



## GANNON HOME INSPECTIONS

*Enabling you to Make Intelligent Choices*

### HOME INSPECTION REPORT

Inspected Property: \_\_\_\_\_

Inspection Date: \_\_

Customer: \_\_\_\_\_

Weather and Conditions / Temperature \_\_

Start Time \_\_ On-Site End Time \_\_\_\_\_ not including report preparation time.

Report Number: \_\_\_\_\_

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VA License number 3380000058, expires 9-30-2021

VA Approved for NRS (New Residential Structures)

ASHI member for 25 years (membership retired)

## THE REPORT SYSTEM

This report will be distributed in a PDF file only to you, the customer/client. You own it. You control its use and distribution. Most home inspections are for pre-purchase real estate transactions. If this applies, your realtor becomes a key player in the results and outcomes related to your home inspection. In which case and with your permission this report will also be transmitted in a PDF format to your realtor, unless you specifically instruct otherwise. As such it can be readily saved to a hard drive for typical “cut, paste, copy” functions into a working file for contract addenda, etc. It is specifically not intended to be edited, misquoted or misrepresented in any way by any person, in order to avoid fraud or misrepresentation, or any confusion concerning the scope and nature of any defects found. All reproductions or representations are to be accurate, complete and direct quotes in order to avoid any confusion or misunderstanding. Any re-use, in part or in full, must be made with permission from the owner of this report: the named customer/client only.

The Pre-Inspection Agreement and Limitations are integral with this report.

## How This Report Works:

Within this report, a system or component is considered “satisfactory” within the limits of its age and present condition, UNLESS it is found and reported to be defective in part or in full. All property deficiencies are listed in PROPERTY DEFICIENCIES FOUND on the SUMMARY page at the front end of this report. They include all mechanical defects, all safety concerns and any deficiency which has or has the potential to have a significant negative impact on the building, its use or its occupants. It is this inspector’s opinion that these defects are to be remedied, employing only competent, qualified, licensed and certified contractors who furnish itemized receipts on letterhead. Unexpected repairs/replacements should still be anticipated, as this inspection can not be considered a guaranty, warranty or insurance policy.

COMPONENTS OR SYSTEMS NEARING THE ENDS OF THEIR SERVICE LIVES ARE LISTED NEXT. You are advised to begin to budget for their replacement and consult the appropriate technicians or contractors concerning costs. Time projections for these items are approximately 3 years.

Minor defects are then listed within the body of this report in their relevant sections, along with other descriptive entries. Remedying these defects may be considered optional or discretionary. Cosmetic defects are not reported.

Costs to remedy, reasons for the occurrence of defects and methods to correct defects are not included in this report.

At the end of this report, IMPORTANT RECOMMENDATIONS (referenced as: A-1, A-2 etc.) are then listed. These are general admonitions which almost universally apply to all homes, and are “must reads”.

POTENTIALLY PROBLEMATIC ITEMS (referenced as: B-1, B-2 etc.) follow at the very end of the report. If any apply to this home inspection, you will be directed to that item by a reference stated within the report. Descriptions of these items are to be considered your beginning point of information and discovery concerning their full scope and consequence as they relate to this property.

## SUMMARY

**Property Deficiencies Found:**

**Components or systems nearing the ends of their service lives:**

**REMARKS:**

## STRUCTURAL

TYPE OF BUILDING	Style ____ Roof ____
STRUCTURE	Foundation: ____ Posts/Columns: ____ Floor framing: ____ Wall framing: ____ Roof framing: ____
REMARKS: ____	

## BASEMENT (or LOWER LEVEL)

BASEMENT	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Slab on grade Walls: <input type="checkbox"/> Open <input type="checkbox"/> Closed      Ceiling: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Limited visibility due to extensive basement storage
FLOOR	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Laminate <input type="checkbox"/> Hardwood <input type="checkbox"/> Resilient tile <input type="checkbox"/> Sheet goods <input type="checkbox"/> Carpeting <input type="checkbox"/> ____
FLOOR DRAIN	<input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> Water observed in trap <input type="checkbox"/> Water proofing system <span style="float: right;"><input type="checkbox"/> N/A</span>
SUMP PUMP	<input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> Water observed in sump Pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> ____ <span style="float: right;"><input type="checkbox"/> N/A</span>
BASEMENT DAMPNESS	<input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Not known <input type="checkbox"/> None observed <input type="checkbox"/> See A-1
CRAWL SPACE	<input type="checkbox"/> Readily accessible <input type="checkbox"/> Not readily accessible <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Not inspected <input type="checkbox"/> Conditions inspected <input type="checkbox"/> Method: ____ Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> ____ <input type="checkbox"/> Wood to earth contact Dampness: <input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Vapor barrier <input type="checkbox"/> Insulation <input type="checkbox"/> Vented <input type="checkbox"/> Sealed <input type="checkbox"/> See A-1
REMARKS: ____	

