



# OnSight PROS Report

## Professional Documentation

### Report Date: 5/28/2015

The Attached Report is performed by OnSight PROS, LLC Certified Field Inspectors and thus should not be confused with an inspection performed by Licensed Real Estate Commission Inspectors. This report is an assessment of the condition of the property on the date shown and only the items listed in the report with notations made are reported on. Certified Field Inspectors are not licensed to check the mechanicals, plumbing, or electrical units in a home and therefore this report will not reflect any issues or functionality of those components. This report is for the use of the property manager and/or owner to see first hand the condition of the property address as shown on the report. If no safety issues or deficiencies are observed, NO COMMENTS will be made.



#### PROPERTY LOCATION

100 Nowhere Way  
Somewhere, AK 12345

#### REPORT DETAILS

Inspection Date: 5/26/2015  
Inspector: Mark Ennis  
Inspection Type: Periodic

#### PROPERTY MANAGER

Great Home Management

#### TENANT

Pretty Lady  
(123) 456-7890

## SUMMARY OF ITEMS THAT NEED ATTENTION

### Front Exterior



**Front Exterior**  
**Roof/Trim**  
Bent Gutter



**Front Exterior**  
**Walls/Siding/Trim**  
Caulked joints of siding are beginning to crack.



### Front Exterior

#### Walls/Siding/Trim

Caulked joints of siding are cracking.



### Front Exterior

#### Walls/Siding/Trim

Discolored trim and caulk.



### Front Exterior

#### Walls/Siding/Trim

Cracking trim above window.

## Rear Exterior



### Rear Exterior

#### Walls/Siding/Trim

Caulked joints of siding are cracking.



### Rear Exterior

#### Patio/Porch

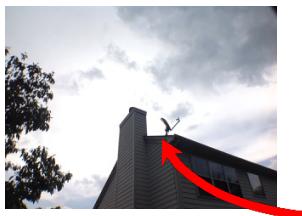
Crack up the middle.



### Rear Exterior

#### Walls/Siding/Trim

Caulked joints of the siding are cracking.



### Rear Exterior

#### Walls/Siding/Trim

Where the chimney trim meets the roof, it (trim) is chipping.



### Rear Exterior

#### Walls/Siding/Trim

Caulk is separating in rear window bump out.



### Rear Exterior

#### Walls/Siding/Trim

Rear window trim is cracking and discolored.

## Entry



### Entry

#### Front Door Exterior

Slight cracking of trim caulk and paint.



### Entry

#### Light Fixtures

Does not turn on.

## Living Room



### Living Room

#### Ceiling

Slight cracking in what looks like an old patch.

## Dining Room 2

**Dining Room 2****Walls/Paint**

Pet Evidence

## Kitchen

**Kitchen****Counter Top/Back Splash**

Caulk discolored and cracking behind the sink.

**Kitchen****Upper Cabinets**

Cabinets door swelling.

## Hallway/Stairway

**Hallway/Stairway****Banister**

Banister is loose.

**Hallway/Stairway****Smoke Alarm**

Wrong connection, but still functions.

## Hallway/Stairway 2

**Hallway/Stairway 2****Smoke Alarm**

Wrong connection for alarm, but still works.

## Bathroom 2

**Bathroom 2****Commode**

Caulk at floor is discolored.

**Bathroom 2****Commode**

Discolored and cracking caulk.

## Bathroom 3

**Bathroom 3****Commode**

Discolored caulk and slightly pulling away.

**Bathroom 3****Tub/Fixture**

Caulk is slightly Discolored.

## Bathroom Master



### Bathroom Master

#### Shower/Fixture

Cracking Caulk on exterior of shower tray.

## Utility Room



### Utility Room

#### Walls/Paint

Moisture streaks on back wall.

## Miscellaneous



### Miscellaneous

#### AC Filter

Filter is restricted from being removed easily.

## Den



### Den

#### Smoke Alarm

Out of date and failed to test properly.

