/> Does not latch                      | <input type="checkbox"/> Hardware broken | <input type="checkbox"/> None |                                         |                             |
| <b>General Comments:</b>                                                                          |                                                  |                                         |                                               |                                         |                                                              |                                          |                               |                                         |                             |

At the time of the inspection the room was found to be in overall satisfactory condition.

**FAMILY ROOM**

|                                                                                                   |                                                  |                                         |                                               |                                         |                                                              |                                          |                                          |                                         |                             |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------|
| <b>Location:</b> First floor                                                                      |                                                  |                                         |                                               |                                         |                                                              |                                          |                                          |                                         |                             |
| Walls & Ceiling:                                                                                  | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal       | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Typical Cracks | <input type="checkbox"/> Holes                               |                                          |                                          |                                         |                             |
|                                                                                                   | Moisture stains:                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No        |                                         |                                                              |                                          |                                          |                                         |                             |
| Flooring:                                                                                         | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal       | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Squeaks        | <input type="checkbox"/> Slopes                              |                                          |                                          |                                         |                             |
| Ceiling fan:                                                                                      | <input checked="" type="checkbox"/> N/A          | <input type="checkbox"/> Satisfactory   | <input type="checkbox"/> Marginal             | <input type="checkbox"/> Poor           |                                                              |                                          |                                          |                                         |                             |
| Electrical:                                                                                       | Switches:                                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                   | Outlets:                                | <input checked="" type="checkbox"/> Yes                      | <input type="checkbox"/> No              | Operates:                                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                   | Open ground/reverse polarity:                    | <input type="checkbox"/> Yes            | <input type="checkbox"/> <b>Safety Hazard</b> | <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Covers missing                      |                                          |                                          |                                         |                             |
| Heat source present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible |                                                  |                                         |                                               |                                         |                                                              |                                          |                                          |                                         |                             |
| Windows:                                                                                          | <input checked="" type="checkbox"/> Sat.         | <input type="checkbox"/> Marg.          | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Cracked glass  | <input type="checkbox"/> Evidence of leaking insulated glass |                                          |                                          |                                         |                             |
| Door:                                                                                             | <input type="checkbox"/> Sat.                    | <input type="checkbox"/> Marg.          | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Holes          | <input type="checkbox"/> Does not latch                      | <input type="checkbox"/> Hardware broken | <input checked="" type="checkbox"/> None |                                         |                             |
| <b>General Comments:</b>                                                                          |                                                  |                                         |                                               |                                         |                                                              |                                          |                                          |                                         |                             |

At the time of the inspection the room was found to be in overall satisfactory condition.

**REC ROOM**

|                                                                                                   |                                                  |                                         |                                               |                                         |                                                              |                                          |                                          |                                         |                             |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------|
| <b>Location:</b> Basement                                                                         |                                                  |                                         |                                               |                                         |                                                              |                                          |                                          |                                         |                             |
| Walls & Ceiling:                                                                                  | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal       | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Typical Cracks | <input type="checkbox"/> Holes                               |                                          |                                          |                                         |                             |
|                                                                                                   | Moisture stains:                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No        |                                         |                                                              |                                          |                                          |                                         |                             |
| Flooring:                                                                                         | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal       | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Squeaks        | <input type="checkbox"/> Slopes                              |                                          |                                          |                                         |                             |
| Ceiling fan:                                                                                      | <input checked="" type="checkbox"/> N/A          | <input type="checkbox"/> Satisfactory   | <input type="checkbox"/> Marginal             | <input type="checkbox"/> Poor           |                                                              |                                          |                                          |                                         |                             |
| Electrical:                                                                                       | Switches:                                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                   | Outlets:                                | <input checked="" type="checkbox"/> Yes                      | <input type="checkbox"/> No              | Operates:                                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                   | Open ground/reverse polarity:                    | <input type="checkbox"/> Yes            | <input type="checkbox"/> <b>Safety Hazard</b> | <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Covers missing                      |                                          |                                          |                                         |                             |
| Heat source present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible |                                                  |                                         |                                               |                                         |                                                              |                                          |                                          |                                         |                             |
| Windows:                                                                                          | <input checked="" type="checkbox"/> Sat.         | <input type="checkbox"/> Marg.          | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Cracked glass  | <input type="checkbox"/> Evidence of leaking insulated glass |                                          |                                          |                                         |                             |
| Door:                                                                                             | <input type="checkbox"/> Sat.                    | <input type="checkbox"/> Marg.          | <input type="checkbox"/> Poor                 | <input type="checkbox"/> Holes          | <input type="checkbox"/> Does not latch                      | <input type="checkbox"/> Hardware broken | <input checked="" type="checkbox"/> None |                                         |                             |
| <b>General Comments:</b>                                                                          |                                                  |                                         |                                               |                                         |                                                              |                                          |                                          |                                         |                             |

At the time of the inspection the room was found to be in overall satisfactory condition.

**OFFICE**

|                           |
|---------------------------|
| <b>Location:</b> Basement |
|---------------------------|

|                      |                                                                                                       |                                                                              |                                                              |                                                                               |                                         |
|----------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|
| Walls & Ceiling:     | <input checked="" type="checkbox"/> Satisfactory                                                      | <input type="checkbox"/> Marginal                                            | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Typical Cracks                                       | <input type="checkbox"/> Holes          |
|                      | Moisture stains:                                                                                      | <input type="checkbox"/> Yes                                                 | <input checked="" type="checkbox"/> No                       |                                                                               |                                         |
| Flooring:            | <input checked="" type="checkbox"/> Satisfactory                                                      | <input type="checkbox"/> Marginal                                            | <input type="checkbox"/> Poor                                | <input type="checkbox"/> Squeaks                                              | <input type="checkbox"/> Slopes         |
| Ceiling fan:         | <input checked="" type="checkbox"/> N/A                                                               | <input type="checkbox"/> Satisfactory                                        | <input type="checkbox"/> Marginal                            | <input type="checkbox"/> Poor                                                 |                                         |
| Electrical:          | Switches: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                         | Outlets: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Safety Hazard                       | Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Covers missing |
|                      | Open ground/reverse polarity: <input type="checkbox"/> Yes                                            | <input type="checkbox"/> No                                                  |                                                              |                                                                               |                                         |
| Heat source present: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not visible                          |                                                                              |                                                              |                                                                               |                                         |
| Windows:             | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor | <input type="checkbox"/> Cracked glass                                       | <input type="checkbox"/> Evidence of leaking insulated glass |                                                                               |                                         |
| Door:                | <input checked="" type="checkbox"/> Sat. <input type="checkbox"/> Marg. <input type="checkbox"/> Poor | <input type="checkbox"/> Holes <input type="checkbox"/> Does not latch       | <input type="checkbox"/> Hardware broken                     | <input type="checkbox"/> None                                                 |                                         |

|                          |
|--------------------------|
| <b>General Comments:</b> |
|--------------------------|

At the time of the inspection the room was found to be in overall satisfactory condition

# WINDOWS / FIREPLACES / ATTIC

## Interior Windows/Glass

General condition: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Painted shut  
☐ Hardware missing ☐ Glazing compound needed ☐ Cracked glass ☐ Broken counter-balance mech.  
☐ Surface deterioration: **(See Remarks page)** ☒ Representative number of windows operated  
**Evidence of leaking insulated glass:** ☐ Yes ☒ No ☐ Not determinable ☐ N/A  
 Safety glazing: ☒ N/A ☐ Safety issue Where:  
 Security bars present: ☐ Yes ☒ No ☐ Not tested ☐ Test release mechanism before moving in

## Fireplace

☐ None Location(s): Family room  
☐ Gas ☒ Wood ☐ **Wood burner stove (See Remarks page)**  
☐ Masonry insert ☐ Metal insert ☐ Metal ☐ Electric  
☐ Blower built-in Operates: ☐ Yes ☐ No  
☐ Open joints or cracks in firebrick should be sealed ☐ Pre-fabricated panels damaged/worn  
 Hearth: Satisfactory: ☒ Yes ☐ No Mantle: ☒ Satisfactory ☐ Loose  
☐ **Recommend having flue cleaned and re-examined** ☐ Vent less ☐ Direct Vent