**HEATING**

HEATING SYSTEM	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> _____ <input type="checkbox"/> See A-2 & A-8 <input type="checkbox"/> Forced air furnace <input type="checkbox"/> Gravity hot water boiler <input type="checkbox"/> Forced hot water boiler <input type="checkbox"/> Steam boiler <input type="checkbox"/> _____ <input type="checkbox"/> Radiant heat <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Heat pump NO.1 Capacity: _____ Age: _____ Yrs. _____ NO.2 Capacity: _____ Age: _____ Yrs. _____ NO.3 Capacity: _____ Age: _____ Yrs. _____ NO.4 Capacity: _____ Age: _____ Yrs. _____ NO.5 Capacity: _____ Age: _____ Yrs. _____ <input type="checkbox"/> Tested <input type="checkbox"/> Not tested
FUEL SUPPLY	<input type="checkbox"/> Oil tank above ground <input type="checkbox"/> Buried <input type="checkbox"/> _____ <input type="checkbox"/> Public gas supply <input type="checkbox"/> Propane Tank <input type="checkbox"/> Electricity <input type="checkbox"/> _____ Fuel supply shutoff location: _____
HEAT EXCHANGER	<input type="checkbox"/> Partially observed <input type="checkbox"/> Not visible, enclosed combustion <input type="checkbox"/> Have condition checked prior to acceptance <input type="checkbox"/> N/A
HEAT DISTRIBUTION	<input type="checkbox"/> Radiators <input type="checkbox"/> Convectors <input type="checkbox"/> Baseboard convectors <input type="checkbox"/> Radiant Pipes: <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Black iron <input type="checkbox"/> Pipes not visible <input type="checkbox"/> Ductwork Heat source in each room: <input type="checkbox"/> Yes <input type="checkbox"/> No
HUMIDIFIER	<input type="checkbox"/> Atomizer <input type="checkbox"/> Evaporator <input type="checkbox"/> Steam <input type="checkbox"/> Not functioning <input type="checkbox"/> Not tested <input type="checkbox"/> N/A <input type="checkbox"/> Suggest technician remove
FILTER TYPE	<input type="checkbox"/> Washable <input type="checkbox"/> Disposable <input type="checkbox"/> Electronic <input type="checkbox"/> Electrostatic <input type="checkbox"/> N/A
FILTER LOCATIONS	_____
REMARKS: _____	

**COOLING**

COOLING	<input type="checkbox"/> Cooling system integral with heating system <input type="checkbox"/> Central air <input type="checkbox"/> Room units <input type="checkbox"/> Heat pump <input type="checkbox"/> Through-wall <input type="checkbox"/> See A-2 & A-8 <input type="checkbox"/> Electric compressor <input type="checkbox"/> Gas chiller <input type="checkbox"/> Air filter <input type="checkbox"/> Air handler <input type="checkbox"/> Thermostat NO.1 Condensing Unit Capacity: _____ Age: _____ Yrs. _____ NO.2 Condensing Unit Capacity: _____ Age: _____ Yrs. _____ NO.3 Condensing Unit Capacity: _____ Age: _____ Yrs. _____ NO.4 Condensing Unit Capacity: _____ Age: _____ Yrs. _____ NO.5 Condensing Unit Capacity: _____ Age: _____ Yrs. _____ <input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> Ductwork <input type="checkbox"/> Window units not tested
REMARKS: _____	

