



1326 Columbia Road South Boston, MA 02127 Phone: 617-464-1047

Property Inspected: 123 Main St Boston MA Time: 08:00

Client: Customer Telephone: (617) 123-4567 Fee: \$525.00

HOME INSPECTION AGREEMENT

Congratulations on having chosen a new home! Your anticipated purchase of it is one of the largest single investments you will make. As you begin the purchasing process, it is important you gather as much information as possible about the condition of the property in order to make informed decisions.

Your home inspection will be conducted by a qualified licensed professional to evaluate the overall condition of your prospective home. It is not an appraisal to assess market value or a municipal inspection to verify local code compliance. Our home inspector will not pass or fail the house, or advise you whether or not you should purchase the property. Instead, we will provide a thorough examination of all readily accessible areas of the home to determine its physical condition and indicate what may need repair or replacement, so that you can be well informed.

\*\* No house is perfect. If the inspector identifies an issue, it does not mean you should not buy the house. Nor does it mean the seller should be required to fix every item identified by our report, although those items may be subject to further negotiation as a result of the inspection. Rather, the intent of the inspection is to identify areas that may require further attention by other professionals or industry experts.

Our licensed professional inspector will perform a visual inspection of all accessible areas of the home and produce a written report on the property's condition for you, the prospective buyer(s). This inspection is performed using standards provided under current Massachusetts General Law (see attached PDF). We also follow a strict CODE OF ETHICS, which protects consumers from conflicts of interest and assures an independent opinion regarding the property.

The standard home inspector's report will review the condition of the home's i) heating and central air conditioning system (temperature permitting) and interior plumbing and electrical systems, ii) roof, attic, and visible insulation, iii) walls, ceilings, floors, windows, and doors, iv) foundation, basement, and visible structure. The interior of walls, suspended ceilings, and crawl spaces less than 3 feet high will not be entered or evaluated. Attics not specifically designed for safe pass through will not be entered. The home inspection is visual and based on the experience and opinion of the inspector. It is not an assessment of compliance with building codes and not intended to be technically exhaustive or an engineering study.

The purpose of the examination is to describe observable major defects that require repair. No destructive probing or dismantling of components is done. The inspection report cannot predict future life expectancy, failure of any component, or structural integrity. The report is not a substitute for an insurance policy or a home or manufacturer's warranty.

The inspection does not assess the presence of rodents or general pests and does not warrant the absence of wood-boring insects. Boston Home Inspectors is not responsible for any damage that was concealed or not accessible at the time of the inspection.

No evaluation will be made regarding air, soil, lead and lead paint, water, asbestos, formaldehyde, molds, radon, product recalls, alarm systems, piping outside the foundation, oil tanks, buried tanks, sewage or waste disposal systems, and outbuildings not recorded in the report. Boston Home Inspectors is not responsible for repairs to bring the home in compliance with current building codes, nor do we make any determination about whether the property is in compliance with zoning laws for rental, business, or other potential uses of the property.

In the event you believe a component has been misrepresented or omitted by us, Boston Home Inspectors reserves the right to investigate the situation before you undertake any curative action. No repairs can be contracted for you on behalf of Boston Home Inspectors. You agree to indemnify Boston Home Inspectors for all costs, attorneys' fees, and expenses incurred by us if we prevail in any legal action initiated by you against our company.

Boston Home Inspectors withholds the right to retain the report if the fee is not paid at the time of the inspection. The inspection report is not transferable without the express written consent of Boston Home Inspectors. If a follow-up inspection is required to inspect any items not installed or not completed during the original inspection, there will be a \$200.00 charge.



Client

Inspector

[Handwritten signature]

01/01/2013



Monday 8:30AM

Test Kit #24565423-24

1326 Columbia Road South Boston, MA 02127 Phone: 617-464-1047

Property Inspected: 123 Main St Boston MA Time: 08:00

Client: Customer Telephone: (617) 123-4567 Fee: \$100.00

**RADON PRE-TESTING AGREEMENT – SHORT TERM TEST**

Radon is a colorless, odorless, tasteless radioactive gas that seeps into a house from uranium present in the surrounding earth or in well water, as a byproduct of the uranium’s natural decay. Radon can be very dangerous if found in your home. Testing is the only way to know if you and your family are at risk from radon. The EPA and the Surgeon General are very clear that every home with living space below the building’s first floor should be tested for radon. It is estimated that one in every 15 homes in the United States has elevated levels of radon (4 pCi/L or more).

Radon that is present in surrounding soil or in well water can become a source of radon in a home. Radon typically enters a home through small spaces and openings, such as cracks or holes in concrete, floor drains, sump pump openings, wall/floor joints in basements, and the pores in hollow block walls. If a home is supplied with water taken from a well, the likelihood of elevated levels of radon will be greater. Radon levels generally decrease as one moves higher up in the structure, so testing in the lowest livable level of a home is highly recommended.

Radon gas breaks down, or “decays,” into radioactive particles that remain in the air. As you breathe these particles, they can become trapped in your lungs. As they continue to break down, they release bursts of radiation that can damage lung tissue. Prolonged inhalation of radon decay products is associated with an increased risk of developing lung cancer. Radon has been found to be the second leading cause of lung cancer in the U.S.

The EPA has set the action level for radon mitigation at 4 picocuries per liter (pCi/L). If you find that you have radon levels this high or higher, there are ways to solve the problem. Even very high levels can be reduced to acceptable levels with the help of a professional radon mitigators, who can use any of a variety of techniques. The cost of such mitigation ranges from about \$1,000 to \$5,000 depending on specific conditions at the site.

When seeking a contractor to assist with a radon problem, you should consult local, county, or state government agencies for the names of qualified radon-reduction contractors. To learn more about radon, buyers are encouraged to read the EPA pamphlet titled “Home Buyer’s and Seller’s Guide to Radon.” The complete 32-page pamphlet is available free by calling the EPA hotline at 800-490-9198 and requesting document EPA 402-K-06-093.