## Fireplace

☐ None Location(s): Rec Room  
☒ Gas ☐ Wood ☐ **Wood burner stove (See Remarks page)**  
☐ Masonry insert ☐ Metal insert ☐ Metal ☐ Electric  
☐ Blower built-in Operates: ☐ Yes ☐ No  
☐ Open joints or cracks in firebrick should be sealed ☐ Pre-fabricated panels damaged/worn  
 Hearth: Satisfactory: ☒ Yes ☐ No Mantle: ☒ Satisfactory ☐ Loose  
☐ **Recommend having flue cleaned and re-examined** ☐ Vent less ☐ Direct Vent

## Stairs

☒ Satisfactory ☐ Marginal ☐ Poor ☐ None  
 Handrail: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ **Safety Hazard**  
 Risers/Treads: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Risers/treads uneven

## Smoke/CO Detectors

**(See Remarks page)**

Present: ☒ Yes ☐ No

*Note: Working smoke detectors are required on all levels of a home. Working CO detectors are required on all levels of a home with sleeping areas. Battery operated detectors should be tested monthly and batteries changed semi annually. Most battery operated units should be replaced every 5 yrs and most hardwired units replaced every 10 yrs (see manufactures recommendations).*

## Attic

Access: Access panel Access Location: Bedroom closet Inspected from: Access panel  
 Flooring: ☐ Complete ☐ Partial ☒ None  
 Insulation: Type: Fiberglass Average thickness: 6 to 9 inches R Rating: R32 Standard  
 Installed in: ☒ Floor ☐ Rafters ☐ Walls ☐ Not Visible  
 Vent fans: ☐ Present ☐ Not tested ☐ Thermostat controlled ☐ **Safety Hazard**  
 Ventilation: Satisfactory  
 Roof structure: Wooden rafters  
 Roof sheathing: Plywood  
 Roof Sheathing Condition: ☒ Satisfactory ☐ Marginal ☐ Poor ☐ Rotted ☐ Stained ☐ Delaminated  
 Fans exhausted to: Attic: ☐ Yes ☒ No Outside: ☒ Yes ☐ No ☐ Not visible ☐ N/A **(See Remarks page)**  
 Chimney chase:  
 Structural problems observed: ☐ Yes ☒ No ☐ See comments below  
 Vapour barriers: ☒ Not visible ☐ Improperly installed  
☐ Kraft faced ☐ Plastic **(See Remarks page)**  
 Electrical: ☐ Open junction box(es) ☐ Handyman wiring ☐ Visible knob-and-tube

## General Comments

Trusses showed no major defects or damage at the time of inspection. Roof sheathing, examined from the attic, showed no major defects or moisture damage. Insulation was sufficient for homes in this area. Ventilation was normal. Vapour barrier not visible.

**BASEMENT****(See Remarks page)**

|                      |                                                  |                                   |                               |                                                  |                                   |
|----------------------|--------------------------------------------------|-----------------------------------|-------------------------------|--------------------------------------------------|-----------------------------------|
| <b>Stairs</b>        |                                                  |                                   |                               |                                                  |                                   |
| Condition:           | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> <b>Safety Hazard</b>    |                                   |
| Handrail:            | <input checked="" type="checkbox"/> Yes          | <input type="checkbox"/> No       | Condition:                    | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal |
| Headway over stairs: | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor |                                                  |                                   |
| Under carriage:      | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal | <input type="checkbox"/> Poor | <input type="checkbox"/> Not visible             |                                   |

|                          |                                         |                                        |               |                                              |                                   |
|--------------------------|-----------------------------------------|----------------------------------------|---------------|----------------------------------------------|-----------------------------------|
| <b>Foundation</b>        |                                         |                                        |               |                                              |                                   |
| Wall Material:           | Poured Concrete                         |                                        |               |                                              |                                   |
| Condition:               | Satisfactory                            |                                        |               |                                              |                                   |
| Foundation Cracks:       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> None Visible  | Visible from: | <input checked="" type="checkbox"/> Exterior | <input type="checkbox"/> Interior |
| Movement apparent:       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |               |                                              |                                   |
| Partially/Covered walls: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |               |                                              |                                   |

**Condition reported above reflects visible portion only**

|              |              |                              |
|--------------|--------------|------------------------------|
| <b>Floor</b> |              | (See vapour barrier remarks) |
| Material:    | Concrete     |                              |
| Condition:   | Satisfactory |                              |

|                      |                |
|----------------------|----------------|
| <b>Seismic Bolts</b> | Not applicable |
|----------------------|----------------|

|                          |     |                                    |
|--------------------------|-----|------------------------------------|
| <b>Basement Drainage</b> |     |                                    |
| Indication of moisture:  | No  |                                    |
| Sump Pump:               | No  | Sump Pump Operates: Not applicable |
| Floor drain(s) present:  | Yes |                                    |

|                                      |                                               |                                      |                    |
|--------------------------------------|-----------------------------------------------|--------------------------------------|--------------------|
| <b>Drain Tile (See Remarks page)</b> | <input type="checkbox"/> Palmer valve present | <input type="checkbox"/> Not Visible | (See Remarks page) |
|--------------------------------------|-----------------------------------------------|--------------------------------------|--------------------|

|                                 |                                                  |                                         |
|---------------------------------|--------------------------------------------------|-----------------------------------------|
| <b>Girders (1), Columns (2)</b> |                                                  | <input type="checkbox"/> N/A            |
| Condition:                      | <input checked="" type="checkbox"/> Steel        | <input type="checkbox"/> Wood           |
|                                 | <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Marginal       |
|                                 | <input type="checkbox"/> Block                   | <input type="checkbox"/> Concrete       |
|                                 | <input type="checkbox"/> Poor                    | <input type="checkbox"/> Stained/rusted |
|                                 | <input type="checkbox"/> Not visible             |                                         |

|                                           |                                  |                                  |                                         |                                          |                                      |
|-------------------------------------------|----------------------------------|----------------------------------|-----------------------------------------|------------------------------------------|--------------------------------------|
| <b>Joists /Trusses</b>                    |                                  |                                  |                                         |                                          |                                      |
| <input checked="" type="checkbox"/> Joist | <input type="checkbox"/> Trusses | <input type="checkbox"/> I-Joist | <input type="checkbox"/> Steel          | <input checked="" type="checkbox"/> Wood | <input type="checkbox"/> Concrete    |
|                                           |                                  | <input type="checkbox"/> 2x6     | <input checked="" type="checkbox"/> 2x8 | <input type="checkbox"/> 2x10            | <input type="checkbox"/> 2x12        |
|                                           |                                  |                                  |                                         |                                          | <input type="checkbox"/> Not visible |

|                                                                             |  |
|-----------------------------------------------------------------------------|--|
| <b>Sub Floor</b>                                                            |  |
| <input type="checkbox"/> Indication of moisture stains/rotting              |  |
| ** Areas around shower stalls, etc., as viewed from basement or crawl space |  |

|                         |
|-------------------------|
| <b>General Comments</b> |
|-------------------------|

Foundation appeared to be in overall satisfactory condition. Foundation walls were covered/partially covered with paneling/drywall/insulation and were not visible. No representation can be made to the conditions of the covered/partially covered walls. Floor appeared to be in overall satisfactory condition. No active seepage visible at the time of the inspection. No representation can be made to future leaking of the basement walls.