## PLUMBING AND BATHROOM

MAIN WATER INLET PIPE	Water supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (see A-11) <input type="checkbox"/> Not known Pipe: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> Not Seen Main shutoff location: _____
PIPES	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Unknown <input type="checkbox"/> PEX (Polyethylene) <input type="checkbox"/> QEST (Polybutylene See B-2: <input type="checkbox"/> plastic fittings <input type="checkbox"/> aluminum crimp rings) <input type="checkbox"/> CPVC Water flow: <input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> Filter or conditioner system (Service regularly) Outside spigots/hose bibbs: <input type="checkbox"/> Freeze proof <input type="checkbox"/> Anti-siphon TIP: REMOVE ALL HOSES FOR WINTER
DRAIN/WASTE/ VENT	Drain/Waste/Vent Pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Cast iron <input type="checkbox"/> Unknown Waste disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private septic system (see A-11) <input type="checkbox"/> Not known Sewer pump: <input type="checkbox"/> see A-12
WATER HEATER (See A-8)	Unit #1: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Integral with heating system <input type="checkbox"/> Tankless Fuel cutoff location: _____ Capacity: _____ Gal. Ample for _____ people Age: _____ Yrs. <input type="checkbox"/> Pressure relief valve <input type="checkbox"/> Extension (to within 6" of floor)
	Unit #2: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Integral with heating system <input type="checkbox"/> Tankless Fuel cutoff location: _____ Capacity: _____ Gal. Ample for _____ people Age: _____ Yrs. <input type="checkbox"/> Pressure relief valve <input type="checkbox"/> Extension (to within 6" of floor)
REMARKS: _____	
<b>BATHROOM NO.1 Location:</b> _____ <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Sink <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: _____ Room floor: _____ <input type="checkbox"/> Views obstructed	<b>BATHROOM NO.2 Location:</b> _____ <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Sink <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: _____ Room floor: _____ <input type="checkbox"/> Views obstructed
<b>BATHROOM NO.3 Location:</b> _____ <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Sink <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: _____ Room floor: _____ <input type="checkbox"/> Views obstructed	<b>BATHROOM NO.4 Location:</b> _____ <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Sink <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: _____ Room floor: _____ <input type="checkbox"/> Views obstructed
<b>BATHROOM NO.5 Location:</b> _____ <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Sink <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: _____ Room floor: _____ <input type="checkbox"/> Views obstructed	<b>BATHROOM NO.6 Location:</b> _____ <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Sink <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: _____ Room floor: _____ <input type="checkbox"/> Views obstructed
REMARKS: maintain all grout in any ceramic tile; seal all other corners and seams in all water contact areas, with silicone caulk, to avoid leaks and rot. _____	

## ELECTRICAL

SERVICE ENTRANCE CABLE	Capacity: ____ Amps ____ Volts Service entry: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> See A-9 Conductor material: <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper
MAIN PANEL BOX	Location: ____ <input type="checkbox"/> Grounded <input type="checkbox"/> Bonded ____ Amps ____ <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Sub-panel Location: ____ Capacity of Main Disconnect: ____ Amps
CIRCUITS AND CONDUCTORS (Test GFCI & Arc fault monthly) SEE A-18	Quantity: <input type="checkbox"/> Ample Branch wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum Wiring method: <input type="checkbox"/> Romex <input type="checkbox"/> BX <input type="checkbox"/> Knob and tube <input type="checkbox"/> Conduit GFCI: <input type="checkbox"/> Exterior <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen ____ Bathroom(s) ____ Whirlpool Arc-Fault in ____ Bedrooms (after 2003)
OUTLETS AND FIXTURES	All accessible for testing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Smoke alarms absent (See A-4) <input type="checkbox"/> Carbon-monoxide alarms absent (See A-4)
REMARKS: ____ Typical ionization sensing smoke alarms take about 30 minutes to detect smoldering fires, whereas photovoltaic sensing alarms take 2 to 3 minutes—install both or combos as in A-4. NFPA recommends replacing alarms after ten years of age.	

## KITCHEN AND APPLIANCES

CABINETS AND COUNTERTOP	Views obstructed by storage: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
SINK	Plumbing leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <input type="checkbox"/> Views obstructed Disposal: <input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: ____ Yrs. <input type="checkbox"/> N/A
DISHWASHER	<input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: ____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Air gap or high loop
RANGE/OVEN	<input type="checkbox"/> Range <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: ____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Wall oven <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: ____ Yrs. <input type="checkbox"/> Cooktop <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: ____ Yrs.
REFRIGERATOR	#1 <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Icemaker Age: ____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span> #2 <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Icemaker Age: ____ Yrs.
OTHER APPLIANCES	<input type="checkbox"/> Microwave <input type="checkbox"/> Operating Age: ____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> _____ <input type="checkbox"/> Operating Age: ____ Yrs. <input type="checkbox"/> _____
FLOOR COVERING	<input type="checkbox"/> Resilient tile <input type="checkbox"/> Sheet goods <input type="checkbox"/> Ceramic <input type="checkbox"/> Wood <input type="checkbox"/> Laminate <input type="checkbox"/> _____
VENTILATION	<input type="checkbox"/> Exhaust fan <input type="checkbox"/> Ductless <input type="checkbox"/> Vented to outside or roof <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Filter <input type="checkbox"/> Light TIP: CLEAN FILTERS OFTEN
CLOTHES WASHER	<input type="checkbox"/> Operating Age: ____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Not tested USE ONLY REINFORCED SUPPLY HOSES <input type="checkbox"/> See A-5
CLOTHES DRYER	<input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: ____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Not tested Vented to daylight: <input type="checkbox"/> Yes <input type="checkbox"/> No TIP: EXTEND VENT WITH METAL PIPING AND KEEP CLEAN TO AVOID FIRES AND CLOGS
REMARKS: ____ Always use metal reinforced supply hoses for washer, and for all flexible connectors including fridge, ice maker, etc.; professionally clean dryer and its exhaust yearly to avoid fire concern—see A-5.	