Because radon levels tend to vary from day to day and season to season (higher readings are likely in winter months and lower readings in summer), a long-term test is the best way to learn you your year-round average radon level. A short-term test is the quickest way to screen your home for a potential radon problem.

Testing for radon gas is best left to those trained through the EPA’s Radon Measurement Proficiency Program. This will ensure that the proper EPA testing protocols are followed and that the results accurately reflect the radon levels in the home during the testing period.

Upon execution of this agreement, Boston Home Inspectors, Inc. (BHI) agrees to conduct a short-term radon measurement test using procedures, equipment, and analytic services that are in compliance with EPA/NRSB requirements.

The following limitations apply to the short-term test:

1. The test must be done under these “closed house” conditions, to be maintained during the testing period and for 12 hours before:
  - a) Windows must be kept closed, and doors should not be opened except for normal entrance and exit.
  - b) Large-volume air intake or exhaust systems may not be used.

Adherence to these conditions cannot be guaranteed by BHI, but reasonable attempts will be made to gain owner/resident cooperation.

2. Conditions that may compromise the validity of the test include:
  - a) Drafts or excessive moisture in the test area,
  - b) High winds, large barometric pressure changes, or severe inclement weather, and
  - c) Disturbance of the testing equipment.

BHI will make reasonable efforts to see that proper testing conditions exist. Since several of the conditions are beyond the control of BHI, BHI cannot assume any responsibility for the accuracy or validity of the test results. BHI is not responsible for the cost of follow-up testing or mitigation. It is also understood and agreed by the undersigned that should Boston Home Inspectors and its employees or agents be found liable for any loss or damages resulting from failure to perform any of its obligations, the liability of BHI and its employees or agents shall be limited to a sum equal to the amount of the fee paid for the test and report.

Client

Radon Measurement Specialist  
Radon Measurement Specialist Number –

01/01/2013

Date

2SS0024



## PROPERTY CONDITIONS & INSPECTION INFORMATION

Start Time: 07:40 Completion Time: 10:00 Inspector: Jim Lic #: 429

PRESENT DURING INSPECTION:  Buyer  Buyer's Agent  Property Manager  Contractors  
 Seller  Seller's Agent  Tenant Other: \_\_\_\_\_

WEATHER CONDITIONS: Rain Recently SOIL CONDITIONS: Damp

Approximate Outdoor Temperature: 72

PROPERTY INFORMATION:  Single Family  ( ) Family  Condominium  
 Commercial  Duplex  Townhouse  
 Free-standing  Row End  Row Middle  
 Mixed Use  Occupied  Vacant

Approximate Total Number of Units in Building: 6

### RATING LEGEND

**S – SATISFACTORY**

Component is functionally consistent with its intended original purpose. It may show signs of normal wear and deterioration and need minor work.

**M – MARGINAL**

Component is in need of repair. Component is not serving its intended original purpose well, either because of failed parts, age, unprofessional installation, or past repairs. Maintenance, repair, or upgrading is advised.

**U – UNSATISFACTORY**

Component appears to have reached its life expectancy or is not functioning with its intended original purpose. Caution is advised.

**NR – NOT RATED / INSPECTED**

This item does not apply to this inspection.

**AI – ADDITIONAL INVESTIGATION**

Additional investigation or further consultation with a contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and reason to suspect concealed damage, or the subject is outside the Home Inspector's expertise.

**COMMENTS:** If different conditions are observed in a single component, more than one rating may be given.

**\*\*** Condominium, cooperative, and homeowner associations must plan carefully for the long-term repair and replacement of major components. Roofs, paving, pools, and other elements should be placed on a replacement reserve schedule that allows the association to fulfill its maintenance obligations without resorting to levying special assessments. Maintenance of the communal areas, systems, and components is typically the responsibility of the association. Inspection of these areas is considered beyond the scope of this home inspection. Exterior parameters of the unit and the condition of common areas and exclusive-use common areas can only be determined by review of the association's records and are beyond the scope of this inspection. Any comments pertaining to said areas have been made as a courtesy, and should be addressed via the current owner to the association. Correction of common area deficiencies will be at the discretion of the association. BHI shall not be responsible for erroneous comments or omissions concerning deficiencies involving communal areas, systems, or components.

If any of the above information is unknown at the time of the inspection, it is the buyer's responsibility to consult with the seller or broker to determine its proper status.

BHI assumes no liability for information given above or stated or provided by another source.

Was there the existence of an obstructions and/or conditions that prevented the inspection of an installed system? **Yes\*** \*See report page

## EXTERIOR

S = Satisfactory   M = Marginal   U = Unsatisfactory   NR = Not Rated   AI = Additional Investigation\*

	S	M	U	NR	AI	
1 Roof Coverings: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult a roof contractor to repair the missing and loose asphalt shingles on the front mansard roof. The front mansard roof shingles are near its life expectancy.
2 Roof Style: <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input checked="" type="checkbox"/> Mansard <input type="checkbox"/> Hip <input type="checkbox"/> Shed <input type="checkbox"/> Gambrel						
3 Observed From: <input checked="" type="checkbox"/> Ground w/ binoculars <input type="checkbox"/> Roof					<input type="checkbox"/>	
4 Limited Roof View: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>	Consult a roof contractor to repair some of the loose pieces of slate on the rear mansard.
5 Signs of Leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/>	
6 Skylight: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No access to the flat roof. Consult the Association for age and condition of the roof and roof related items.
7 Roof Ventilation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 Other Roof Penetrations: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Flashing: Dormers/Piping/Valleys/Chimneys: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Repair the damaged front copper gutter.
10 Chimney Material: <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Gutters & Downspouts: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Roof Drain(s) <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Galvanized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Repairs recommended to the deteriorated wood on the front and rear overhangs.
12 Eaves / Soffits / Fascias / Rake: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Association should start plans to scrape, caulk, prime and paint the overhang and the window trim.
13 Trim / Corner Boards / Flashing: <u>Wood</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pointing to the brick recommended.
14 Wall Cladding: <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingles <input type="checkbox"/> Clapboard <input type="checkbox"/> Cementious <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stucco <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> EFIS <input type="checkbox"/> Asphalt <input type="checkbox"/> Asbestos	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repairs recommended to the brick and stone inside the front window well.
15 Main Entrance Door: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 Side / Rear Door: <u>Metal</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17 Exterior Basement Door: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18 Windows: <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Call 617-635-5300 for the last time the fire escapes were inspected.
19 Bsmnt Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20 Window Wells / Areaways: <u>Front</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21 Exposed Foundation: <input type="checkbox"/> Block <input checked="" type="checkbox"/> Granite <input type="checkbox"/> Stucco Covered <input checked="" type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Concrete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair few rear brownstone window sills.
22 Fire Escape: <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**COMMENTS AND RECOMMENDATIONS:**