**\*\*\*End of Summary\*\*\***

## PROPERTY DETAIL

Front Exterior	Observed	Not Applicable	Attention Needed
1 . Street Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Front Exterior	Observed	Not Applicable	Attention Needed
3 . Front Left View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Center View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Front Right View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Driveway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Garage Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Yard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Mail Box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Roof/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 . Walls/Siding/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1**

5/26/2015 3:04 PM

**Street Overview****2**

5/26/2015 3:04 PM

**Address**

## Front Exterior

Observed

Not Applicable

Attention Needed

**3**

5/26/2015 3:04 PM



Front Left View

**4**

5/26/2015 3:04 PM



Center View

**5**

5/26/2015 3:05 PM



Front Right View

**6**

5/26/2015 3:05 PM



Driveway

## Front Exterior

Observed

Not Applicable

Attention Needed

**6**

5/26/2015 3:05 PM

**Driveway - Center Crack****7**

5/26/2015 3:05 PM

**Garage Door****7**

5/26/2015 3:05 PM

**Garage Door****8**

5/26/2015 3:06 PM

**Yard**

## Front Exterior

Observed

Not Applicable

Attention Needed

**9**

5/26/2015 3:06 PM

**Landscaping****12**

5/26/2015 3:07 PM

**Walls/Siding/Trim** - Caulked joints of siding are beginning to crack.**11**

5/26/2015 3:06 PM

**Roof/Trim - Bent Gutter****12**

5/26/2015 3:15 PM

**Walls/Siding/Trim** - Caulked joints of siding are cracking.

## Front Exterior

Observed

Not Applicable

Attention Needed

**12**

5/26/2015 3:17 PM

**12**

5/26/2015 3:17 PM

**Walls/Siding/Trim** - Discolored trim and caulk.**Walls/Siding/Trim** - Cracking trim above window.

## Rear Exterior

Observed

Not Applicable

Attention Needed

- 1 . Overview
- 2 . Roof/Trim
- 3 . Walls/Siding/Trim
- 4 . Landscaping
- 5 . Patio/Porch
- 6 . BBQ Grill
- 7 . Pet Evidence
- 8 . Light Fixtures

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Rear Exterior

Observed

Not Applicable

Attention Needed

**1**

5/26/2015 3:08 PM

**Overview****3**

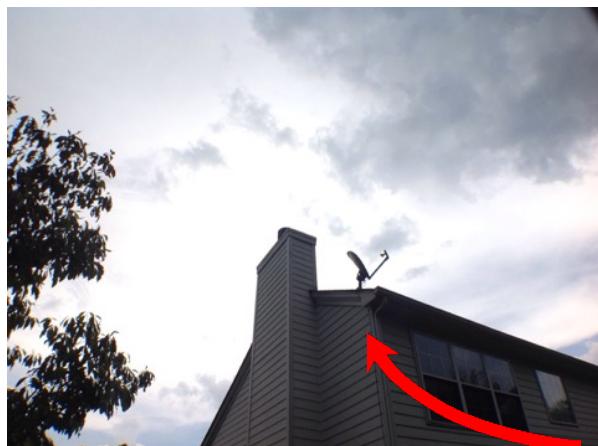
5/26/2015 3:09 PM

**Walls/Siding/Trim** - Caulked joints of siding are cracking.**3**

5/26/2015 3:11 PM

**Walls/Siding/Trim** - Caulked joints of the siding are cracking.**3**

5/26/2015 3:11 PM

**Walls/Siding/Trim** - Where the chimney trim meets the roof, it (trim) is chipping.

## Rear Exterior

Observed

Not Applicable

Attention Needed

**3**

5/26/2015 3:13 PM



**Walls/Siding/Trim** - Caulk is separating in rear window bump out.

**3**

5/26/2015 3:14 PM



**Walls/Siding/Trim** - Rear window trim is cracking and discolored.

**4**

5/26/2015 3:10 PM



**Landscaping**

**5**

5/26/2015 3:10 PM



**Patio/Porch**

## Rear Exterior

Observed

Not Applicable

Attention Needed

**5**

5/26/2015 3:11 PM

**Patio/Porch** - Crack up the middle.**6**

5/26/2015 3:10 PM

**BBQ Grill****8**

5/26/2015 3:10 PM

**Light Fixtures**

## Entry

Observed

Not Applicable

Attention Needed

- 1 . Front Door Exterior
- 2 . Porch/Patio
- 3 . Overview
- 4 . Front Door Interior
- 5 . Keyless Lock/Deadbolt
- 6 . Floors
- 7 . Ceiling
- 8 . Walls/Paint



## Entry

- 9 . Outlet/Switch Covers
- 10 . Light Fixtures
- 11 . Other
- 12 . Smoke Alarm

Observed	Not Applicable	Attention Needed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	N/A

1

5/26/2015 3:16 PM



Front Door Exterior

1

5/26/2015 3:25 PM



Front Door Exterior - Slight cracking of trim caulk and paint.

