



TERMITE INSPECTION REPORT

Po Box 1387 Queen Creek, AZ 85142
Office: 480-779-7378 Fax: 480-382-3049
office@allclearaz.com License #9372

CALL THE BEST, AND NO MORE PESTS!

WWW.ALLCLEARAZ.COM



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FINDING PICTURES



Arizona Department of Agriculture
Pest Management Division
WOOD DESTROYING INSECT INSPECTION REPORT

1688 W. Adams, Phoenix AZ 85007
(602) 542-4373 agriculture.az.gov

1A. VA/HUD/FHA CASE #	DATE OF INSPECTION
1B. <input type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIIR #
1C. <input type="checkbox"/> SALE <input type="checkbox"/> REFINANCE <input type="checkbox"/> OTHER	1E. TARF #

NOTE: Pursuant to: A.R.S. § 3-3633 (A) This form must be completed only by a Certified Applicator.

2. READ CAREFULLY PRIOR TO COMPLETING THIS PEST MANAGEMENT DIVISION (PMD) FORM

- The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or by the pest control company.
- Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings, furniture, or stored articles. In Item 7, the Inspector shall list those obstructions or areas which inhibited the inspection.
- Item 8A alone is checked when evidence/insects are found but no control measures are performed. Items 8A and 8C are checked when evidence/insects are found AND control measures are performed.
- When visible evidence is observed, wood-destroying insects causing such evidence shall be listed in Item 8A and the visible damage resulting from such infestation shall be noted in Item 8D.
- When treatment is indicated in Item 8C, the insects treated shall be named and the date of treatment indicated. The application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of a warranty. Warranty information shall also be entered in Item 10. (*Proper control measures are those which are allowed by PMD Statute/Rule, or the label for the chemical used*).
- Visible evidence of conditions conducive to infestation from wood-destroying insects shall be reported in Items 15-18 on the second page of this form, (e.g., earth-wood contact, faulty grade, insufficient ventilation, etc.).
- All supplemental reports shall be completed within (30) days of the date of the original report.

3A. NAME OF INSPECTION COMPANY ALL CLEAR PEST CONTROL	5A. NAME OF PROPERTY OWNER/SELLER	
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) PO BOX 1387 QUEEN CREEK, 85142	5B. PROPERTY ADDRESS (Street, City, ZIP)	
3C. TELEPHONE NUMBER (Include Area Code) (480) 779-7378	4. BUSINESS LICENSE # 9372	6A. INSPECTED STRUCTURES

6B. LIST ALL UN-INSPECTED STRUCTURES

7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2.)

8. BASED ON THE INSPECTOR'S VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Section (11) before completing):

- ☐ A. Visible evidence of wood-destroying insects was observed.
Describe evidence observed: _____
Type of Wood-Destroying Insects observed: _____
- ☐ B. No visible evidence of infestation from wood-destroying insects was observed.
- ☐ C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date): _____
- ☐ D. Visible damage due to _____ was observed in the following areas: _____
- ☐ E. Visible evidence of previous treatment was observed. List evidence. (See also Item 20, page 2.): _____

9. DAMAGE OBSERVED, IF ANY

- ☐ A. Will be or has been corrected by this company.
- ☐ B. Will not be corrected by this company.
- ☐ C. It is recommended that noted damage be evaluated by a licensed structural contractor for any necessary repairs to be made.

10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.)

(Number of additional attachments to this report.) _____ Page(s)

11. STATEMENT OF INSPECTOR

- A. The inspection covered the readily accessible areas of the above listed structures, including attics and crawl spaces which permitted entry.
- B. Special attention was given to those areas which experience has shown to be particularly susceptible to attack by wood-destroying insects.
- C. Non-destructive probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.
- D. The inspection did not include areas which were obstructed or inaccessible at the time of inspection.
- E. Neither I, nor the company for which I am acting, have had, presently have, or contemplate having any interest in this property
I do further state that neither I, nor the company for which I am acting, is associated in any way with any party to this transaction.