- A. Most manufacturers of roofing materials provide a 15 to 25 year warranty. This warranty period should not be confused with the actual roof life, which may be affected by many variables. Building codes do not allow more than two layers of roofing on a roof. You should verify the roof's age and number of layers with the broker, owner, or contractor.
- B. All flashing should be inspected annually and repaired as needed. Flashing is often repaired with tar, which has a limited life expectancy. Future repair or re-application may be required.
- C. BHI was unable to fully view the entire roof due to unsafe conditions, limited access, or possibility of damage. Consult a roof contractor for a full evaluation of the roof and its components.
- D. Joints and cracks on exterior wall surfaces should be properly caulked to prevent water entry.
- E. Window wells should be checked and cleaned annually.
- F. Gutters and downspouts should be cleaned of debris on a regular basis to prevent building water damage. Be certain the water is directed away from the building and foundation through downspouts and leaders.
- G. Fire escapes, exterior wood or steel stairways, and balconies must be examined and/or tested and certified for structural adequacy every five years by a registered professional engineer or others qualified and approved by the building official. An affidavit of compliance must be submitted to the building department. Consult seller or association for last time they where inspected and a copy of the affidavit.
- H. All wood trim and siding should be at least eight inches above the ground to prevent deterioration from moisture and insects.
- I. \* If Additional Investigations is checked, further consultation with a contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and reason to suspect concealed damage, or the subject is outside the Home Inspector's expertise.

## EXTERIOR AND DECKS

S = Satisfactory   M = Marginal   U = Unsatisfactory   NR = Not Rated   AI = Additional Investigation\*

	S	M	U	NR	AI	
1 Landscaping / Vegetation: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consult mason to reseat the front brownstone steps.
2 Grading / Site Drainage: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The grading around the building should be pitched to ensure the water is directed away from the foundation.
3 Retaining Walls: Effective Condition / Safe Egress: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Walkways: Effective Condition / Slope / Safe Egress: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Driveways: Effective Condition / Slope / Safe Egress: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upgrade the rear outlet to a GFI outlet
6 Fences / Gates: <u>Metal</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Patio / Terrace: <u>Brick</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Exterior Faucets: <u>Front/rear</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Exterior Lighting: <u>Front/rear</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 Exterior GFCI Receptacles: <u>Rear</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11 Electrical Service Entrance Conductors: <u>Front</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Meter <input checked="" type="checkbox"/> Conduit <input type="checkbox"/> NM Cable						
<b>DECKS / PORCHES / BALCONIES / STOOPS</b>						
12 Front: <u>Steps</u>						
Steps: <u>Brownstone</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Railings: <u>Metal</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decking: <u>Brownstone</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structure: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 Side: _____						
Steps: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Railings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Decking: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Structure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Rear: <u>Decks</u>						
Steps: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Railings: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decking: <u>Composite</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structure: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS AND RECOMMENDATIONS:**

- A. Keep all trees and shrub branches cut away from the building. Prevent vines from growing on the building. If vines are present, consult a contractor prior to removal to ensure that removal will not cause further damage.
- B. The grading around the building should be pitched to ensure that water is directed away from the foundation.
- C. BHI makes no representation as to the location or ownership of the fence(s) with respect to property lines.
- D. Exterior faucets should be drained during colder months to prevent freezing.
- E. BHI recommends installing handrails on stairways that have three or more steps or are over 30 inches in height.
- F. Handrails and railings should be inspected annually and re-secured as needed to prevent injuries.
- G. The underside of decks and porches was not accessible at the time of inspection. To check for damage, rot, or infestation, these locations should be accessed prior to purchase.
- H. All wood trim and siding should be at least eight inches above the ground to prevent deterioration from moisture and insects.
- I. For additional safety, it is recommended that exterior outlets be upgraded to Ground Fault Circuit Interrupters (GFCI's) outlets.
- J. \* If Additional Investigations is checked, further consultation with a contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and reason to suspect concealed damage, or the subject is outside the Home Inspector's expertise.



## BASEMENT / STRUCTURE / CELLAR

S = Satisfactory M = Marginal U = Unsatisfactory NR = Not Rated AI = Additional Investigation\*

		S	M	U	NR	AI
1 Foundation:	<input type="checkbox"/> Brick <input type="checkbox"/> Block <input checked="" type="checkbox"/> Granite <input checked="" type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Concrete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fill and seal holes in the foundation.						
2 Floor: <u>Concrete</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Ventilation Means: <u>Windows/door</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Windows:	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Basement Doors:	<input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Bulkhead / Walkout: <u>Walkout</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Basement Stairs: <u>Wood</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Handrails recommended on the open side of the basement stairs.						
8 Chimney Foundation:	<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Chimney Clean-out: <u>Metal</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Ceiling Insulated:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Few rodent droppings noted in the basement.						
11 Support Columns:	<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Masonry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Beams / Girders:	<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Concrete	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ant activity noted in the front and rear sill. Consult pest control company for treatment.						
13 Sills: <u>Wood</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Subfloor: <u>Plank</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Floor Joists: <u>Wood</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Crawl Space:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Method to Inspect Crawl Space:						
Crawl Space Ventilation:	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent					
Crawl Space Ceiling Insulation:	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent					
17 Dehumidifier:	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent				<input checked="" type="checkbox"/>	
18 Sump Pump / Sump Pit:	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent				<input checked="" type="checkbox"/>	
19 Stains & Efflorescence:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<input checked="" type="checkbox"/>
20 Active Water Penetration:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<input checked="" type="checkbox"/>
21 Previous Water Penetration:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<input checked="" type="checkbox"/>