2

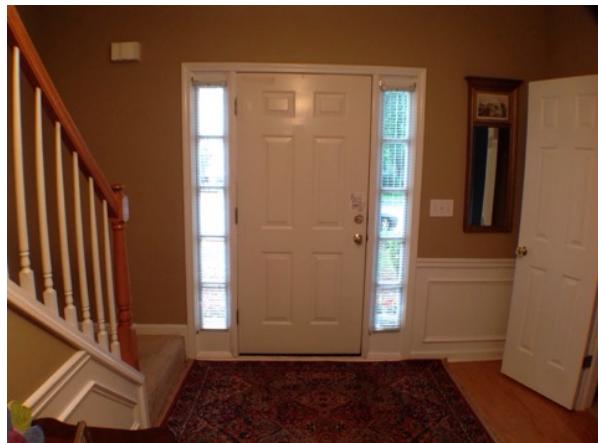
5/26/2015 3:16 PM



Porch/Patio

3

5/26/2015 3:27 PM



Overview

## Entry

Observed

Not Applicable

Attention Needed

**4**

5/26/2015 3:27 PM

**Front Door Interior****6**

5/26/2015 3:27 PM

**Floors****7**

5/26/2015 3:27 PM

**Ceiling****8**

5/26/2015 3:27 PM

**Walls/Paint**

## Entry

Observed

Not Applicable

Attention Needed

**10**

5/26/2015 3:28 PM



**Light Fixtures** - Does not turn on.

Living Room	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Smoke Alarm	<input type="checkbox"/>	N/A	<input type="checkbox"/>

**1**

5/26/2015 3:32 PM



**Overview**

**2**

5/26/2015 3:32 PM



**Flooring**

## Living Room

Observed

Not Applicable

Attention Needed

**3**

5/26/2015 3:32 PM

**Ceiling****3**

5/26/2015 3:33 PM

**Ceiling** - Slight cracking in what looks like an old patch.**4**

5/26/2015 3:33 PM

**Walls/Paint****4**

5/26/2015 3:34 PM

**Walls/Paint**

## Living Room

Observed

Not Applicable

Attention Needed

**4**

5/26/2015 3:34 PM

**Walls/Paint**

Dining Room	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Smoke Alarm	<input type="checkbox"/>	<span style="background-color: orange;">N/A</span>	<input type="checkbox"/>