12A. SIGNATURE OF INSPECTOR	12B. INSPECTOR'S LICENSE NUMBER	12C. DATE
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STATEMENT OF PURCHASER

I HAVE RECEIVED THE ORIGINAL, OR A LEGIBLE COPY, OF THIS FORM AND HAVE READ PAGE (1, 2, & 3) OF THIS FORM.
I UNDERSTAND THAT THIS IS NOT A STRUCTURAL DAMAGE, FUNGI/MOLD REPORT, OR A WARRANTY AS TO THE ABSENCE OF WOOD-DESTROYING INSECTS AND I CAN CONSIDER ASSESSMENT BY A LICENSED STRUCTURAL CONTRACTOR OR FUNGI/MOLD INSPECTOR FOR ANY STRUCTURAL DAMAGE OR FUNGI/MOLD CONCERN.

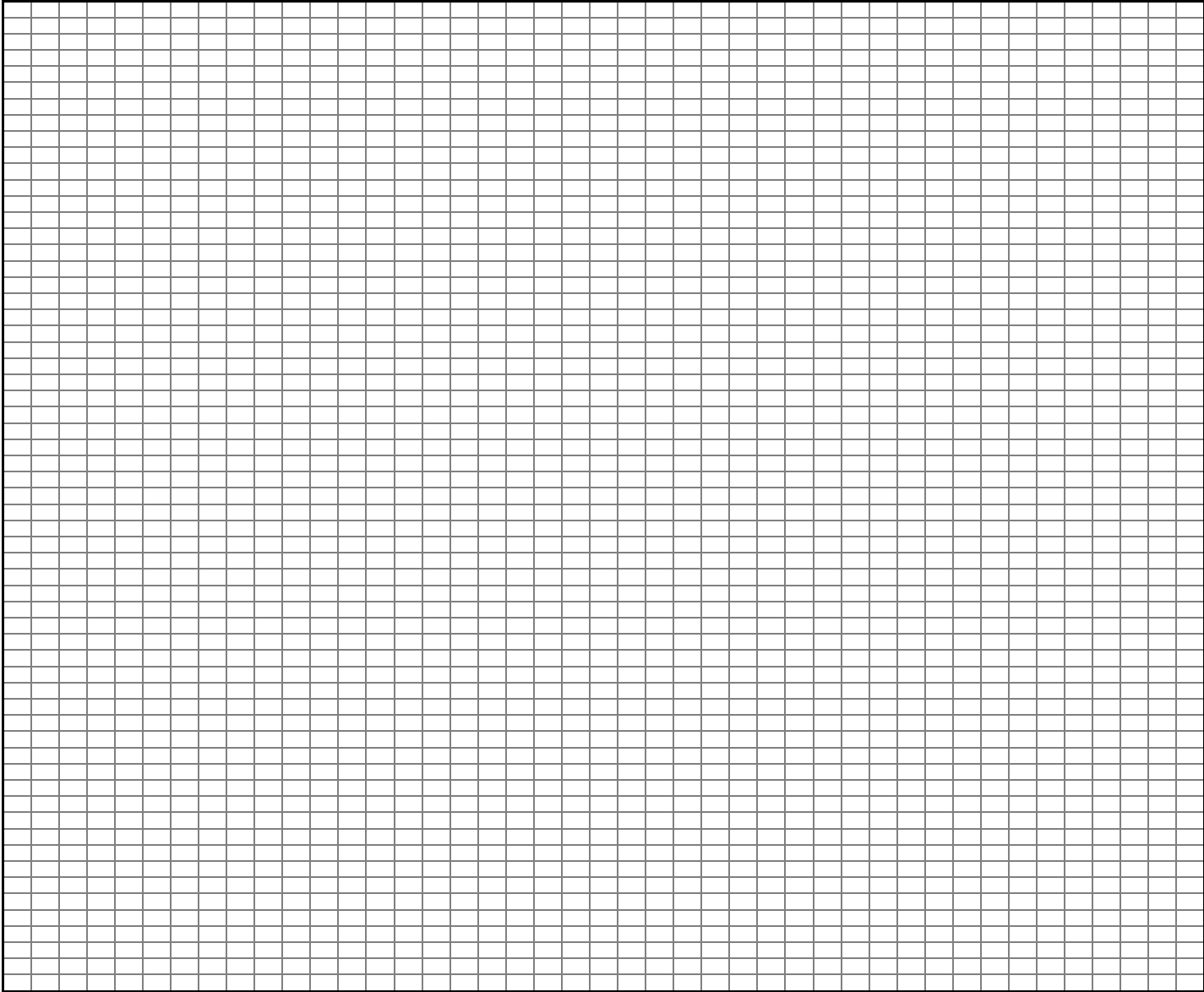
13. SIGNATURE OF PURCHASER	14. DATE
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PROPERTY NAME/ADDRESS	DATE OF INSPECTION
AT THE TIME OF THE INSPECTION THE PROPERTY WAS: <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied <input type="checkbox"/> Unfurnished <input type="checkbox"/> Furnished	
<u>CONDITIONS CONDUCTIVE TO INFESTATION</u>	
15. <u>WOOD TO EARTH CONTACT</u> (EC) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Post Comments: </div> <div style="width: 30%;"> <input type="checkbox"/> Pier Posts <input type="checkbox"/> Porch Stairs <input type="checkbox"/> Trellis </div> <div style="width: 30%;"> <input type="checkbox"/> Plants/Trees Contacting Structure <input type="checkbox"/> Other _____ </div> </div>	
16. <u>EXCESSIVE CELLULOSE DEBRIS</u> (CD) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> Comments:	
17. <u>FAULTY GRADES</u> (FG) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Evidence of surface water draining toward house <input type="checkbox"/> Floor level or planters at or below grade <input type="checkbox"/> Wood siding below grade Comments: </div> <div style="width: 50%;"> <input type="checkbox"/> Stucco at or below grade <input type="checkbox"/> Joists in crawl space less than 24" above grade <input type="checkbox"/> Other _____ </div> </div>	
18. <u>EXCESSIVE MOISTURE</u> (EM) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Standing Water <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Crawl Space/Water Leaking Comments: </div> <div style="width: 30%;"> <input type="checkbox"/> Water Damage <input type="checkbox"/> Water Stain <input type="checkbox"/> Improper Condensate Drainage </div> <div style="width: 30%;"> <input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Attic/Roof Leak </div> <div style="width: 10%;"> <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Other _____ </div> </div>	