Were there any obstructions, unsafe access, insufficient lighting, poor lighting, insufficient or restricted access, dangerous or adverse situation that prevented the complete or full inspection of the basement, structure or under floor crawl space? Yes

**COMMENTS AND RECOMMENDATIONS:**

- A. Minor cracks in walls and floors less than 1/4" wide represent normal shrinkage. To reduce the possibility of water penetration, they can be filled with hydraulic cement. Cracks that are offset, "V" shaped, or larger than 1/4" are signs of settlement and should be monitored. If any movement is detected, immediate attention is required. All cracks should be monitored for several months, and in some cases years, after the date of inspection for signs of additional movement.
- B. Basements should be kept dry and properly ventilated to minimize deterioration of structural members caused by a variety of sources. The source or amount of water penetration may not always be observable at time of inspection. BHI suggests you consult the owner for a historical perspective on whether or not evidence of water penetration has been noted. Our inspection will not predict future moisture, seepage, or flooding. Some common causes of dampness are improper lot grading, blocked down spouts, missing or improperly aligned down spout diverters, and improper ventilation. If excessive moisture continues, it is recommended that you consult a contractor. BHI does not inspect for or evaluate fungal growth. If you have concerns about mold or any other fungal growth, you are strongly urged to obtain the services of an indoor air quality specialist or other qualified professional to fully assess the situation and make appropriate recommendations.
- C. Efflorescence is the white powdery substance often evident on concrete walls and floors. It is usually an indication that dampness or water penetration has occurred at some time. It may or may not be an indication of moisture presence.
- D. Destructive testing or examination of structural members, walls, floors, ceiling, wiring, piping, etc., cannot be conducted because these areas are either partially or fully concealed, rendering them inaccessible. No destructive probing or removal of permanent or non-permanent partition or tile is performed.
- E. Sump pump and discharge lines should be checked periodically. Massachusetts General Law prohibits inspectors from operating sump pumps. We recommend having the sump pump tested and sized by a licensed plumber. If there is no sump pump, it is recommended that one be installed.
- F. Nine-inch-square vinyl floor tiles may contain asbestos. Consult with an asbestos contractor for testing and recommendation.
- G. To prevent heat loss, BHI recommends insulating the ceiling of an unfinished basement where it sits underneath heated rooms.
- H. \* If Additional Investigations is checked, further consultation with a contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and reason to suspect concealed damage, or the subject is outside the Home Inspector's expertise.

## HEATING AND COOLING

S = Satisfactory   M = Marginal   U = Unsatisfactory   NR = Not Rated   AI = Additional Investigation

	S	M	U	NR	AI	
1 Thermostat: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Heat Pump
2 Fire-rated Sheetrock: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Temp: <u>121</u> A/C Temp: <u>54</u>
3 Exposed Flue Vent & Thimble: <u>Metal</u> Vent System Draft Type: <u>Atmospheric</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas fired steam 2005 Utica boiler.
4 Possible Asbestos Material: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Have the boiler serviced.
5 <b>BOILER:</b> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PSI <u>.05</u> <input checked="" type="checkbox"/> Temp <u>167</u> <input checked="" type="checkbox"/> Sight Glass <input checked="" type="checkbox"/> Water Level <u>1/2</u>
Burner / Gun: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Auto Feed <input checked="" type="checkbox"/> Overflow Tube <input checked="" type="checkbox"/> P/T Relief Valve <input checked="" type="checkbox"/> Backflow Preventer
Firebox Liner: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Combustion Air <input type="checkbox"/> Air Separator <input type="checkbox"/> Pilot Light <input checked="" type="checkbox"/> Electronic Ignition
Circulator Pump: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Safety Switch <input checked="" type="checkbox"/> Service Outlet <input type="checkbox"/> Exp. Tank <input checked="" type="checkbox"/> Low Water Cut-off
Valves & Normal Operating Controls: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pipes & Supports: <input type="checkbox"/> Other <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> Cast Iron <input checked="" type="checkbox"/> Non-insulated <input type="checkbox"/> Insulated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos material noted on the heating system pipes.
6 <b>FORCED AIR FURNACE / HANDLER:</b> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See note B.
Burner / Gun: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Change the dirty air conditioning air filter.
Air Filter: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circulator Fan / Blower: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Duct Work / Damper: <input type="checkbox"/> Other <input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Non-insulated <input checked="" type="checkbox"/> Insulated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat Exchanger: <u>See Note D</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Fuel Tank: <u>See Note H</u> <input type="checkbox"/> Oil <input type="checkbox"/> Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outdoor Air Temperature Is Below 60 - Unable to Test System
Fill Pipe & Vent Stack: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 <b>CENTRAL AIR CONDITIONING:</b> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condenser: <u>Goodman age 2005</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaporator Coil: <u>See Note F</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Refrigerant Line Insulated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condensate Drain: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service Disconnect: <u>Milbank</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service Receptacle: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compressor Support: <u>Pad</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Through-wall Cooling Equipment: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Were there any obstructions, unsafe access, insufficient lighting, poor lighting, insufficient or restricted access, dangerous or adverse situation that prevented the complete or full inspection of the HVAC system? Yes

Evidence of underground oil tank: No   Existence of an abandoned oil tank: No

**COMMENTS AND RECOMMENDATIONS:**

- A. This report indicates the condition of the heating unit on the day of inspection, without regard to life expectancy. We suggest you obtain a major service policy or warranty, which should include annual servicing, adjustment, efficiency testing, and emergency service.
- B. Asbestos materials were commonly used in older heating systems. The presence of asbestos can be determined ONLY by laboratory testing. Such determination is beyond the scope of this inspection. Asbestos insulation should be removed or encapsulated using current industry standards.
- C. Relief valves, gauges, switches, and other safety devices cannot be tested. They are listed on the report to denote that they were observed on the system.
- D. To determine the condition of the heat exchanger in forced hot air units, major disassembly by a heating technician is required. This report does not represent the condition of the heat exchanger. We recommend you have this evaluated prior to signing a purchase and sales agreement.
- E. Radiant heat in floors and ceilings is not accessible.
- F. Air conditioning units cannot be operated out of season as doing so can cause damage. Most compressors and evaporators are sealed units, which are not accessible. The average life expectancy is 12 to 15 years. Annual servicing of the A/C heat pump system by a licensed technician is advised.
- G. No representation is made about the humidification system and its components attached to the heating system.
- H. Determining the condition of the fuel tanks is beyond the scope of this inspection. Therefore, we recommend consulting a technician for a full evaluation of the tanks.