# PLUMBING

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Water Service</b>                                                                     | Shut off location: Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| Water entry piping: Copper                                                               | Water lines: Copper                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| Lead (other than solder joints):                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Service entry <input type="checkbox"/> Unknown<br><input type="checkbox"/> Poor <input type="checkbox"/> Cross connection: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Poor <input type="checkbox"/> Above 80 psi ( <b>Needs evaluation</b> )<br><input type="checkbox"/> Valves broken/missing <input type="checkbox"/> Dissimilar metal |                     |
| Water flow: <input checked="" type="checkbox"/> Satisfactory                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| Water pressure: <input checked="" type="checkbox"/> Satisfactory                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| Pipes: <input type="checkbox"/> Corroded <input type="checkbox"/> Leaking                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| Drain/waste/vent pipe: Plastic                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| Condition: <input checked="" type="checkbox"/> Satisfactory                              | <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible<br><input type="checkbox"/> Slow drain                                                                                                                                                                                                                                                                                                                                     |                     |
| Waste discharge: <input checked="" type="checkbox"/> Satisfactory                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| <b>Gas Lines</b>                                                                         | <input type="checkbox"/> Not visible <input type="checkbox"/> Shutoff missing<br><input type="checkbox"/> Copper <input type="checkbox"/> Brass <input checked="" type="checkbox"/> Black iron <input type="checkbox"/> Stainless steel <input type="checkbox"/> CSST                                                                                                                                                                                                           |                     |
| <b>Water Heater</b>                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| <b>Brand name:</b> Giant                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| Energy Source: Gas                                                                       | Approx. age: 3 yrs                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Capacity: 50 gallon |
| Rental Unit: Yes                                                                         | Seismic restraints needed: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                     |                     |
| Relief valve: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        | <b>Extension proper:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing                                                                                                                                                                                                                                                                                                                                                   |                     |
| Vent pipe: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory | <input type="checkbox"/> Improper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> <b>Safety Hazard</b>                                                                                                                                                                                                                                                                                                                                                           |                     |
| <b>Water Softener</b>                                                                    | <b>(Unit not evaluated)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      | Plumbing hooked up: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
| <b>General Comments</b>                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |

Overall the plumbing system, faucets, water pressure and drain rates were found to be in satisfactory condition at the time of the inspections.

# HEATING SYSTEM

|                                  |                                                                                                                                                                                             |                                                |                                           |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <b>Fuel Shutoff for Building</b> | Main fuel shutoff location: Outside at gas meter                                                                                                                                            |                                                |                                           |
| <b>Forced Air System</b>         | <input checked="" type="checkbox"/> Central Unit                                                                                                                                            | <input type="checkbox"/> Wall Furnace          | <input type="checkbox"/> Floor Furnace    |
| <b>Brand name:</b> Lennox        |                                                                                                                                                                                             | <b>Approximate age:</b> Over 25 yrs            |                                           |
| Energy source:                   | Gas                                                                                                                                                                                         | Furnace Efficiency: High Efficiency            |                                           |
| Hot air systems:                 | Direct drive                                                                                                                                                                                |                                                |                                           |
| Heat exchanger:                  | Sealed unit, not visible <b>View is extremely limited - See Remarks page about options</b>                                                                                                  |                                                |                                           |
| Distribution:                    | Metal Ducts                                                                                                                                                                                 | Flue piping: Plastic                           |                                           |
| Filter: Standard                 | Filter Condition: Satisfactory                                                                                                                                                              |                                                |                                           |
| Operated:                        | When turned on by thermostat: <input checked="" type="checkbox"/> Fired <input type="checkbox"/> Did not fire                                                                               |                                                |                                           |
| Operation:                       | Satisfactory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Recommend HVAC technician examine</b> <input type="checkbox"/> Before closing |                                                |                                           |
| Controls:                        | <input type="checkbox"/> Disconnect <input checked="" type="checkbox"/> Normal operating and safety controls observed                                                                       |                                                |                                           |
| Heat pump:                       | <input type="checkbox"/> Aux. Elec. <input type="checkbox"/> Aux. Gas <input type="checkbox"/> Aux. geothermal <input checked="" type="checkbox"/> N/A                                      |                                                |                                           |
|                                  | Emergency heat tested: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                     |                                                |                                           |
| <b>Others</b>                    | <input checked="" type="checkbox"/> N/A                                                                                                                                                     |                                                |                                           |
|                                  | <input type="checkbox"/> Electric baseboard                                                                                                                                                 | <input type="checkbox"/> Radiant ceiling cable | <input type="checkbox"/> Gas space heater |
|                                  | <input type="checkbox"/> Radiant in floor heating                                                                                                                                           | <input type="checkbox"/> Wood burning stove    | <b>(See Remarks page)</b>                 |
| <b>General Comments</b>          |                                                                                                                                                                                             |                                                |                                           |

Furnace was in normal working order at the time of the inspection. Furnace is past its normal life expectancy, budget for replacement.

## COOLING SYSTEM

|                          |                                         |                                                  |
|--------------------------|-----------------------------------------|--------------------------------------------------|
| <b>System Components</b> | <input type="checkbox"/> None           | Approximate age: Over 25 yrs                     |
| Energy source: Electric  | Central air: Air Cooled                 |                                                  |
| Operated: Yes            | Operation: Satisfactory                 |                                                  |
| Refrigerant lines:       | <input type="checkbox"/> Leak           | <input type="checkbox"/> Damaged                 |
| Through wall unit(s):    | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Insulation missing      |
|                          | Operated: <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> Satisfactory |
|                          | <input type="checkbox"/> No             | <input type="checkbox"/> Needs service           |
| <b>General Comments</b>  |                                         |                                                  |

A/C unit was operating in satisfactory condition. AC unit is past its normal life expectancy, budget for replacement.

## ELECTRICAL

|                                                                                                                                                                     |                                                                                       |                                                                                                               |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Main Panel</b>                                                                                                                                                   | Location: Basement                                                                    |                                                                                                               |                                                                     |
| Appears grounded:                                                                                                                                                   | Amps: 100 amps                                                                        | Volts: 120/240 volts                                                                                          | Panel Type: Breakers                                                |
| <b>Main Wire:</b>                                                                                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                   | GFCI present:                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Branch Wire:                                                                                                                                                        | Not visible                                                                           | Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |                                                                     |
|                                                                                                                                                                     | Copper                                                                                |                                                                                                               |                                                                     |
|                                                                                                                                                                     | <input checked="" type="checkbox"/> Romex                                             | <input type="checkbox"/> BX cable                                                                             | <input type="checkbox"/> Conduit                                    |
|                                                                                                                                                                     | <input type="checkbox"/> Multiple tapping                                             | <input type="checkbox"/> Branch wires undersized                                                              | <input type="checkbox"/> Knob & tube                                |
|                                                                                                                                                                     | <input type="checkbox"/> Multiple tapping of main disconnect                          | <input type="checkbox"/> <b>Federal Pacific panel (see Remarks)</b>                                           |                                                                     |
|                                                                                                                                                                     | <input type="checkbox"/> Arc fault present                                            | <input type="checkbox"/> <b>Safety Hazard</b>                                                                 |                                                                     |
|                                                                                                                                                                     | <input type="checkbox"/> Panel not accessible                                         | Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (see Remarks) |                                                                     |
|                                                                                                                                                                     |                                                                                       | <input type="checkbox"/> Not evaluated Reason:                                                                |                                                                     |
| <b>Sub Panel(s)</b>                                                                                                                                                 |                                                                                       |                                                                                                               |                                                                     |
| Location 1: Basement                                                                                                                                                | Location 2:                                                                           | Location 3:                                                                                                   |                                                                     |
|                                                                                                                                                                     | <input type="checkbox"/> Panel not accessible                                         | <input type="checkbox"/> Not evaluated Reason:                                                                |                                                                     |
| <b>Branch Wiring:</b>                                                                                                                                               | <input checked="" type="checkbox"/> Copper                                            | <input type="checkbox"/> Aluminum                                                                             |                                                                     |
|                                                                                                                                                                     | <input type="checkbox"/> Copper clad aluminum                                         |                                                                                                               |                                                                     |
|                                                                                                                                                                     | Neutral/ground separated:                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                           |                                                                     |
|                                                                                                                                                                     | Neutral isolated:                                                                     | <input type="checkbox"/> Have electrician separate                                                            |                                                                     |
|                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                   | <input type="checkbox"/> Have electrician isolate                                                             |                                                                     |
|                                                                                                                                                                     | <input type="checkbox"/> Multiple tapping                                             | <input type="checkbox"/> Branch wires undersized                                                              |                                                                     |
|                                                                                                                                                                     |                                                                                       | <input type="checkbox"/> <b>Safety Hazard</b>                                                                 |                                                                     |
| <b>Electrical Fixtures</b>                                                                                                                                          |                                                                                       |                                                                                                               |                                                                     |
| A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be: |                                                                                       |                                                                                                               |                                                                     |
|                                                                                                                                                                     | <input checked="" type="checkbox"/> Satisfactory                                      | <input type="checkbox"/> Marginal                                                                             | <input type="checkbox"/> Poor                                       |
|                                                                                                                                                                     | <input type="checkbox"/> Open grounds                                                 | <input type="checkbox"/> Reverse polarity                                                                     | <input type="checkbox"/> GFCIs not operating                        |
|                                                                                                                                                                     | <input type="checkbox"/> Solid conductor aluminum branch wiring circuits              | <input type="checkbox"/> Ungrounded 3-prong outlets                                                           |                                                                     |
|                                                                                                                                                                     | <input type="checkbox"/> <b>Recommend a licensed electrician evaluate the service</b> |                                                                                                               |                                                                     |
| <b>General Comments:</b>                                                                                                                                            |                                                                                       |                                                                                                               |                                                                     |

Panel size appeared to be compatible to service size. Branch breaker distribution appeared normal. No signs of overheating were evident at the time of the inspection. Outlets were randomly tested and had correct polarity, except as noted.