## Dining Room

Observed

Not Applicable

Attention Needed

**1**

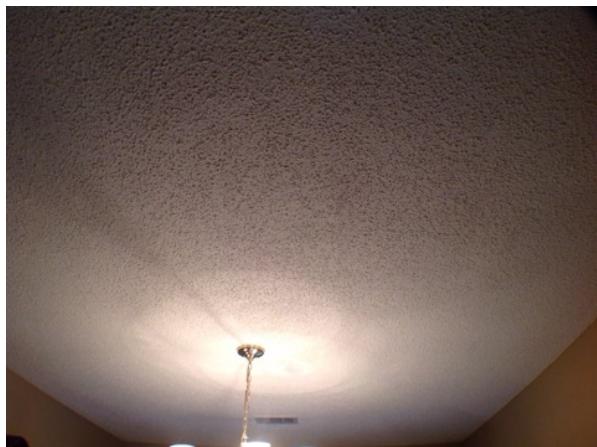
5/26/2015 3:34 PM

**Overview****2**

5/26/2015 3:35 PM

**3**

5/26/2015 3:35 PM

**Ceiling****Flooring****4**

5/26/2015 3:35 PM

**Walls/Paint**

## Dining Room

Observed

Not Applicable

Attention Needed

**4**

5/26/2015 3:35 PM

**4**

5/26/2015 3:35 PM

**Walls/Paint****8**

5/26/2015 3:36 PM

**Light Fixture**

## Dining Room 2

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Windows



6 . Blinds/Drapes



7 . Outlet/Switch Covers



8 . Light Fixture



**Dining Room 2**

Observed

Not Applicable

Attention Needed

**9 . Smoke Alarm****1**

5/26/2015 3:43 PM

**Overview****3**

5/26/2015 3:44 PM

**Ceiling****2**

5/26/2015 3:43 PM

**Flooring****3**

5/26/2015 3:44 PM

**Ceiling - Patch**

## Dining Room 2

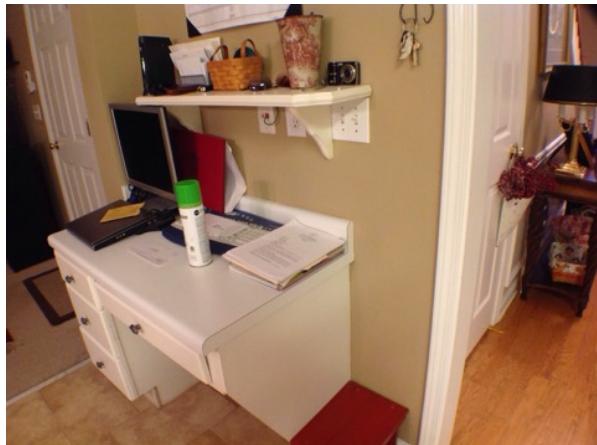
Observed

Not Applicable

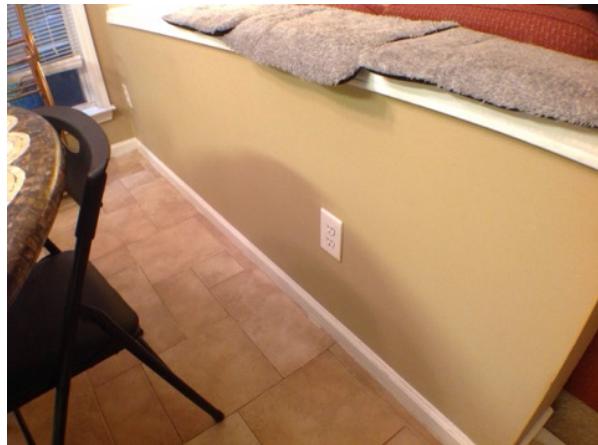
Attention Needed

**4**

5/26/2015 3:44 PM

**4**

5/26/2015 3:44 PM

**Walls/Paint****4**

5/26/2015 3:44 PM

**Walls/Paint - Pet Evidence****Walls/Paint****8**

5/26/2015 3:45 PM

**Light Fixture**

## Kitchen

Observed Not Applicable Attention Needed

- 1 . Overview
- 2 . Flooring
- 3 . Ceiling
- 4 . Walls/Paint
- 5 . Sink/Faucet
- 6 . Cabinet Under Sink
- 7 . Range/Cooktop/Oven
- 8 . Microwave Oven

	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Range/Cooktop/Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Microwave Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kitchen	Observed	Not Applicable	Attention Needed
9 . Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Lower Cabinets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Counter Top/Back Splash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 . Upper Cabinets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 . Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 . Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 . Smoke Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**1**