## ELECTRICAL SYSTEM

S = Satisfactory   M = Marginal   U = Unsatisfactory   NR = Not Rated   AI = Additional Investigation

	S	M	U	NR	AI	
1 Service Panel Location: <u>Basement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The electrical panel has reached its capacity. Upgrading of panel may be needed during renovation.
2 Main Overcurrent Device: _____ <input checked="" type="checkbox"/> Disconnect <input checked="" type="checkbox"/> Breakers <input type="checkbox"/> Fuses Service Conductor Material: <input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Copper Number of Circuit Breakers: <u>1</u> Amperage: <u>60</u> Voltage: <u>110/220</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Service Equipment: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consult electrician to determine the cause of corrosion on the ground wires.
4 Distribution Panel Location: <u>Basement</u> Branch Circuit Overcurrent Device: _____ <input type="checkbox"/> Disconnect <input checked="" type="checkbox"/> Breakers <input type="checkbox"/> Fuses Branch Conductor Material: <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Copper Number of Circuit Breakers: <u>20</u> Amperage: <u>60</u> Voltage: <u>110/220</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See the notes below.
5 Readily Accessible Wiring: _____ <input type="checkbox"/> Knob & Tube <input checked="" type="checkbox"/> AC / BX <input checked="" type="checkbox"/> Conduit <input checked="" type="checkbox"/> NM / Romex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Service Grounding Cable / Electrode: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Arc-Fault Circuit Interrupters Breakers (AFCI): _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Ground Fault Circuit Interrupters Breakers (GFCI): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If any of the boxes below are checked, BHI recommends additional investigation by a licensed electrician.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Access to panel is blocked; cover not removed              | <input checked="" type="checkbox"/> One or more breakers are off at panel   | <input type="checkbox"/> Overfusing (fuse/breaker size too large for wire) |
| <input type="checkbox"/> Two or more wires connected to one breaker                 | <input type="checkbox"/> Damaged / rusted / corroded breakers               | <input type="checkbox"/> Direct tap - wires not protected by breaker       |
| <input checked="" type="checkbox"/> Scorching / melting / rust / corrosion on panel | <input type="checkbox"/> Sub-panel neutral bus not isolated                 | <input type="checkbox"/> Neutral and ground wires connected at sub-panel   |
| <input checked="" type="checkbox"/> Missing / improper panel screws                 | <input type="checkbox"/> Missing bushing on wire(s) in panel                | <input type="checkbox"/> More than one neutral conductor at bus bar lug    |
| <input type="checkbox"/> Solid aluminum branch conductors                           | <input checked="" type="checkbox"/> Unprotected opening(s) in panel / cover | <input type="checkbox"/> Panel enclosure is not connected to ground        |
| <input type="checkbox"/> Missing panel legend                                       | <input checked="" type="checkbox"/> Breakers / fuses are not labeled        | <input type="checkbox"/> Corrosion inhibitor not visible on aluminum wires |
| <input type="checkbox"/> Missing switch / receptacle covers                         | <input type="checkbox"/> Missing junction box covers                        | <input type="checkbox"/> Conductor splices outside a junction box          |
| <input type="checkbox"/> Grounding clamp / system not visible                       | <input type="checkbox"/> Ground wire is loose / disconnected                | <input type="checkbox"/> Electrical appears outdated by today's standards  |
| <input type="checkbox"/> Extension cord used as wiring                              | <input type="checkbox"/> Reverse polarity on receptacle(s)                  | <input type="checkbox"/> Upgrade laundry / basement outlets to GFCI's      |
| <input type="checkbox"/> Clean up basement wiring                                   | <input type="checkbox"/> Add light in crawl space                           | <input type="checkbox"/> Panel cover not removed due to: _____             |

- Is the water piping bonded to the electrical system within the first five feet of entry into basement?    Yes    No    No Access
- Is the grounding wire attached to the city and house side of the water piping and/or grounding rod?    Yes    No    No Access
- If the service entry or branch conductor is aluminum, is the overload device rated for aluminum?    Yes    No    N/A

Were there any obstructions, unsafe access, insufficient lighting, poor lighting, insufficient or restricted access, dangerous or adverse situation that prevented the complete or full inspection of the electrical system?   **Yes**

**COMMENTS AND RECOMMENDATIONS:**

- A. Before the introduction of today's modern energy-consuming appliances, 30 or 60 amperage service was considered adequate. The decision to upgrade electrical service can be influenced by client need, local regulations, and mortgage lending institutions.
- B. Because of the age of the house, not all fixtures may meet current standards. Therefore, upgrades may be needed when renovating or repairing.
- C. If the house has solid aluminum wiring, consult an electrician to check the terminals at the switches and outlets for good mechanical connections.
- D. Massachusetts General Law requires installation of smoke detectors and carbon monoxide detectors by seller and verification by local fire department.
- E. BHI does not inspect alarm/security systems, intercoms, low voltage systems, lightning protection systems, antennas, electrical de-icing tapes, or any other ancillary system that is not part of the primary electrical distribution system.
- F. In our opinion, knob and tube wiring has outlived its useful life and should be replaced whenever it is found or suspected to be in use.
- G. BHI recommends that you have a licensed electrician check that the circuit breakers are compatible with the panel manufacturer.