19. <u>INACCESSIBLE AREAS</u> (IA) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Attic – All <input type="checkbox"/> Attic – Joists <input type="checkbox"/> Attic – Partial <input type="checkbox"/> Plumbing Traps <input type="checkbox"/> Other _____ Comments: </div> <div style="width: 30%;"> <input type="checkbox"/> Floors <input type="checkbox"/> Wall Interiors <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Dropped Ceilings </div> <div style="width: 35%;"> <input type="checkbox"/> Sub/Crawl Space Area -- Clearance <input type="checkbox"/> Sub Area/Crawl Space No Access <input type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles </div> </div>	
20. <u>EVIDENCE OF PREVIOUS TREATMENT</u> <input type="checkbox"/> BY ANOTHER COMPANY: While evidence of previous treatment does exist, it is impossible for the inspecting company to ascertain if such treatment was properly performed. Further investigation is left to the Buyer's discretion to determine if such treatment was done properly and if a valid warranty exists against the target pest of such treatment. <input type="checkbox"/> BY THE INSPECTING COMPANY: Previous treatment is recorded for this property. At the Buyer's discretion, treatment records can be viewed at the inspecting company's local office with the property owner's permission. Account Number: _____ Date of Initial Treatment: _____ Target Pest: _____ Warranty Expiration Date: _____ Other: _____	
Pest Control Inspector's Additional Comments	

PROPERTY NAME/ADDRESS	DATE OF INSPECTION
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GRAPH OF STRUCTURE(S)

(Note: Graph Not To Scale)



PURSUANT TO: A.A.C. R3-8-501 (E)(5)(o) THE INSPECTOR MUST COMPLETE THE GRAPH ON PAGE (3) AND CHECK (✓) MARKED BELOW FOR ANY ITEMS WHICH ARE NOTED ON PAGES (1) AND (2)

✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)
	SU Subterranean Termites			OW Other Wood Destroying Insects (*)			OB Obstructions			WD Water Damage	
	DR Drywood Termites			FG Faulty Grade			IA Inaccessible Areas			WS Water Stains	
	DA Dampwood Termites			EC Wood To Earth Contact			IV Inadequate Ventilation			RL Roof Leaks	
	BE Wood Destroying Beetles			CD Cellulose Debris			PL Plumbing Leaks			EM Excessive Moisture	
	CA Carpenter Ants			PA Plantings Abutting Structure			SP Sprinkler Hitting Structure			FI Further Inspection Needed	
(*) Other Wood Destroying Insects											