## GENERAL REMARKS

List below are general remarks about the different areas and components of a home. These remarks are for general information purposes only and some of the information provided may not be specific to the home inspected.

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### GROUND'S REMARKS

#### Service Walks/Driveways

Spalling concrete cannot be patched with concrete because the new will not bond with the old. Water will freeze between the two layers, or the concrete will break up from movement or wear. Replacement of the damaged section is recommended. Walks or driveways that are close to the property should be properly pitched away to direct water away from the foundation. Asphalt driveways should be kept sealed and larger cracks filled so as to prevent damage from frost.

**Patios** that have settled towards the structure should be mudjacked or replaced to assure proper pitch. Improperly pitched patios are one source of wet basements.

#### Exterior Wood Surfaces

All surfaces of untreated wood need regular applications of paint or special chemicals to resist damage. Porch or deck columns and fence posts which are buried in the ground and made of untreated wood will become damaged within a year or two.

Decks should always be nailed with galvanized or aluminium nails. Decks that are not painted or stained should be treated with a water sealer.

#### Grading and Drainage

*Any system of grading or landscaping that creates positive drainage (moving water away from the foundation walls) will help to keep a basement dry. Where negative grade exists and additional backfill is suggested, it may require digging out around the property to get a proper pitch. Dirt shall be approximately 15 cm below the bottom sill and should not touch wood surfaces.*

*Flower beds, loose mulched areas, railroad ties and other such landscaping items close to the foundation trap moisture and contribute to wet basements. To establish a positive grade, a proper slope away from the house is 2.5 cm per meter for approximately 1.5 to 2 meters. Recommend ground cover planting or grass to foundation.*

#### Roof and Surface Water Control

*Roof and surface water must be controlled to maintain a dry basement. This means keeping gutters cleaned out and aligned, extending downspouts, installing splash blocks, and building up the grade so that roof and surface water is diverted away from the building.*

#### Window Wells

The amount of water which enters a window well from falling rain is generally slight, but water will accumulate in window wells if the yard is improperly graded. Plastic window well covers are useful in keeping out leaves and debris.

#### Retaining Walls

Retaining walls deteriorate because of excessive pressure build-up behind them, generally due to water accumulation. Often, conditions can be improved by excavating a trench behind the retaining wall and filling it with coarse gravel. Drain holes through the wall will then be able to relieve the water pressure.

Retaining walls sometime suffer from tree root pressure or from general movement of topsoil down the slope. Normally, these conditions require rebuilding the retaining wall.

#### Railings

It is recommended that railings be installed for any stairway over 3 steps and porches over 75 cm for safety reasons. Balusters for porches, balconies, and stairs should be close enough to assure children cannot squeeze through.

## ROOF COVERING REMARKS

### Valleys & Flashings

Valleys and flashings that are covered with shingles and/or tar or any other material are considered not visible and are not part of the inspection.

### Stone Roofs - Coverings

This type of covering on a pitched roof requires ongoing annual maintenance. We recommend that a roofing contractor evaluate this type of roof. Infra-red photography is best used to determine areas of potential leaks.

### Flat Roofs

Flat roofs are very vulnerable to leaking. It is very important to maintain proper drainage to prevent ponding of water. We recommend that a roofing contractor evaluate this type of roof.

| ROOF TYPE                                  | LIFE EXPECTANCY              | SPECIAL REMARKS                                                                                                   |
|--------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <i>Asphalt Shingles</i>                    | 15-20 years                  | Used on nearly 80% of all residential roofs; requires little maintenance                                          |
| <i>Asphalt Multi-Thickness Shingles*</i>   | 20-30 years                  | Heavier and more durable than regular asphalt shingles                                                            |
| <i>Asphalt Interlocking Shingles*</i>      | 15-25 years                  | Especially good in high-wind areas                                                                                |
| <i>Asphalt Rolls</i>                       | 10 years                     | Used on low slope roofs                                                                                           |
| <i>Built-up Roofing</i>                    | 10-20 years                  | Used on low slope roofs; 2 to 3 times as costly as asphalt shingles                                               |
| <i>Wood Shingles*</i>                      | 10-40 years <sup>1</sup>     | Treat with preservative every 5 years to prevent decay                                                            |
| <i>Clay Tiles*</i><br><i>Cement Tiles*</i> | 20 + years<br>20 + years     | Durable, fireproof, but not watertight, requiring a good subsurface base                                          |
| <i>Slate Shingles*</i>                     | 30-100 years <sup>2</sup>    | Extremely durable, but brittle and expensive                                                                      |
| <i>Asbestos Cement Shingles*</i>           | 30-75 years                  | Durable, but brittle and difficult to repair                                                                      |
| <i>Metal Roofing</i>                       | 15-40 + years                | Comes in sheets & shingles; should be well grounded for protection from lightning; certain metals must be painted |
| <i>Single Ply Membrane</i>                 | 15-25 years<br>(mfr's claim) | New material; not yet passed test of time                                                                         |

\* Not recommended for use on low slope roof    <sup>1</sup> Depending on local conditions and proper installation  
<sup>2</sup> Depending on quality of slate

Roof covering should be visually checked in spring and fall for any visible missing shingles, damaged coverings or other defects. Before re-roofing, the underside of the roof structure and roof sheathing should be inspected to determine that the roof structure can support the additional weight of the shingles.

Wood shakes and shingles will vary in aging, due to quality of the material, installation, maintenance, and surrounding shade trees. Ventilation and drying of the wood material is critical in extending the life expectancy of the wood. Commercial preservatives are available on the market, which could be applied to wood to impede deterioration.

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## CHIMNEY / GUTTERS / SIDING / TRIM REMARKS

### Chimneys

Chimneys built of masonry will eventually need tuck pointing. A cracked chimney top that allows water and carbonic acid to get behind the surface brick/stone will accelerate the deterioration. Moisture will also deteriorate the clay flue liner. Periodic chimney cleaning will keep you apprised of the chimney's condition. The flashing around the chimney may need resealing and should be inspected every year or two. Fireplace chimneys should be inspected and evaluated by a chimney professional before using. Chimneys must be adequate height for proper drafting. Spark arrestors are recommended for wood burning chimney and chimney caps for fossil fuels

**Unlined Chimney** - should be re-evaluated by a chimney technician.

**Have flue cleaned and re-evaluated.** The flue lining is covered with soot or creosote and no representation can be made as to the condition.

**NOT EVALUATED-** *The flue was not evaluated due to inaccessibility such as roof pitch, cap, cleanout not accessible, etc.*

### Cricket Flashing

Small, sloped structure made of metal and designed to drain moisture away from a chimney. Crickets are usually placed at the back of a chimney.

### Gutters and Downspouts

This is an extremely important element in basement dampness control. Keep gutters clean and downspout extensions in place (1.25 meters or more). Paint the inside of galvanized gutters, which will extend the life. Shortly after a rain or thaw in winter, look for leaks at seams in the gutters. These can be re-caulked before they cause damage to fascia or soffit boards. If no gutters exist, it is recommended that they be added.

### Siding

Wood siding should not come in contact with the ground. The moisture will cause rotting to take place and can attract carpenter ants.

**EIFS** - This type of siding has experienced serious problems and requires a certified EIFS inspector to determine condition.

Brick and stone veneer must be monitored for loose or missing mortar. Some brick and stone are susceptible to spalling. This can be caused when moisture is trapped and a freeze/thaw situation occurs. There are products on the market that can be used to seal out the moisture. This holds true for brick and stone chimneys also.

Metal sidings will dent and scratch. Oxidation is a normal reaction in aluminum. There are good cleaners on the market and it is recommended that they be used occasionally. Metal siding can be painted.