## PLUMBING SYSTEM

S = Satisfactory   M = Marginal   U = Unsatisfactory   NR = Not Rated   AI = Additional Investigation

	S	M	U	NR	AI	
1 Main Water Supply: <u>Copper</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2 Main Water Shut-off: <u>Basement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consult a plumber to repair the leak at the outdoor water shut off valve.
3 Exposed Water Supply Distribution System: _____ <input checked="" type="checkbox"/> Copper <input type="checkbox"/> CPVC <input type="checkbox"/> Brass <input checked="" type="checkbox"/> PEX <input type="checkbox"/> Other <input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Water Supply Pipe Supports: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommend adding additional support on a few PVC waste lines.
5 Supply Lines Insulated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Functional Flow: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Exposed Drain Waste & Vent System: _____ <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input checked="" type="checkbox"/> Cast Iron <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other <input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
8 Distribution Pipe Supports: _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 DWV Pipe Insulated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10 Functional Drainage: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Faucets & Traps: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 Laundry Tub: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13 Washer Connection: <u>Kitchen Pantry</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Dryer Connection: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15 Gas Main Shut-off: <u>Basement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 Gas Piping Supports & Connections: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17 Hot Water Heater: <u>Gas</u> Pressure / Temperature Relief Valve: _____ Vacuum Relief Valve: _____ Expose Flue Vent & Thimble: <u>Metal</u> Normal Operating Controls: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gas - Oil - Electric - Tankless - On Demand - Integral w/ Heating System Make: _____ State _____ Capacity: <u>40 gallons</u> Year: <u>2005</u>
18 Floor Drains: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The hot water tank is producing discolored water. The hot water tank is nearing its life expectancy. Consult a plumber for replacement.
19 Irrigation System: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20 Fire Suppression System: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21 Water Conditioning System: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22 Interior Sewer Ejector Pump: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23 Visible Water Supply Leaks: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
24 Visible Distribution Leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25 Visible Cross Connections: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Were there any obstructions, unsafe access, insufficient lighting, poor lighting, insufficient or restricted access, dangerous or adverse situation that prevented the complete or full inspection of the plumbing system? Yes

**COMMENTS AND RECOMMENDATIONS:**

- A. We do not inspect the quality, volume, or purity of the water. Your local Board of Health can refer you to companies that perform water testing.
- B. BHI makes no representation about the interior condition of supply and waste piping.
- C. Main water shut-offs, individual fixture shut-offs, and other valves are not tested.
- D. Because of the age of the house, not all fixtures may meet current standards. Therefore, upgrades may be needed when renovating or repairing.
- E. Galvanized plumbing and older sanitary lines have a high chance of requiring future maintenance and repair.
- F. Follow manufacturer's recommendations for all water conditioning equipment. Failure to provide adequate maintenance may cause the equipment to malfunction and affect water quality.
- G. Depending upon your individual needs, a tankless unit may not provide you with sufficient hot water. To increase quantity and efficiency, you may wish to consider a booster tank or separate water heater.

## KITCHEN

S = Satisfactory   M = Marginal   U = Unsatisfactory   NR = Not Rated   AI = Additional Investigation

	S	M	U	NR	AI	
1 Sink & Faucet: _____ Hot Water Temp: <u>121</u> Plumbing Under the Sink: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seal failure noted on the window glass.
2 Disposal: <u>ISE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secure the dishwasher to the countertop.
3 Dishwasher: <u>Bosch</u> Secured to Countertop: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seal holes around pipes under the sink. Rodent droppings noted.
4 Water Purifier / Filter in Use: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Range / Stove: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> LPG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Cook Top: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Wall Oven: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 Exhaust Fan: <input checked="" type="checkbox"/> Microwave <input type="checkbox"/> Ductless <input checked="" type="checkbox"/> Ducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Trash Compactor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10 Cabinets (exterior only): <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Countertops: <u>Granite</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 Ceiling & Walls: <u>Plaster</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 Floors: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15 Windows: <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16 Skylights: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17 Lighting: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18 GFCI & Electrical Outlets: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19 Heat Source: <input type="checkbox"/> Baseboard <input checked="" type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20 Signs of Water Penetration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS AND RECOMMENDATIONS:**

- A. All appliances tested are working on the day of the inspection. BHI does not guarantee or warrant the continuous operation of the appliances. Self-cleaning mechanisms, timers, clocks, thermostats, refrigerators, freezers, wine coolers, ice makers, water purifiers or filters, instant hot water makers, coffee makers, microwave ovens, clothes washing machines, and dryers are not part of this inspection report.
- B. Cosmetic defects such as worn carpet or linoleum, scratches in wood floors, fading or peeling paint, and holes in walls, doors, ceiling, or trim are not reported. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement.
- C. Windows: Repair sashes, cords, reglaze, repaint, replace broken glass, fix sash locks, and tighten up windows as needed.
- D. Fog or condensation between insulated glass is an indication of a broken thermal seal. However, due to the nature of the defect a break may not always be detected. BHI recommends that any glass not having the proper safety glaze coding be upgraded to safety glass. BHI does not report on storm windows or screens. Check with current owner for location and condition of any and all screens and storms.
- E. The source or frequency of water that causes stains cannot always be determined. Consult with the owner or contractor for the history of the stain.
- F. Ungrounded two-prong receptacles should be updated.
- G. Nine-inch-square vinyl floor tiles may contain asbestos. Consult with an asbestos contractor for testing and recommendation.
- H. It is highly recommended that the hot water temperature not exceed 125 degrees Fahrenheit.
- I. Ground Fault Circuit Interrupter (GFCI) outlets or circuits are required by today's code in any area where the user may come in contact with water.
- J. Location of the kitchen exhaust fan may not always be determined during a home inspection. BHI recommends contacting the seller or contractor to verify that the fan exhausts to the exterior.
- K. It is important that you check with the manufacturer about when to change the water filter. A dirty water filter can do more harm than not having one at all.