## INTERIOR

FURNITURE AND STORAGE	<input type="checkbox"/> Throughout <input type="checkbox"/> Partial <input type="checkbox"/> Excessive <input type="checkbox"/> Typical <input type="checkbox"/> None			
FLOORS	<input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Ceramic <input type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Area Rugs <input type="checkbox"/> Resilient <input type="checkbox"/> Laminate <input type="checkbox"/> _____ <input type="checkbox"/> Not visible			
WALLS	<input type="checkbox"/> Plaster <input type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> _____ <input type="checkbox"/> Wood / composition panelling			
CEILINGS	<input type="checkbox"/> Plaster <input type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Acoustic <input type="checkbox"/> _____			
STAIRS/RAILINGS	<input type="checkbox"/> Balcony <input type="checkbox"/> Stairs <input type="checkbox"/> Railings			<input type="checkbox"/> N/A
GAS LOG / GAS STOVE	<input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> See A-3 <input type="checkbox"/> Vented (Damper open / Glass cover allowed) <input type="checkbox"/> Not vented (Damper closed / No glass cover allowed) <input type="checkbox"/> Gas cut-off   Location _____			<input type="checkbox"/> N/A
FIREPLACE	<input type="checkbox"/> Flue liner <input type="checkbox"/> Partially observed <input type="checkbox"/> See A-3 <input type="checkbox"/> Damper <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Metal pre-fab <input type="checkbox"/> Free-standing <input type="checkbox"/> Wood stove <input type="checkbox"/> Pellet stove <input type="checkbox"/> Clean chimney before use & then regularly thereafter			<input type="checkbox"/> N/A
DOORS (INSIDE)	_____ <input type="checkbox"/> Operations Obstructed			
WINDOWS AND SKYLIGHTS	<input type="checkbox"/> Double hung <input type="checkbox"/> Single hung <input type="checkbox"/> Casement <input type="checkbox"/> Awning <input type="checkbox"/> Sliding <input type="checkbox"/> Fixed <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl or aluminum clad wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Insulated glass <input type="checkbox"/> Single pane glass <input type="checkbox"/> Storm windows <input type="checkbox"/> Roof windows and skylights <input type="checkbox"/> Moisture stains <input type="checkbox"/> Extensive <input type="checkbox"/> No stains seen Window views and operations obstructed: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A
REMARKS: _____				

## ATTIC

ACCESS	How inspected: _____ <input type="checkbox"/> Not inspected <input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input type="checkbox"/> Hatch <input type="checkbox"/> No access			<input type="checkbox"/> N/A
MOISTURE STAINS	<input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Condensation <input type="checkbox"/> Past leaking <input type="checkbox"/> Present leaking			
STORAGE	<input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Floored <input type="checkbox"/> Not floored <input type="checkbox"/> No storage <input type="checkbox"/> Partly floored			
INSULATION	Type: _____   Average Inches: _____ Installed in: <input type="checkbox"/> Rafters <input type="checkbox"/> Floor <input type="checkbox"/> Knee walls   Approx. R Rating: _____ <input type="checkbox"/> Vapor retarder			<input type="checkbox"/> N/A
VENTILATION	<input type="checkbox"/> Window(s) <input type="checkbox"/> Attic fan <input type="checkbox"/> Whole house fan <input type="checkbox"/> Turbine <input type="checkbox"/> Ridge vent <input type="checkbox"/> Soffit vent <input type="checkbox"/> Roof vent(s) <input type="checkbox"/> Gable end louvers <input type="checkbox"/> Sealed			<input type="checkbox"/> N/A
REMARKS: _____				