### Doors and Windows

These can waste an enormous amount of energy. Maintain the caulking around the frames on the exterior. Check for drafts in the winter and improve the worst offenders first. Windows that have leaky storm windows will usually have a lot of sweating. Likewise, well-sealed storms that sweat indicate a leaky window. It is the tighter unit that will sweat (unless the home has excess humidity to begin with.)

Wood that exhibits blistering or peeling paint should be examined for possible moisture sources: roof leaks, bad gutters, interior moisture from baths or laundry or from a poorly vented crawl space. Some paint problems have no logical explanation, but many are a symptom of an underlying problem. A freshly painted house may mask these symptoms, but after you have lived in the home for a year or two, look for localized paint blistering (peeling). It may be a clue.

New glazing will last longer if the raw wood is treated with boiled linseed oil prior to glazing. It prevents the wood from drawing the moisture out of the new glazing.

### Caulking

Many different types of caulk are available on the market today. Check with a paint or hardware store for the kind of application you need.

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## **EXTERIOR / ELECTRICAL / AC / GARAGE REMARKS**

### **Exterior Doors**

The exposed side of wood exterior doors needs to be painted or stained and varnished to prevent discolouring and delamination. Weather-stripping is a must to prevent drafts.

### **Electrical**

Overhead wires from the mast to the main panel that are exposed to the weather may fray and crack. If this occurs, wires should be replaced by a licensed electrician.

Any outdoor overhead service conductor wires should have adequate clearance above the ground (3 meters) and from balcony and windows (1 meter), for safety reasons.

Underground system - Some exterior boxes that are at ground level have a grade line on them. You should insure that the grade remains below this line to prevent moisture from entering the main panel.

### **Overhead Door Openers**

We recommend that a separate electrical outlet be provided. Openers that do not have a safety reverse are considered a safety hazard. Small children and pets are especially vulnerable. We recommend the operating switches be set high enough so children cannot reach them. If an electric sensor is present, it should be tested occasionally to ensure it is working.

### **Garage Sill Plates**

Sill plates within the garage should be elevated or treated lumber should be used. If this is not the case, try to direct water away to prevent rotting.

### **A/C Compressors**

They should not become overgrown with foliage. Clearance requirements vary, but 60 cm on all sides should be considered minimal with up to 2 meters of air discharge desirable. If a clothes dryer vent is within five to ten feet, either relocate the vent or do not run when the A/C is running. The lint will quickly reduce the efficiency of the A/C unit.

### **Burners**

Any appliance such as a water heater, furnace, etc. should have the flame a minimum of 45 cm above the floor. Any open flame less than 45 cm from the floor is a potential safety hazard. The appliance should also be protected from vehicle damage.

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## KITCHEN / LAUNDRY / UTILITY ROOM REMARKS

### Plaster on Wood Lath

Plaster on wood lath is an old technique and is no longer in general use. Wood lath shrinks with time and the nails rust and loosen. As a result, the plaster may become fragile and caution is needed in working with this type of plastering system. Sagging ceilings are best repaired by laminating drywall over the existing plaster and screwing it to the ceiling joists.

### Plaster on Gypsum Lath (Rock Lath)

Plaster on gypsum lath will sometimes show the seams of the 40 cm wide gypsum lath, but this does not indicate a structural fault. The scalloping appearance can be levelled with drywall joint compound and fibreglass mesh joint tape or drywall can be laminated over the existing plaster on the ceiling.

### Wood Flooring

Always attempt to clean wood floors first before making the decision to refinish the floor. Wax removers and other mild stripping agents plus a good waxing and buffing will usually produce satisfactory results. Mild bleaching agents help remove deep stains. Sanding removes some of the wood in the floor and can usually be done safely only once or twice in the life of the floor.

### Nail Pops

Drywall nail pops are due to normal expansion and contraction of the wood members to which the drywall is nailed, and are usually of no structural significance.

### Carpeting

Where carpeting has been installed, the materials and condition of the floor underneath cannot be determined.

### Appliances

Dishwashers are tested to see if the motor operates and water sprays properly (full cycles are not run). Stoves are tested to see that burners are working and oven and broiler get hot. Timer and controls are not tested. Refrigerators are not tested.

***No representation is made to continued life expectancy of any appliance.***

### Asbestos and Other Hazards

Asbestos fibres in some form are present in many homes, but are often not visible and cannot be identified without testing.

If there is reason to suspect that asbestos may be present and if it is of particular concern, a sample of the material in question may be removed and analyzed in a laboratory. ***However, detecting or inspecting for the presence or absence of asbestos is not a part of our inspection.***

***Also excluded from this inspection and report are the possible presence of, or danger from, radon gas, lead-based paint, urea formaldehyde, toxic or flammable chemicals and all other similar or potentially harmful substances and environmental hazards.***

### Windows

A representative number of windows are inspected.

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## BATHROOM REMARKS

### Stall Shower

The metal shower pan in a stall shower has a potential or probable life of 10-20 years depending on quality of the pan installed. Although a visible inspection is made to determine whether a shower pan is currently leaking, it cannot be stated with certainty that no defect is present or that one may not soon develop. Shower pan leaks often do not show except when the shower is in actual use.

### Ceramic Tile

Bathroom tile installed in a mortar bed is excellent. It is still necessary to keep the joint between the tile and the tub/shower caulked or sealed to prevent water spillage from leaking through and damaging the ceilings below.

Ceramic tile is often installed in mastic. It is important to keep the tile caulked or water will seep behind the tile and cause deterioration in the wallboard. Special attention should be paid to the area around faucets and other tile penetrations.

### Exhaust Fans

Bathrooms with a shower should have exhaust fans where possible. This helps to remove excess moisture from the room, preventing damage to the ceiling and walls and wood finishes. The exhaust fan should not be vented into the attic. The proper way to vent the fans is to the outside. Running the vent pipe horizontally and venting into a gable end or soffit is preferred. Running the vent pipe vertically through the roof may cause condensation to run down the vent pipe, rusting the fan and damaging the wallboard. Insulating the vent pipe in the attic will help to reduce this problem.

SLOW DRAINS on sinks, tubs, and showers are usually due to build-up of hair and soap scum. Most sink pop-ups can be easily removed for cleaning. Some tubs have a spring attached to the closing lever that acts as a catch for hair. It may require removing a couple of screws to disassemble. If you cannot mechanically remove the obstruction, be kind to your pipes. Don't use a caustic cleaner. There are several bacteria drain cleaners available. They are available at hardware stores in areas where septic tanks are used. These drain cleaners take a little longer to work, but are safe for you and your pipes.

### Safety Hazards

Typical safety hazards found in bathrooms are open grounds or reverse polarity by water. Replacing these outlets with G.F.C.I.'s are recommended. **(See Electrical section)**

### Whirlpool Tubs

This relates to interior tubs hooked up to interior plumbing. Where possible, the motor will be operated to see that the jets are working. Hot tubs and spas are not inspected.

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## **ROOMS (INTERIOR) REMARKS**

### **Door Stops**

All swinging doors should be checked for door stops. Broken or missing door stops can result in door knobs breaking through drywall or plaster.

### **Closet Guides**

Sliding closet doors should be checked to see that closet guides are in place. Missing or broken closet guides can cause scratches and damage to doors.

### **Cold Air Returns**

Bedrooms that do not have cold air returns in them should have a 1.75 cm gap under the doors to allow cold air to be drawn into the hall return.

### **AN INSPECTION VERSUS A WARRANTY**

A home inspection is just what the name indicates, an inspection of a home...usually a home that is being purchased. The purpose of the inspection is to determine the condition of the various systems and structures of the home. While an inspection performed by a competent inspection firm will determine the condition of the major components of the home, no inspection will pick up every minute latent defect. The inspector's ability to find all defects is limited by access to various parts of the property, lack of information about the property and many other factors. A good inspector will do his or her level best to determine the condition of the home and to report it accurately. The report that is issued is an opinion as to the condition of the home. This opinion is arrived at by the best technical methods available to the home inspection industry. It is still only an opinion.

A warranty is a policy sold to the buyer that warrants that specific items in the home are in sound condition and will remain in sound condition for a specified period of time. Typically, the warranty company never inspects the home. The warranty company uses actuarial tables to determine the expected life of the warranted items and charges the customer a fee for the warranty that will hopefully cover any projected loss and make a profit for the warranty seller. It is essentially an insurance policy.