## BATHROOMS

S = Satisfactory M = Marginal U = Unsatisfactory NR = Not Rated AI = Additional Investigation

	S	M	U	NR	AI	
<b>1 Bathroom:</b> <u>First floor full</u>						First floor bathroom:
Hot Water Temp: <u>120</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust the door catch.
Vanity / Wall-hung / Pedestal & Faucet: <u>Vanity</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustments recommended to the tub stopper.
Tub / Whirlpool / Shower & Fixtures: <u>Tub</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower Wall Material: <input checked="" type="checkbox"/> Tile <input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second-floor bathroom:
Floor: <u>Tile</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink drains slow.
Toilet / Bidet: <u>Toilet</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustments recommended the tub/shower diverter lever.
Ceilings & Walls: <u>Plaster</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Few cracked floor tiles noted.
Windows & Doors: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GFCI / Electric / Exhaust Fan*: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat Source: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signs of Water Penetration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2 Bathroom:</b> <u>Second floor full</u>						
Hot Water Temp: <u>121</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vanity / Wall-hung / Pedestal & Faucet: <u>Vanity</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tub / Whirlpool / Shower & Fixtures: <u>Tub</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Shower Wall Material: <input checked="" type="checkbox"/> Tile <input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor: <u>Tile</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Toilet / Bidet: <u>Toilet</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceilings & Walls: <u>Plaster</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows & Doors: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GFCI / Electric / Exhaust Fan*: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat Source: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signs of Water Penetration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>3 Bathroom:</b> _____						
Hot Water Temp: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vanity / Wall-hung / Pedestal & Faucet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tub / Whirlpool / Shower & Fixtures: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Shower Wall Material: <input type="checkbox"/> Tile <input type="checkbox"/> Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Floor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Toilet / Bidet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Windows & Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GFCI / Electric / Exhaust Fan*: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heat Source: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Signs of Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS AND RECOMMENDATIONS:**

- A. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Damage beyond the tile surface is not accessible, and further evaluation is suggested. Poor grouting will cause water penetration, lifting of tiles, and deterioration of flooring, plaster, drywall, and structural members around the tubs, showers, countertops, and floor.
- D. Because of the age of the house, not all fixtures may meet current standards. Therefore, upgrades may be needed when renovating or repairing.
- E. The source or frequency of water that causes stains cannot always be determined. Consult with the owner or contractor for the history of the stain.
- H. It is highly recommended that the hot water temperature not exceed 125 degrees Fahrenheit.
- I. Ground Fault Circuit Interrupter (GFCI) outlets or circuits are required by today's code in any area where the user may come in contact with water.
- J. \*Location of the bathroom exhaust fan may not always be determined during a home inspection. BHI recommends contacting the seller or contractor to verify that the fan exhausts to the exterior.

## INTERIOR

S = Satisfactory   M = Marginal   U = Unsatisfactory   NR = Not Rated   AI = Additional Investigation

	S	M	U	NR	AI	
1 Main Stairway: Stairs & Railings: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Living room:
2 Rear Stairway: Stairs & Railings: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustments or repairs needed to the pocket door hardware.
3 Hallways: Balconies & Railings: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pointing to the fireplace firebox recommended.
4 Skylights: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleaning needed to the fireplace flue.
5 Fireplaces: Clay lined flue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Upgrade the floor outlet to a GFI outlet.
Hearth: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damper Operation: Metal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All rooms:
6 Rooms: Living / Dining						Repair any deteriorated wood flooring around the radiators.
Ceilings & Walls: Plaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second floor front bedroom:
Windows: <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seal failure noted on the window glass.
Electrical: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water stain noted on the ceiling. Consult seller for history.
Heat Source: <input type="checkbox"/> Baseboard <input checked="" type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signs of Water Penetration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Rooms: Bedrooms (2)						
Ceilings & Walls: Plaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows: <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat Source: <input type="checkbox"/> Baseboard <input checked="" type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signs of Water Penetration: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8 Rooms: _____						
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Floors: <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heat Source: <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Signs of Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Was there the presence of exposed flues, being utilized by other appliances, in the fire place smoke chamber?   No

**COMMENTS AND RECOMMENDATIONS:**

- A. Fireplaces and wood/coal stoves are inspected only visually. It is recommended that you have a Level 2 chimney inspection before operating any solid-fuel stoves. Annual inspection by a chimney sweep contractor is recommended.
- B. Cosmetic defects such as worn carpet or linoleum, scratches in wood floors, fading or peeling paint, and holes in walls, doors, ceiling, or trim are not reported. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement.
- C. Windows: Repair sashes, cords, reglaze, repaint, replace broken glass, fix sash locks, and tighten up windows as needed.
- D. Fog or condensation between insulated glass is an indication of a broken thermal seal. However, due to the nature of the defect a break may not always be detected. BHI recommends that any glass not having the proper safety glaze coding be upgraded to safety glass. BHI does not report on storm windows or screens. Check with current owner for location and condition of any and all screens and storms.
- E. The source or frequency of water that causes stains cannot always be determined. Consult with the owner or contractor for the history of the stain.
- F. Ungrounded two-prong receptacles should be updated.
- G. Nine-inch-square vinyl floor tiles may contain asbestos. Consult with an asbestos contractor for testing and recommendation.
- H. For safety, all material must be kept clear of contact with electric baseboard heaters. Electric thermostats have a limited life expectancy.