## ROOFING SYSTEM

ROOF COVERING	Location _____ _____ _____ _____	Materials _____ _____ _____ _____	Approx. Age _____ _____ _____ _____
How inspected: _____ <input type="checkbox"/> 2 layers observed (Both layers must be removed prior to replacement)			
FLASHING	<input type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Rubberized membrane <input type="checkbox"/> N/A <input type="checkbox"/> _____		
GUTTERS AND DOWNSPOUTS	<input type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Vinyl <input type="checkbox"/> Built-in <input type="checkbox"/> N/A Extensions directing roof water 6 feet from house: <input type="checkbox"/> Yes <input type="checkbox"/> No		
REMARKS: _____ Observe effectiveness of gutters and drains during heavy rains.			

## EXTERIOR

EXTERIOR DOORS	<input type="checkbox"/> Replace keyed deadbolts with thumb turn type <input type="checkbox"/> Replace lockable handset to deck/balcony which lacks stairs/alternate exit		
WINDOWS AND SKYLIGHTS	<input type="checkbox"/> _____		
EXTERIOR WALL COVERING	Location _____ _____ _____ _____	Materials _____ _____ _____ _____	
EXTERIOR TRIM	<input type="checkbox"/> Eaves <input type="checkbox"/> Fascia <input type="checkbox"/> Soffits <input type="checkbox"/> Rake <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Composite		
CHIMNEY	<input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> _____ <input type="checkbox"/> Add rain cap <input type="checkbox"/> N/A <input type="checkbox"/> Flue liner partially observed <input type="checkbox"/> Clean before use		
GARAGE/ CARPORT	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> N/A <input type="checkbox"/> Door operator <input type="checkbox"/> Operating <input type="checkbox"/> Safety reverse <input type="checkbox"/> Able to test		
PORCH	Floor: <input type="checkbox"/> Wood <input type="checkbox"/> Composite <input type="checkbox"/> Concrete <input type="checkbox"/> _____ <input type="checkbox"/> N/A <input type="checkbox"/> Safety Railing		
REMARKS: _____			

## GROUNDS

GRADING	General grading, slope and drainage: _____ <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Surface water runoff directed away from house <span style="float: right;"><input type="checkbox"/> See A-1</span> Grading and slope at house wall (within 5 feet from building) _____ <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Surface water runoff directed away from house
SIDEWALK AND WALKWAY	<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> Gravel <input type="checkbox"/> _____ <span style="float: right;"><input type="checkbox"/> N/A</span>
DRIVEWAY	<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Brick <input type="checkbox"/> _____ <span style="float: right;"><input type="checkbox"/> N/A</span>
WINDOW WELLS	<input type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> _____ <span style="float: right;"><input type="checkbox"/> N/A</span> TIP: KEEP CLEAN, DRY AND ALLOW 6-INCH CLEARANCE FROM SILLS TO EARTH
RETAINING WALL	<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Timber <input type="checkbox"/> _____ <span style="float: right;"><input type="checkbox"/> N/A</span> TIP: DO NOT ALLOW WATER BUILD-UP BEHIND WALL
TREES AND SHRUBBERY	<input type="checkbox"/> Overgrown <input type="checkbox"/> Obstructing views/access <span style="float: right;"><input type="checkbox"/> N/A</span> TIP: KEEP WELL-TRIMMED AWAY FROM HOUSE, ROOF, & EQUIPMENT
FENCING	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> _____ <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Not inspected
REMARKS: _____ Observe effectiveness of grading and drainage in directing all surface water runoff away from all structures and supports.	
DECK/BALCONY SEE: A-10	<input type="checkbox"/> Stairway to/from <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> On grade <input type="checkbox"/> Raised <input type="checkbox"/> Wood <input type="checkbox"/> Composite <input type="checkbox"/> Metal <input type="checkbox"/> Safety railing
PATIO/TERRACE	<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> _____ <span style="float: right;"><input type="checkbox"/> N/A</span>
STEPS TO BUILDING	Landing: <input type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> _____ <span style="float: right;"><input type="checkbox"/> N/A</span> Steps: <input type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> _____ Handrails: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> _____
OUTBUILDINGS	Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> N/A</span>
REMARKS: _____	

## EXTENDED REMARKS

From page: _____ Subject: _____ _____
From page: _____ Subject: _____ _____
From page: _____ Subject: _____ _____
From page: _____ Subject: _____ _____
From page: _____ Subject: _____ _____
From page: _____ Subject: _____ _____