The service that we have provided you is an inspection. We make no warranty of this property. If you desire warranty coverage, please see your real estate agent for details about any warranty plan to which their firm may have access.

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## **WINDOWS / FIREPLACES / ATTIC REMRKS**

### **Window Frames and Sills**

Window frames and sills often are found to have surface deterioration due to condensation that has run off the window and damaged the varnish. Usually this can be repaired with a solvent style refinisher and fine steel wool. This is sometimes a sign of excess humidity in the house.

See comments regarding caulking doors and windows above (Chimneys/Gutters/Siding).

### **Fireplaces**

It is important that a fireplace be cleaned on a routine basis to prevent the build-up of creosote in the flue, which can cause a chimney fire.

Masonry fireplace chimneys are normally required to have a terra cotta flue liner or 8 inches of masonry surrounding each flue in order to be considered safe and to conform to most building codes.

During visual inspections, it is not uncommon to be unable to detect the absence of a flue liner either because of stoppage at the firebox, a defective damper or lack of access from the roof.

### **Wood burners**

Once installed, it can be difficult to determine proper clearances for wood burning stoves. Manufacturer specifications, which are not usually available to the inspector, determine the proper installation. We recommend you ask the owner for paperwork verifying that it was installed by a professional contractor.

### **Ventilation**

Ventilation is recommended at the rate of one square foot of vent area to 300 square feet of attic floor space, this being divided between soffit and rooftop. Power vents should ideally have both a humidistat and a thermostat, since ventilation is needed to remove winter moisture as well as summer heat. Evidence of condensation, such as blackened roof sheathing, frost on nail heads, etc. is an indication that ventilation may have been or is blocked or inadequate.

### **Insulation**

The recommended insulation in the attic area is R-38, approximately 30cm. If insulation is added, it is important that the ventilation is proper.

### **Smoke Detectors**

Smoke detectors should be tested monthly. At least one detector should be on each level.

### **Vapour Barriers**

The vapour barrier should be on the warm side of the surface. Older homes were often built without vapour barriers. If the vapour barrier is towards the cold side of the surface, it should be sliced or removed. Most vapour barriers in the attic are covered by insulation and therefore, not visible.

### **Safety Glazing**

Safety glazing requirements vary depending on the age of the home. Every attempt is made to identify areas where the lack of safety glazing presents an immediate safety hazard, such as a shower door. In some older homes it is difficult to determine if safety glazing is present, since the glass is not marked. Therefore, no representation is made that safety glazing exists in all appropriate areas.

### **Insulated Glass**

The broken seals are not always detectable due to dirty windows, covered windows, etc. In most cases, leaking glass seals take some time before they are evident.

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## BASEMENT REMARKS

### Basement

Any basement that has cracks or leaks is technically considered to have failed. Most block basements have step cracks in various areas. If little or no movement has occurred, and the step cracks are uniform, this is considered acceptable. Horizontal cracks in the third or fourth block down indicate the block has moved due to outside pressure. They can be attributed to many factors, such as improper grading, improperly functioning gutter and downspout system, etc. Normally, if little or no movement has taken place and proper grading and downspouts exist, this is considered acceptable. If the wall containing the stress crack(s) has moved considerably, this will require some method of reinforcement. Basements that have been freshly painted or tuck-pointed should be monitored for movement. This will be indicated by cracks reopening. If cracks reappear, reinforcement may be necessary. Reinforcing a basement wall can become expensive.

### Foundation (Covered Walls)

Although an effort has been made to note any major inflections or weaknesses, it is difficult at best to detect these areas when walls are finished off, or basement storage makes areas inaccessible. ***No representation is made as to the condition of these walls.***

**Monitor** indicates that the walls have stress cracks, but little movement has occurred. In our opinion, the cracks should be filled with mortar and the walls monitored for further movement and cracking. If additional movement or cracking occurs, re-enforcements may be necessary.

**Have Evaluated** — we recommend that the walls be re-evaluated by a structural engineer or basement repair company and estimates be obtained if work is required.

### Vapour Barrier

Floors that are dirt or gravel should be covered with a vapour barrier.

### Moisture Present

Basement dampness is frequently noted in houses and in most cases the stains, moisture or efflorescence present is a symptom denoting that a problem exists outside the home. Usual causes are improper downspout extensions or leaking gutters and/or low or improper grade (including concrete surfaces) at the perimeter of the house. A proper slope away from the house is one inch per foot for four to six feet.

Expensive solutions to basement dampness are frequently offered, and it is possible to spend thousands of dollars on solutions such as pumping out water that has already entered or pumping of chemical preparations into the ground around the house, when all that may be necessary are a few common sense solutions at the exterior perimeter. However, this is not intended to be an exhaustive list of causes and solutions to the presence of moisture. ***No representation is made to future moisture that may appear.***

### Palmer Valve

Many older homes have a valve in the floor drain. This drain needs to remain operational.

### Drain Tile

***We offer no opinion about the existence or condition of the drain tile, as it cannot be visibly inspected.***

### Basement Electrical Outlets

We recommend that you have an outlet within 2 meters of each appliance. The appliance you plan to install may be different than what exists; therefore the inspection includes testing a representative number of receptacles that exist. It is also recommended to have ground fault circuit interrupts for any outlet in the unfinished part of the basement and crawl spaces.

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## PLUMBING REMARKS

### Wells

***Examination of wells is not included in this visual inspection.*** It is recommended that you have well water checked for purity by the local health authorities and, if possible, a check on the flow of the well in periods of drought. A well pit should have a locked cover on it to prevent anyone from falling into the pit.

### Septic Systems

***The check of septic systems is not included in our visual inspection.*** You should have the local health authorities or other qualified experts check the condition of a septic system.

In order for the septic system to be checked, the house must have been occupied within the last 30 days.

### Water Pipes

Galvanized water pipes rust from the inside out and may have to be replaced within 20 to 30 years. This is usually done in two stages: horizontal piping in the basement first and vertical pipes throughout the house later as needed.

Copper pipes usually have more life expectancy and may last as long as 60 years before needing to be replaced.

Polybutylene pipes are grey pipes that have a history of failure and should be examined by a licensed plumber.

### Hose Bibs

During the winter months it is necessary to make sure the outside faucets are winterized. This can be done by means of a valve located in the basement. Leave the outside faucets open to allow any water standing in the pipes to drain, preventing them from freezing. Hose bibs cannot be tested when winterized.

### Water Heater

The life expectancy of a water heater is 5-10 years. Water heaters generally need not be replaced unless they leak. It is a good maintenance practice to drain 5-10 gallons from the heater several times a year. ***Missing relief valves or improper extension present a safety hazard.***

### Water Softeners

During a visual inspection, it is not possible to determine if water is being properly softened.

### Plumbing

The temperature/pressure valve should be tested several times a year by lifting the valve's handle. Caution: very hot water will be discharged. If no water comes out, the valve is defective and must be replaced.

### Shut-Off Valves

Most shut-off valves have not been operated for long periods of time. We recommend operating each shut-off valve to: toilet bowl, water heater, under sinks, main shut-off, hose faucets, and all others. We recommend you have a plumber do this, as some of the valves may need to be repacked or replaced. Once the valves are in proper operating order, we recommend opening and closing these valves several times a year.

### Polybutylene Piping

This type of piping has a history of problems and should be examined by a licensed plumber and repaired or replaced as necessary.

***MECHANICAL DEVICES MAY OPERATE AT ONE MOMENT AND LATER MALFUNCTION; THEREFORE, LIABILITY IS SPECIFICALLY LIMITED TO THOSE SITUATIONS WHERE IT CAN BE CONCLUSIVELY SHOWN THAT THE MECHANICAL DEVICE INSPECTED WAS INOPERABLE OR IN THE IMMEDIATE NEED OF REPAIR OR NOT PERFORMING THE FUNCTION FOR WHICH IS IT WAS INTENDED AT THE TIME OF INSPECTION.***

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## HEATING SYSTEM REMARKS

**HEATING AND AIR CONDITIONING** units have limited lives. Normal lives are:

|                                   |             |
|-----------------------------------|-------------|
| GAS-FIRED HOT AIR.....            | 15-25 years |
| OIL-FIRED HOT AIR.....            | 20-30 years |
| CAST IRON BOILER.....             | 30-50 years |
| (Hot water or steam)              | or more     |
| STEEL BOILER.....                 | 30-40 years |
| (Hot water or steam)              | or more     |
| COPPER BOILER.....                | 10-20 years |
| (Hot water or steam)              |             |
| CIRCULATING PUMP (Hot water)..... | 10-15 years |
| AIR CONDITIONING COMPRESSOR...    | 8-12 years  |
| HEAT PUMP.....                    | 8-12 years  |

Gas-fired hot air units that are close to or beyond their normal lives have the potential of becoming a source of carbon monoxide in the home. You may want to have such a unit checked every year or so to assure yourself that it is still intact. Of course, a unit of such an age is a good candidate for replacement with one of the new, high efficiency furnaces. The fuel savings alone can be very attractive.