## ATTIC / INSULATION

S = Satisfactory   M = Marginal   U = Unsatisfactory   NR = Not Rated   AI = Additional Investigation\*

	S	M	U	NR	AI	
1 Access to Attic: <input type="checkbox"/> Pull-down <input type="checkbox"/> Scuttle <input type="checkbox"/> Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No attic.
Pull-down Stairs / Scuttle / Weatherstripping & Insulation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Method Used to Observe Attic: <input type="checkbox"/> Entering Attic						
<input type="checkbox"/> Through Hatch w/o Entering <input type="checkbox"/> Eave Door / Panel						
<input type="checkbox"/> Access limited due to size and shape of framing						
2 Roof Framing: <u>Wood</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Truss: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rafter: <u>Wood</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gable Stud: <u>Wood</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ridge Board: <u>Wood</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Post & Beam: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ceiling Joists: <u>Wood</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Collar / Rafter Ties: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roof Sheathing: <input type="checkbox"/> Wood <input type="checkbox"/> OSB <input type="checkbox"/> Plywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3 Attic Floor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Partial Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Plywood <input type="checkbox"/> Plank						
4 Flashing (interior view): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chimney <input type="checkbox"/> Dormers <input type="checkbox"/> Piping <input type="checkbox"/> Vents						
5 Chimney (interior view): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Ventilation: <input type="checkbox"/> Ridge Vent <input type="checkbox"/> Soffit Vent <input type="checkbox"/> Roof Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Gable End <input type="checkbox"/> Turbine <input type="checkbox"/> Attic Fan						
7 Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 Visible Attic Insulation: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9 Bathroom / Kitchen Exhaust Fan: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10 Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Attic Light: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Wiring is protected within 6' of attic entry: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Active Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 Previous Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Were there any obstructions, unsafe access, insufficient lighting, poor lighting, insufficient or restricted access, dangerous or adverse situation that prevented the complete or full inspection of the attic?   Yes

**COMMENTS AND RECOMMENDATIONS:**

- A. The home buyer should be aware that until the mid 1970s, homes were typically built with minimal insulation. Home buyers should consider insulation upgrades to minimize energy costs.
- B. Adequate attic ventilation is important to maintain the life expectancy of the roof sheathing and shingles. Maximum air flow will minimize heat buildup in the summer and condensation in winter. Do not cover or block vents. When attic temperature is greater than 30 degrees above or below exterior ambient temperature, additional venting is advised.
- D. The source or frequency of water that causes stains cannot always be determined at time of inspection. Consult with the owner or contractor for a historical perspective on whether or not evidence of water penetration has been noted. Moisture stains may appear to be dry at the time of inspection under a variety of weather conditions.
- E. Most attics are only partially inspected due to constraints such as height, claustrophobic conditions, missing flooring, cluttered areas, covered and difficult entry. At the time of inspection BHI inspected a small sample of structural members and sheathing.
- F. Caution should be exercised when using any type of pull-down stairs.
- G. \* If Additional Investigations is checked, further consultation with a contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and reason to suspect concealed damage, or the subject is outside the Home Inspector's expertise.

## GARAGE / SHED / BARN

S = Satisfactory M = Marginal U = Unsatisfactory NR = Not Rated AI = Additional Investigation\*

	S	M	U	NR	AI	
1 Style: <u>Two car</u> <input type="checkbox"/> Attached <input checked="" type="checkbox"/> Detached <input type="checkbox"/> Under	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deterioration noted on the bottom panel of the garage door.
2 Roof Material: <u>Asphalt Shingles</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consult a contractor to repair the deteriorated door jambs and casings, rake board,
3 Flashing: Dormers/Piping/Valleys/Chimneys: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove the dirt and clippings from against the siding.
4 Gutters & Downspouts: <u>Aluminum</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage door opener is disconnected.
5 Eaves / Soffits / Fascias / Rake: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommend consulting in electrician to upgrade the outlets to GFI outlets and remove the dead wiring.
6 Trim / Corner Boards / Flashing: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair the broken window glass.
7 Wall Cladding: <u>Shingles</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust the overhead door springs.
8 Exterior Door: <u>Metal</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reglaze and paint the wood windows.
9 Overhead Door(s): <u>Wood</u> Locks / Springs / Rollers / Tracks: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace the damaged rear gutter.
10 Garage Door Operator(s): _____ Electronic Safety Eyes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Automatic Reverse Operation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Windows: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 Fire Door: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13 Ceiling & Walls: <u>Exposed</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Interior Framing: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15 Exposed Foundation: <u>Concrete</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 Fume Barrier / Fire Wall: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17 Sill: <u>Wood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18 Floor: <u>Concrete</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19 Electrical: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20 GFCI & Electrical Outlets: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21 Signs of Water Penetration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS AND RECOMMENDATIONS:**

- A. Keep all trees and shrub branches cut away from the building. Prevent vines from growing on the building. If vines are present, consult a contractor prior to removal to ensure that removal will not cause further damage.
- B. The grade around the building should be pitched to ensure that water is directed away from the foundation.
- C. Most manufacturers of roofing materials provide a 15 to 25 year warranty. This warranty period should not be confused with the actual roof life, which is affected by many variables. Building codes do not allow more than two layers of roofing on a roof. You should verify the roof's age and number of layers with the broker, owner, or contractor.
- D. Fume barriers, fire-rated sheetrock, and fire doors are required in most new construction. If your attached garage does not have these features, you should consider adding them for safety.
- E. Minor cracks in walls and floors represent normal shrinkage. To reduce the possibility of water penetration, they can be filled with hydraulic cement. Cracks that are offset or "V" shaped are signs of settlement and should be monitored. If changes are detected, immediate attention is required.
- F. Gutters and downspouts should be cleaned of debris on a regular basis to prevent building water damage. Be certain the water is directed away from the building and foundation through downspouts and leaders.
- G. For safety, BHI recommends an optional automatic "electric eye" installed at floor level to reverse a closing door whenever an object crosses the door's path. Homeowners should check the reversing mechanism of all garage door openers monthly or in accordance with the owner's manual. If the door does not promptly reverse, the unit should be disengaged and a service technician called. If the opener does not have the reversing feature, the garage door opener should be disconnected and replaced with one meeting the ANSI-UL voluntary standard. Garage doors hardware should be checked periodically to make sure that it functions properly.
- H. All wood trim and siding should be at least eight inches above the ground to prevent deterioration from moisture and insects.
- I. For additional safety, it is recommended that exterior and garage outlets be upgraded to Ground Fault Circuit Interrupters (GFCI's) outlets.
- J. \* If Additional Investigations is checked, further consultation with a contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and reason to suspect concealed damage, or the subject is outside the Home Inspector's expertise.