## APPENDIX – PICTURES

<b>Picture 1.</b>	<b>Picture 2.</b>
<b>Picture 3.</b>	<b>Picture 4.</b>
<b>Picture 5.</b>	<b>Picture 6.</b>

## APPENDIX – PICTURES

<b>Picture 7.</b>	<b>Picture 8.</b>
<b>Picture 9.</b>	<b>Picture 10.</b>
<b>Picture 11.</b>	<b>Picture 12.</b>

## APPENDIX – PICTURES

<b>Picture 13.</b>	<b>Picture 14.</b>
<b>Picture 15.</b>	<b>Picture 16.</b>
<b>Picture 17.</b>	<b>Picture 18.</b>

## APPENDIX – PICTURES

<b>Picture 19.</b>	<b>Picture 20.</b>
<b>Picture 21.</b>	<b>Picture 22.</b>
<b>Picture 23.</b>	<b>Picture 24.</b>



## SECTION A: IMPORTANT RECOMMENDATIONS

- A-1 Water Control: All water must be under control at all times and all locations. Fix any plumbing or condensate leaks or clogs immediately. Keep all floor drains clean and grate-covered. Keep gutters clean, properly aligned and attached; extend their downspouts 6+ feet away from foundation walls and retaining walls. Exterior grading must slope 1-2 inches per foot for a distance of 6+ feet away from foundation walls with non-absorptive soil. If a 6 inch clearance from bottom of siding material to the earth prevents proper grading, then divert surface water runoff by means of berming or drainage trenching. Protect all exterior wood with paint and caulk. Preserve decking regularly. Aggressively ventilate attics and underfloor crawl spaces unless they have been professionally sealed by trained experts. Sealed crawl spaces are excellent, but require full-time mechanical means for circulating air and maintaining humidity levels below 45% humidity, which must be installed by trained experts. Underfloor crawl spaces must be protected by a thick mill plastic vapor barrier covering 100% of all dirt, and better if draped up onto foundation walls to a level above the exterior grading. Crawl spaces must be kept dry to avoid mold and rot; and all pest entries closed off or screened.
- A-2 Central heating and air conditioning: Suggest annual service, cleaning and inspections by a qualified technician. Ensure all condensate drainage is kept clean and freely flowing to a safe location to avoid costly flooding. Water-smart sensors and float switches and safety cut-offs on condensate pumps are available to shut down the system if flooding is imminent due to condensate drain clogging. Heat pumps: do not operate heat if outside temperatures are above 65 degrees. Do not operate any air conditioner if outside temperature is below 60 degrees. Outside unit areas must be kept clean and free from plant growth, leaves (or snow build-up for heat pumps.) All filters are to be changed or cleaned every 30 days. Electronic filters are to be included in your professional service calls. Centrally installed HUMIDIFIERS are not recommended—have them professionally removed. Consider portable room units that can be easily cleaned and which will not over-saturate your house. Inadequately maintained HVAC systems will perform poorly, wear out prematurely and will degrade interior air quality—these are one of the most common sources of mold growth.
- A-3 Fireplaces / Stoves: Gas logs are to be inspected yearly, operated with a window cracked open, and manufacturer's instructions are to be clearly posted and followed. Wood burning fireplaces are to be cleaned and inspected yearly if used, to avoid chimney fires; protect with rain caps. Wood stoves are to be inspected and cleaned one or two times yearly, depending on use. Always employ certified technicians/sweeps.
- A-4 Carbon Monoxide Alarms: These must be installed on every level of your home if any fossil fuel (gas, oil, wood, pellets) is burned OR if a garage is attached to the house. Smoke/fire combination alarms must be installed in every home on every level and in each bedroom. All alarms and detectors are to be tested monthly.
- A-5 Laundries: Use only metal reinforced supply hoses for washers to avoid bursting and costly flooding. Keep dryers and their vent pipes clean to avoid lint-clogs and fires. Use only metal vent pipes and extensions.
- A-6 Swimming pools, hot tubs, spas, water purification or conditioning or filter systems, lawn or fire sprinkler systems are not included in this inspection. Consult the installing companies concerning

their maintenance, use, safety requirements, winterization, etc. as these may apply. Ensure back-flow prevention devices are present and operational. Also ensure that all related electrical power supply is ground-fault protected.