Boilers and their systems may require annual attention. If you are not familiar with your system, have a heating contractor come out in the fall to show you how to do the necessary things. **Caution: do not add water to a hot boiler!**

Forced air systems should have filters changed every 30 to 60 days of the heating and cooling season. This is especially true if you have central air conditioning. A dirty air system can lead to premature failure of your compressor - a \$1,500 machine.

Oil-fired furnaces and boilers should be serviced by a professional each year. Most experts agree you will pay for the service cost in fuel saved by having a properly tuned burner.

Read the instructions for maintaining the humidifier on your furnace. A malfunctioning humidifier can rust out a furnace rather quickly. It is recommended that the humidifier be serviced at the same time as the furnace, and be cleaned regularly. ***During a visual inspection it is not possible to determine if the humidifier is working.***

**Have HVAC Technician Examine** - A condition was found that suggests a heating contractor should do a further analysis. We suggest doing this before closing.

***Heat exchangers cannot be examined nor their condition determined without being disassembled. Since this is not possible during a visual, non-technically exhaustive inspection, you may want to obtain a service contract on the unit or contact a furnace technician regarding a more thorough examination.***

Testing pilot safety switch requires blowing out the pilot light. Checking safety limit controls requires disconnecting blower motor or using other means beyond the scope of this inspection. If furnace has not been serviced in last 12 months, you may want to have a furnace technician examine.

**CO Test** - This is not part of a non-technical inspection.

**Combustible Gas Test (Potential Safety Hazard)** - If a combustible gas detector was used during the inspection of the furnace and evidence of possible combustible gases was noted, we caution you that our test instrument is sensitive to many gases and not a foolproof test. None-the-less, this presents the possibility that a hazard exists and could indicate that the heat exchanger is, or will soon be, defective.

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## COOLING SYSTEM / ELECTRICAL REMARKS

### Electrical

Every effort has been made to evaluate the size of the service. Three wires going into the home indicate 240 volts. The total amps are sometimes difficult to determine. We highly recommend that ground fault circuit interrupters (G.F.C.I.) be connected to all outlets around water. This device automatically opens the circuit when it senses a current leak to ground. This device can be purchased in most hardware stores. G.F.C.I.'s are recommended by all outlets located near water, outside outlets, or garage outlets. Pool outlets should also be protected with a G.F.C.I.

The G.F.C.I. senses the flow of electricity through a circuit. If more current is flowing through the black ("hot") wire than the white ("neutral") wire, there is a current leakage. The G.F.C.I., which can sense a ground leak of as little as .005 amps, will shut off the current in 1/40 of a second, which is fast enough to prevent injury.

If you do have G.F.C.I.'s, it is recommended that you test (and reset) them monthly. When you push the test button, the reset button should pop out, shutting off the circuit. If it doesn't, the breaker is not working properly. If you don't test them once a month, the breakers have a tendency to stick, and may not protect you when needed.

Knob and tube wiring found in older homes should be checked by an electrician to insure that the wire cover is in good condition. Under no circumstances should this wire be covered with insulation. Recess light fixtures should have a baffle around them so that they are not covered with insulation. The newer recessed fixtures will shut off if they overheat.

Federal Pacific electrical panels may be unsafe. See [www.google.com](http://www.google.com) and search for "Federal Pacific" for additional and up-to-date information.

***Aluminum wiring in general lighting circuits has a history of overheating, with the potential of a fire. If this type of wiring exists, a licensed electrical contractor should examine the whole system.***

### Arc Faults

In some areas, arc faults are required in new homes, starting in 2002. These control outlets in the bedrooms.

### Reverse Polarity

A common problem that surfaces in many homes is reverse polarity. This is a potentially hazardous situation in which the hot and neutral wires of a circuit are reversed at the outlet, thereby allowing the appliance to incorrectly be connected. This is an inexpensive item to correct.

Each receptacle has a brass and silver screw. The black wire should be wired to the brass screw and the white wire should go to the silver screw. When these wires are switched, this is called "reverse polarity". Turning off the power and switching these wires will correct the problem.

Main service wiring for housing is typically 240 volts. The minimum capacity for newer homes is 100 amps, though many older homes still have 60 amp service. Larger homes or all electric homes will likely have a 200 amp service.

Main service wiring may be protected by one or more circuit breakers or fuses. While most areas allow up to six main turnoffs, expanding from these panels is generally not allowed.

### Cooling

**Testing A/C System and Heat Pump** - The circuit breakers to A/C should be on for a minimum of 24 hours and the outside temperature at least 15 ° C for the past 24 hours or an A/C system cannot be operated without possible damage to the compressor. Check the instructions in your A/C manual or on the outside compressor before starting up in the summer. Heat pump can only be tested in the mode it's running in. Outside temperature should be at least 15 ° C for the past 24 hours to run in cooling mode.

Temperature differential, between 7°-15°, is usually acceptable. If out of this range, have an HVAC contractor examine it. It is not always feasible to do a differential test due to high humidity, low outside temperature, etc.

# HOME MAINTENANCE SCHEDULE

## Regular Maintenance Is the Key

Inspecting your home on a regular basis and following good maintenance practices is the best way to protect your investment in your home. Whether you take care of a few tasks at a time or several all at once, it is important to get into the habit of doing them. Establish a routine for yourself and you will find the work is easy to accomplish and not very time consuming. A regular schedule of seasonal maintenance can put a stop to the most common — and costly — problems, before they occur. If necessary use a camera to take pictures of anything you might want to share with an expert for advice or to monitor or remind you of a situation later.

By following the information noted here, you will learn about protecting your investment and how to help keep your home a safe and healthy place to live.

If you do not feel comfortable performing some of the home maintenance tasks listed below, or have the necessary equipment, for example a ladder, you may want to consider hiring a qualified handy person to help you.

## Seasonal Home Maintenance

Most home maintenance activities are seasonal. Fall is the time to get your home ready for the coming winter, which can be the most grueling season for your home. During winter months, it is important to follow routine maintenance procedures, by checking your home carefully for any problems arising and taking corrective action as soon as possible. Spring is the time to assess winter damage, start repairs and prepare for warmer months. Over the summer, there are a number of indoor and outdoor maintenance tasks to look after, such as repairing walkways and steps, painting and checking your chimney and roof.

While most maintenance is seasonal, there are some things you should do on a frequent basis year round:

- ☐ Make sure air vents indoors and outside (intake, exhaust and forced air) are not blocked by snow or debris.
- ☐ Check and clean range hood filters on a monthly basis.
- ☐ Test the ground fault circuit interrupter(s) monthly by pushing the test button, which should then cause the reset button to pop up.
- ☐ If there are young children in the house, make sure electrical outlets are equipped with safety plugs.
- ☐ Regularly check the house for safety hazards such as a loose handrail, lifting or buckling carpet, etc.

Timing of the seasons varies not only from one area of Canada to another, but also from year to year in a given area. For this reason, we have not identified the months for each season. The maintenance schedule presented here, instead, is a general guide for you to follow. The actual timing is left for you to decide, and you may want to further divide the list of items for each season into months.