5/26/2015 3:38 PM

**Overview****2**

5/26/2015 3:38 PM

**Flooring**

## Kitchen

Observed

Not Applicable

Attention Needed

**3**

5/26/2015 3:38 PM

**Ceiling****4**

5/26/2015 3:38 PM

**5**

5/26/2015 3:38 PM

**Sink/Faucet****6**

5/26/2015 3:38 PM

**Cabinet Under Sink**

## Kitchen

Observed

Not Applicable

Attention Needed

**7**

5/26/2015 3:39 PM

**Range/Cooktop/Oven - Whirlpool****8**

5/26/2015 3:39 PM

**Microwave Oven - Kenmore****9**

5/26/2015 3:39 PM

**Dishwasher - Maytag****9**

5/26/2015 3:40 PM

**Dishwasher**

## Kitchen

Observed

Not Applicable

Attention Needed

**10**

5/26/2015 3:40 PM

**Refrigerator - Samsung****12**

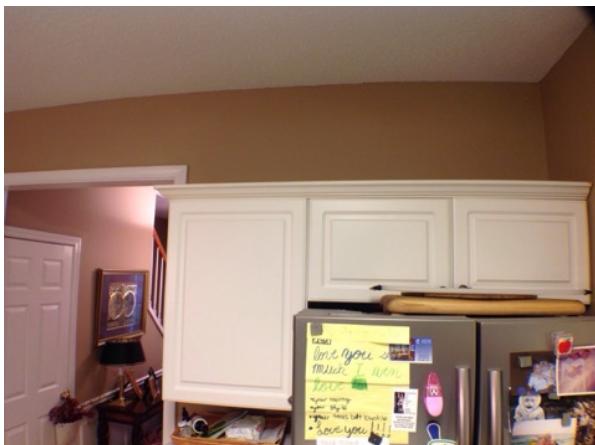
5/26/2015 3:41 PM

**Counter Top/Back Splash - Caulk discolored and cracking behind the sink.****11**

5/26/2015 3:41 PM

**Lower Cabinets****13**

5/26/2015 3:42 PM

**Upper Cabinets**

## Kitchen

Observed

Not Applicable

Attention Needed

**13**

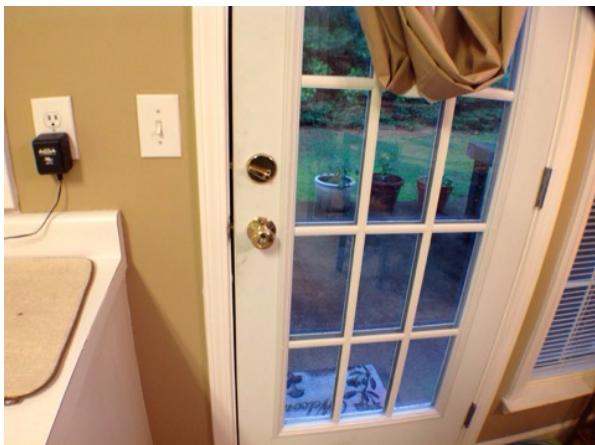
5/26/2015 3:42 PM

**Upper Cabinets****13**

5/26/2015 3:42 PM

**Upper Cabinets - Cabinets door swelling.****19**

5/26/2015 3:43 PM

**Exterior Door Deadbolt**

## Garage

Observed

Not Applicable

Attention Needed

- 1 . Keyless Locks/Deadbolt
- 2 . Overview
- 3 . Flooring
- 4 . Ceiling
- 5 . Walls/Paint
- 6 . Garage Door
- 7 . Garage Door Electric Opener
- 8 . Door Stop

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Garage	Observed	Not Applicable	Attention Needed
9 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**1**