- A-7 All outside spigots, hydrants or hose bibbs are to be protected by anti-siphon devices to prevent all cross-contamination / cross-connections. Remove all hoses during winter to prevent freezing of supply piping.
- A-8 Equipment normal service lives: Gas or oil or electric forced air furnaces=15-20 years. Cast iron boilers=35-45 years. Steel boilers=20-30 years. Heat pumps=10-14 years. Central air conditioners=15-18 years. Water heaters=12-18 years. These are estimates and depend on equipment quality, proper maintenance and conditions which the equipment may be subject to within its operating environment.
- A-9 If your electrical service drops from an overhead connection, in a vinyl covered cable, then you must prevent water from following the cable down through the meter and into the panel box. Utilize fresh plumber's putty and create a cone-shaped seal about 3" tall, tight around the cable and covering the metal connector on top of the meter box.
- A-10 Decks and balconies: in general and on a national scope, outdoor decks and balconies are poorly constructed, poorly maintained, and are subject to significant weather related deterioration. Deck failures, resulting in death or injury, have become common. Weddings, family reunions, and graduation parties have ended in tragedy due to deck failure, and are reported weekly during "deck season". Failure of the deck connection to the house wall is common, and usually the most devastating. Inadequacy of the connection is one cause, and in most cases this is not available for view or inspection, especially along the house outer band joist, to which the deck ledger board is most often connected. Deterioration of the connection is another cause, and can be ongoing and hidden from view or inspection until that tragic moment reveals the problem. One certain way to avoid this concern is to self-support a deck with a post/beam installation along the house wall. All deck owners are hereby advised that all decks higher than 4 feet above the ground are to be made to be self-supporting, to achieve the highest level of safety. Lack of proper footings for the posts supporting the outer end of the deck, will also lead to failure. The presence or adequacy of the footings is not able to be determined within this visual home inspection, and cannot be known without some excavation to reveal the post bottom. Deck guard rail systems are in most cases weak, poorly constructed, poorly maintained and dangerous. These also account for tragic death or injury incidents. All deck owners are hereby advised to take action to ensure compliance with the below stated standard regarding guard rail systems. In many cases, and especially prior to 2007-8, municipal building codes and/or their enforcement do not adequately protect against deck failures. The best detailing of safe deck construction can be found at: [www.fairfaxcounty.gov/decks](http://www.fairfaxcounty.gov/decks). This inspector hereby disclaims all outdoor decks and balconies which do not meet or exceed the Fairfax County standard. It is the responsibility of the owner to specify and confirm that all deck/balcony construction, alterations, or repairs are to meet or exceed this standard. This inspector will make every effort to identify and report all visual defects, as measured by this standard. However, all deck/balcony owners are hereby advised to take action and employ a qualified contractor to fully inspect and remedy all defects as measured by the Fairfax County standard.

- A-11 Wells and septic systems: it is recommended that water wells be tested yearly for contaminants. Septic systems, including tanks and distribution boxes, are to be inspected and cleaned regularly (usually every 3-5 years depending on system age and use). Regular use of a bacteriologic agent, such as Riddex is recommended. See: homebuyer's detailed guide to septic systems at: [www.inspect-ny.com/septic/buyguide.htm](http://www.inspect-ny.com/septic/buyguide.htm).
- A-12 Sewage grinder pumps and dosage tank pumps: are installed, either outside or inside the home (usually in a basement), when the elevation of the point of use does not allow for a gravity flow of waste to the sewer or to the septic system. A visual and/or an audible alarm must accompany these pumps, to signal a pump failure, and avoid a sewer backup. These also require maintenance, by a qualified plumber.
- A-13 Factory recalls: numerous products, appliances and materials have been subject to factory recalls, due to hazards and failures. You may research these at: [www.cpsc.gov](http://www.cpsc.gov).
- A-14 Disasters: in case of disaster, proper preparation prior to when disaster strikes is the key. See: [www.fema.gov/hazard](http://www.fema.gov/hazard); [www.floodsmart.gov](http://www.floodsmart.gov).
- A-15 Electrical bonding: in addition to earth grounding via an outside driven rod, all metal piping which has any potential to become electrically energized, including all metal water piping, metal gas piping, and flexible stainless steel gas piping, must be properly bonded to the electrical system, to avoid shock and fire hazards. Google: "gastite electrical bonding" for the technical bulletin #TB2007-0101-26-07. If Gastite or CSST (corrugated stainless steel tubing) is observed in a property I am required to state the following: "Manufacturers believe that this product is safer if properly bonded and grounded, as required by the manufacturer's installation instructions. Proper bonding and grounding of the product should be determined by a contractor licensed to perform the work in the Commonwealth of Virginia."
- A-16 Galvanized water piping: used as the main water inlet pipe or as branch supply piping, galvanized steel piping will eventually rust and deteriorate, mostly from the inside to the outside of the pipe, or will internally clog and reduce the functional flow of water. It will also chemically react with any copper included in a pipe run, and by galvanic reaction, deteriorate and leak. It can have a wide variance for a service life, usually 30-40 years. If observed within a home, it will be noted in the Plumbing Section of the report, and recommended for budgeting to replace.
- A-17 Environmental hazards: these are numerous, including but not limited to mold, asbestos, lead, urea formaldehyde foam, radon gas, and indoor air quality concerns. Among these, this inspector is certified only in radon gas detection. To begin to learn about these and other hazards, go to: [www.epa.gov](http://www.epa.gov). Professional testing and inspections are available: consult an environmental engineer.
- A-18 GFCI and AFCI electrical outlets: ground fault circuit interrupters (GFCI—for outside and wet locations), and arc fault circuit interrupters (AFCI—for bedrooms) are circuits which offer important protection in specialized locations. These are testable circuits, either at receptacles or at breakers in panel boxes; test monthly to ensure this protection is working.