**Fall**

- ☐ Have furnace or heating system serviced by a qualified service company every two years for a gas furnace, and every year for an oil furnace.
- ☐ Open furnace humidifier damper on units with central air conditioning and clean humidifier.
- ☐ Lubricate circulating pump on hot water heating system.
- ☐ Bleed air from hot water radiators.
- ☐ Examine the forced air furnace fan belt for wear, looseness or noise; clean fan blades of any dirt buildup (after disconnecting the electricity to the motor first).
- ☐ Turn ON gas furnace pilot light.
- ☐ Check and clean or replace furnace air filters each month during the heating season. Ventilation system, such as heat recovery ventilator, filters should be checked every two months.
- ☐ Vacuum electric baseboard heaters to remove dust.
- ☐ Remove the grilles on forced air systems and vacuum inside the ducts.
- ☐ If the heat recovery ventilator has been shut off for the summer, clean the filters and the core, and pour water down the condensate drain to test it.
- ☐ Clean portable humidifier, if one is used.
- ☐ Have well water tested for quality. It is recommended that you test for bacteria every six months.
- ☐ Check sump pump and line to ensure proper operation, and to ascertain that there are no line obstructions or visible leaks.
- ☐ Replace window screens with storm windows.
- ☐ Remove screens from the inside of casement windows to allow air from the heating system to keep condensation off window glass.
- ☐ Ensure all doors to the outside shut tightly, and check other doors for ease of use. Renew door weatherstripping if required.
- ☐ If there is a door between your house and the garage, check the adjustment of the self-closing device to ensure it closes the door completely.
- ☐ Ensure windows and skylights close tightly.
- ☐ Cover outside of air conditioning units.
- ☐ Ensure that the ground around your home slopes away from the foundation wall, so that water does not drain into your basement.
- ☐ Clean leaves from eaves troughs and roofs, and test downspouts to ensure proper drainage from the roof.
- ☐ Check chimneys for obstructions such as nests.
- ☐ Drain and store outdoor hoses. Close valve to outdoor hose connection and drain the hose bib (exterior faucet), unless your house has frost proof hose bibs.
- ☐ If you have a septic tank, measure the sludge and scum to determine if the tank needs to be emptied before the spring. Tanks should be pumped out at least once every three years.
- ☐ Winterize landscaping, for example, store outdoor furniture, prepare gardens and, if necessary, protect young trees or bushes for winter.

## Winter

- ☐ Check and clean or replace furnace air filters each month during the heating season. Ventilation system, such as heat recovery ventilator, filters should be checked every two months.
- ☐ After consulting your hot water tank owner's manual, drain off a dishpan full of water from the clean-out valve at the bottom of your hot water tank to control sediment and maintain efficiency.
- ☐ Clean humidifier two or three times during the winter season.
- ☐ Vacuum bathroom fan grille.
- ☐ Vacuum fire and smoke detectors, as dust or spider webs can prevent them from functioning.
- ☐ Vacuum radiator grilles on back of refrigerators and freezers, and empty and clean drip trays.
- ☐ Check gauge on all fire extinguishers; recharge or replace if necessary.
- ☐ Check fire escape routes, door and window locks and hardware, and lighting around outside of house; ensure family has good security habits.
- ☐ Check the basement floor drain to ensure the trap contains water. Refill with water if necessary.
- ☐ Monitor your home for excessive moisture levels—for example, condensation on your windows, which can cause significant damage over time and pose serious health problems—and take corrective action.
- ☐ Check all faucets for signs of dripping and change washers as needed. Faucets requiring frequent replacement of washers may be in need of repair.
- ☐ If you have a plumbing fixture that is not used frequently, such as a laundry tub or spare bathroom sink, tub or shower stall, run some water briefly to keep water in the trap.
- ☐ Clean drains in dishwasher, sinks, bathtubs and shower stalls.
- ☐ Test plumbing shut-off valves to ensure they are working and to prevent them from seizing.
- ☐ Examine windows and doors for ice accumulation or cold air leaks. If found, make a note to repair or replace in the spring.
- ☐ Examine attic for frost accumulation. Check roof for ice dams or icicles. If there is excessive frost or staining of the underside of the roof, or ice dams on the roof surface.
- ☐ Check electrical cords, plugs and outlets for all indoor and outdoor seasonal lights to ensure fire safety: if worn, or plugs or cords feel warm to the touch, replace immediately.

## Spring

- ☐ After consulting your hot water tank owner's manual, carefully test the temperature and pressure relief valve to ensure it is not stuck. (Caution: This test may release hot water that can cause burns.)
- ☐ Check and clean or replace furnace air filters each month during the heating season. Ventilation system, for example heat recovery ventilator, filters should be checked every two months.
- ☐ Have fireplace or woodstove and chimney cleaned and serviced as needed.
- ☐ Shut down and clean furnace humidifier, and close the furnace humidifier damper on units with central air conditioning.
- ☐ Check air conditioning system and have serviced every two or three years.
- ☐ Clean or replace air conditioning filter (if applicable).
- ☐ Check dehumidifier and clean if necessary.
- ☐ Turn OFF gas furnace and fireplace pilot lights where possible.
- ☐ Have well water tested for quality. It is recommended that you test for bacteria every six months.
- ☐ Check smoke, carbon monoxide and security alarms and replace batteries.
- ☐ Clean windows, screens and hardware, and replace storm windows with screens. Check screens first and repair or replace if needed.
- ☐ Open valve to outside hose connection after all danger of frost has passed.
- ☐ Examine the foundation walls for cracks, leaks or signs of moisture, and repair as required. Repair and paint fences as necessary.
- ☐ Ensure sump pump is operating properly before the spring thaw sets in. Ensure discharge pipe is connected and allows water to drain away from the foundation.
- ☐ Re-level any exterior steps or decks which moved due to frost or settling.
- ☐ Check eaves troughs and downspouts for loose joints and secure attachment to your home, clear any obstructions, and ensure water flows away from your foundation.
- ☐ Clear all drainage ditches and culverts of debris.
- ☐ Undertake spring landscape maintenance and, if necessary, fertilize young trees.

## Summer

- ☐ Monitor basement humidity and avoid relative humidity levels above 60 per cent. Use a dehumidifier to maintain safe relative humidity. Clean or replace air conditioning filter, and wash or replace ventilation system filters if necessary.
- ☐ Check basement pipes for condensation or dripping, and take corrective action, for example, reduce humidity and or insulate cold water pipes.
- ☐ Check the basement floor drain to ensure the trap contains water. Refill with water if necessary.
- ☐ If you have a plumbing fixture that is not used frequently, for example, a laundry tub or spare bathroom sink, tub or shower stall, run some water briefly to keep water in the trap.
- ☐ Deep clean carpets and rugs.
- ☐ Vacuum bathroom fan grille.
- ☐ Disconnect the duct connected to the dryer and vacuum lint from duct, the areas surrounding your clothes dryer and your dryer's vent hood outside.
- ☐ Check security of all guardrails and handrails.
- ☐ Check smooth functioning of all windows and lubricate as required.
- ☐ Inspect window putty on outside of glass panes and replace if needed.
- ☐ Lubricate door hinges and tighten screws as needed.
- ☐ Lubricate garage door hardware and ensure it is operating properly.
- ☐ Lubricate automatic garage door opener motor, chain, etc. and ensure that the auto-reverse mechanism is properly adjusted.
- ☐ Check and replace damaged caulking and weather-stripping around windows and doorways, including the doorway between the garage and the house.
- ☐ Inspect electrical service lines for secure attachment where they enter your house, and make sure there is no water leakage into the house along the electrical conduit.
- ☐ Check exterior wood siding and trim for signs of deterioration; clean, replace or refinish as needed.
- ☐ Check for and seal off any holes in exterior cladding that could be an entry point for small pests, such as bats, squirrels.
- ☐ Remove any plants that contact, or roots that penetrate the siding or brick.
- ☐ Climb up on your roof, or use binoculars, to check its general condition, and note any sagging, that could indicate structural problems requiring further investigation from inside the attic. Note the condition of all shingles for possible repair or replacement, and examine all roof flashings, such as at chimney and roof joints, for any signs of cracking or leakage.
- ☐ Sweep chimneys connected to any wood burning appliance or fireplace, and inspect them for end-of-season problems.
- ☐ Check the chimney cap and the caulking between the cap and the chimney.
- ☐ Repair driveway and walkways as needed.
- ☐ Repair any damaged steps that present a safety problem.

## REPORT PHOTOS



The following pages include photos taken of the home during the home inspection. All the photos are also available on the disk on the page cover of the report. The enclosed disk also contains an electronic copy of the Home Inspection Report as well as 2 electronic eBooks: Home Care Guide by Nick Gromicko and The Safe Home presented by Michael Fournier, CMI and City Wide Home Inspectors. Also there is a copy of the Standards of Practice followed to complete your home inspectio