5/26/2015 3:18 PM

**Keyless Locks/Deadbolt - No Deadbolt****2**

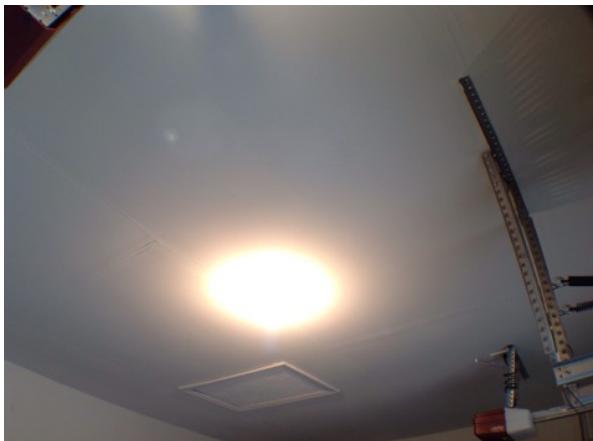
5/26/2015 3:19 PM

**3**

5/26/2015 3:19 PM

**Flooring****Overview****4**

5/26/2015 3:19 PM

**Ceiling**

**Garage**

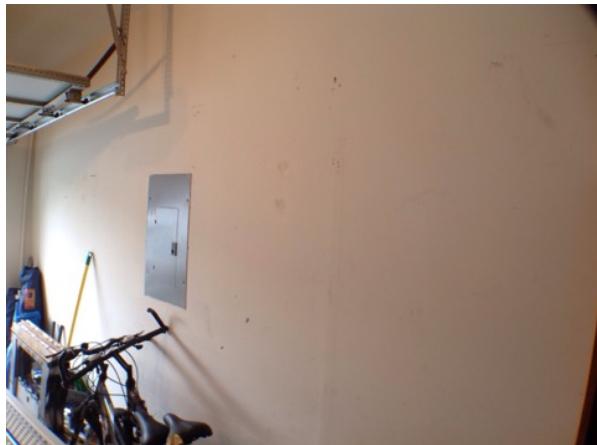
Observed

Not Applicable

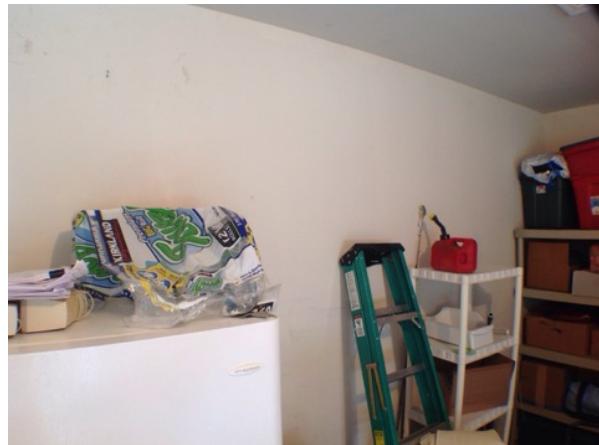
Attention Needed

**5**

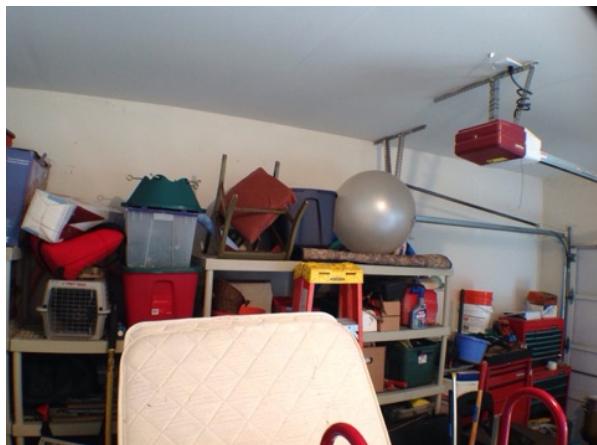
5/26/2015 3:19 PM

**5**

5/26/2015 3:20 PM

**Walls/Paint****5**

5/26/2015 3:20 PM

**Walls/Paint****6**

5/26/2015 3:20 PM

**Garage Door**

## Garage

Observed

Not Applicable

Attention Needed

**6**

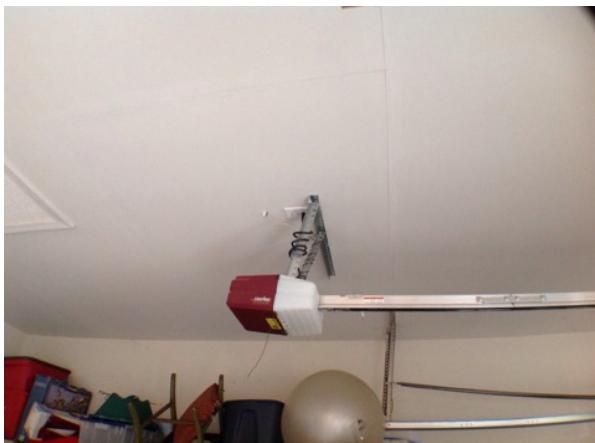
5/26/2015 3:20 PM

**Garage Door****7**

5/26/2015 3:21 PM

**Garage Door Electric Opener****7**

5/26/2015 3:21 PM

**Garage Door Electric Opener**

## Hallway/Stairway

Observed

Not Applicable

Attention Needed

- 1 . Overview
- 2 . Flooring
- 3 . Ceiling
- 4 . Walls/Paint
- 5 . Light Fixture
- 6 . Other
- 7 . Smoke Alarm