## SECTION B: POTENTIALLY PROBLEMATIC ITEMS

- B-1 Mold: If you smell it or if you see it, get rid of it! It has been known to be toxic to susceptible persons and can destroy wood. Small amounts can usually be successfully cleaned with a sponge and detergent if on a hard or well painted surface, and after its moisture source is eliminated. For greater amounts, professional testing is available: consult an environmental engineer/indoor air quality specialist; and professional removal is available: consult a certified mold remediator, observing EPA/NYC protocols to avoid spreading of mold spores. You may also consult the web sites for [AIHA.org/mold](http://AIHA.org/mold) or [REDCROSS.org/restoration](http://REDCROSS.org/restoration).
- B-2 Qest (polybutylene water supply piping—grey in color) has been known to leak due to defects in its manufacture or its installation, and has been subject to law suits. If any plastic fittings and or aluminum crimp rings are present, then replace all of this supply piping as soon as possible. If copper fittings and copper crimp rings are present throughout, then this is considered to be less problematic, but not guaranteed to be leak or problem-free. Do not finish-off an unfinished basement if any PB pipe with either of the fitting types now exists, without first replacing this pipe.
- B-3 Buried fuel/oil storage tanks: It is not possible during this visual inspection to determine if any fuel has ever leaked. If it has leaked it is the responsibility of the owner of record at the time of discovery to reclaim all contamination. All tanks, 15-20 years or more of age, will eventually leak. Consult an environmental engineer/tank specialist concerning: testing or removal or proper decommissioning of this tank; and to involve, if necessary, the Virginia state recovery fund to help limit the costs for clean-up to about \$1,000.00
- B-4 Synthetic stucco, or exterior insulated finish systems (EIFS): This has been known to trap moisture within wall cavities and allow mold and rot to develop, if it is either improperly installed or poorly maintained. Installation and maintenance must be accomplished by certified tradesmen. Note: this inspector is not certified as an EIFS inspector.
- B-5 Masonite exterior siding: a manufactured material which is particularly susceptible to rot due to moisture intrusion. It must be kept very well-painted, and fully caulked at all windows, doors, corners, seams, butt joints, trimmed edges, nail heads and at intersections with lower roofs, to avoid rot.
- B-6 Federal Pacific breaker boxes are inherently defective and can cause fires and shock hazards. Breakers tend to NOT trip in overcurrent conditions. Hazard levels can increase when repairs are attempted or if any tampering occurs. They are no longer manufactured and replacement parts are not readily available. These breaker boxes are to be replaced immediately. Go to the web site: [inspect-ny.com/fpe](http://inspect-ny.com/fpe)
- B-7 Aluminum branch wiring (for outlets, switches, lighting) is known to be hazardous and can cause fires. If installed it can be made safe, but must be thoroughly inspected by an electrician fully trained and experienced in this specific field. Go to the web site: [inspect-ny.com/aluminum](http://inspect-ny.com/aluminum).
- B-8 Asbestos: can be found in many areas and materials within older homes, including but not limited to floor tiles, exterior siding, paint/plaster/drywall compounds, draperies, attic insulation, pipe and air duct coverings and duct joints. Professional inspections and lab testing are necessary to

confirm the presence of asbestos, which has been proven as a health hazard. If it is suspected to be present it will be noted as a defect within the report, with further professional investigation recommended. See: [www.epa.gov/asbestos](http://www.epa.gov/asbestos), and consult an environmental engineer.