LIQUID SMOKE TEST: PASS

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Hallway/Stairway

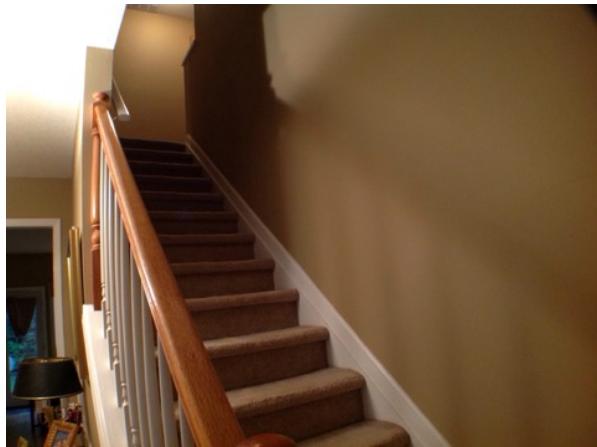
Observed

Not Applicable

Attention Needed

**1**

5/26/2015 3:47 PM

**2**

5/26/2015 3:47 PM

**Overview****2**

5/26/2015 3:47 PM

**Flooring****3**

5/26/2015 3:47 PM

**Ceiling**

## Hallway/Stairway

Observed

Not Applicable

Attention Needed

**4**

5/26/2015 3:48 PM

**4**

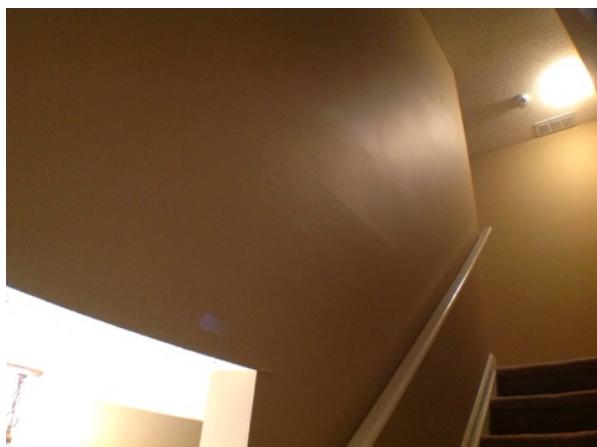
5/26/2015 3:48 PM



## Walls/Paint

**4**

5/26/2015 3:48 PM



## Walls/Paint

**6**

5/26/2015 3:48 PM

**Banister - Banister is loose.**

## Hallway/Stairway

Observed

Not Applicable

Attention Needed

7

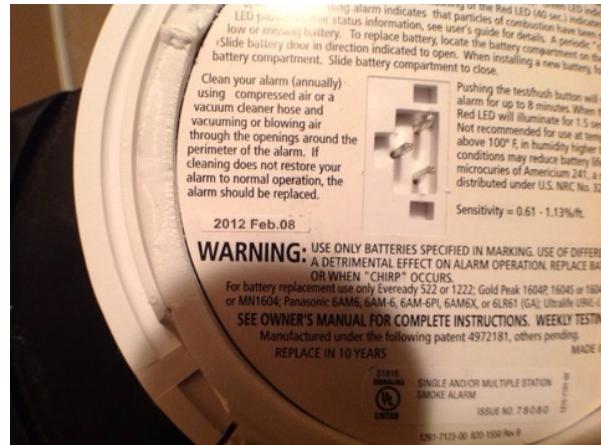
5/26/2015 3:49 PM



Smoke Alarm

7

5/26/2015 4:12 PM



Smoke Alarm

7

5/26/2015 4:12 PM



Smoke Alarm - Wrong connection, but still functions.

## Hallway/Stairway 2

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Outlet/Switch Covers



6 . Light Fixture



7 . Smoke Alarm



LIQUID SMOKE TEST: PASS

**Hallway/Stairway 2**

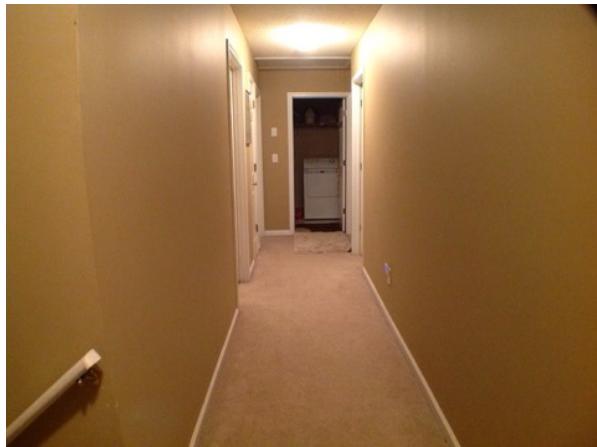
Observed

Not Applicable

Attention Needed

**1**

5/26/2015 3:50 PM

**2**

5/26/2015 3:50 PM

**Overview****3**

5/26/2015 3:50 PM

**Ceiling****Flooring****4**

5/26/2015 3:50 PM

**Walls/Paint**

## Hallway/Stairway 2

Observed

Not Applicable

Attention Needed

4

5/26/2015 3:50 PM



7

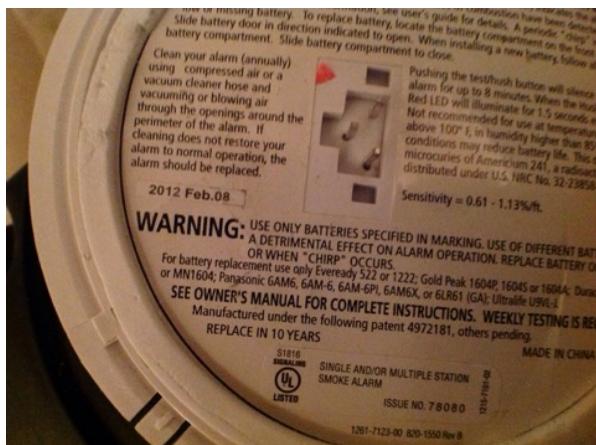
5/26/2015 3:50 PM



## Walls/Paint

7

5/26/2015 4:06 PM



## Smoke Alarm

7

5/26/2015 4:07 PM



## Bathroom 2

Observed

Not Applicable

Attention Needed

- 1 . Overview
- 2 . Flooring
- 3 . Ceiling
- 4 . Walls/Paint
- 5 . Sink/Faucet
- 6 . Cabinet Under Sink
- 7 . Commode

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

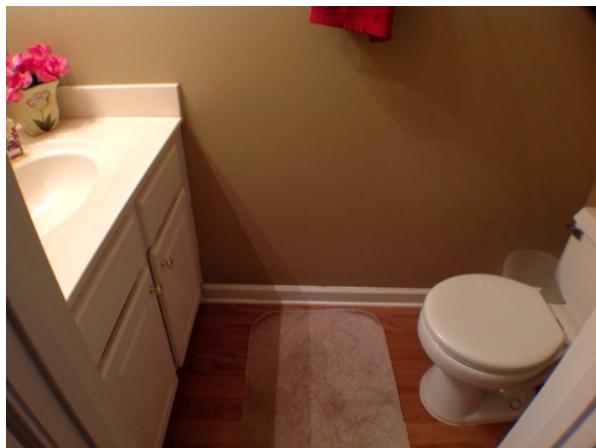
**Bathroom 2**

8 . Door Stops

	Observed	Not Applicable	Attention Needed
8 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Towel Bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**1**

5/26/2015 3:30 PM

**2**

5/26/2015 3:30 PM

**Overview****3**

5/26/2015 3:30 PM

**Ceiling****Flooring****4**

5/26/2015 3:30 PM

**Walls/Paint**

## Bathroom 2

Observed

Not Applicable

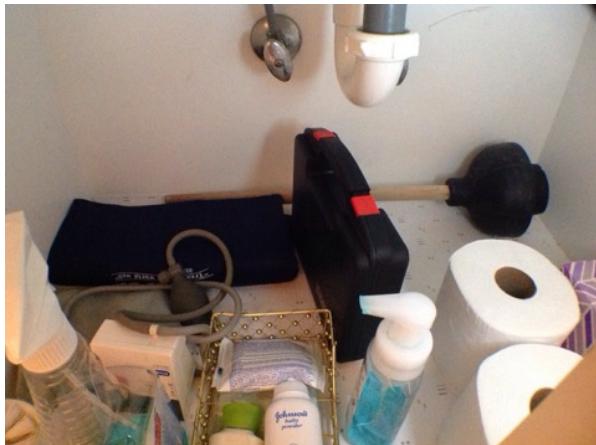
Attention Needed

**5**

5/26/2015 3:30 PM

**Sink/Faucet****6**

5/26/2015 3:30 PM

**Cabinet Under Sink****7**

5/26/2015 3:31 PM

**Commode** - Caulk at floor is discolored.**7**

5/26/2015 3:31 PM

**Commode** - Discolored and cracking caulk.

## Bathroom 2

Observed

Not Applicable

Attention Needed

**11**

5/26/2015 3:32 PM

**Light Fixtures**

Bathroom 3	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 . Tub/Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 . Shower/Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Towel Bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 . Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Smoke Alarm		N/A	<input type="checkbox"/>

**Bathroom 3**

Observed

Not Applicable

Attention Needed

**1**

5/26/2015 3:57 PM

**Overview****2**

5/26/2015 3:58 PM

**Flooring****3**

5/26/2015 3:58 PM

**Ceiling****4**

5/26/2015 3:58 PM

**Walls/Paint**

## Bathroom 3

Observed

Not Applicable

Attention Needed

**5**

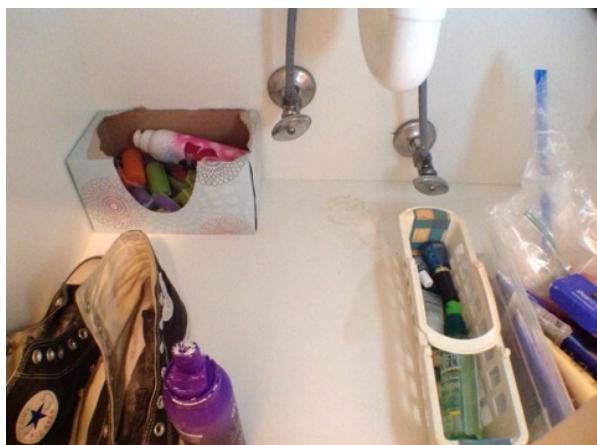
5/26/2015 3:58 PM

**Sink/Faucet****5**

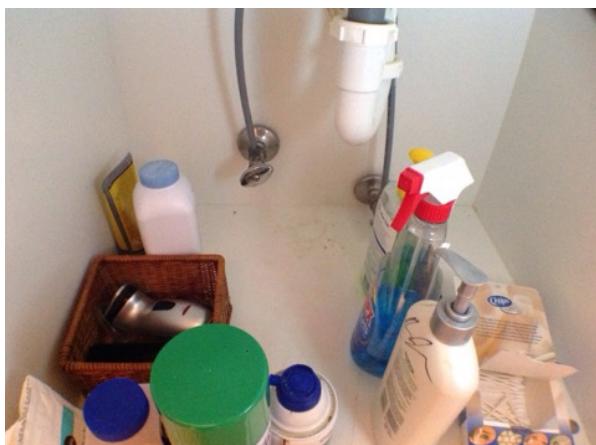
5/26/2015 3:58 PM

**6**

5/26/2015 3:58 PM

**Cabinet Under Sink****6**

5/26/2015 3:58 PM

**Cabinet Under Sink**

## Bathroom 3

Observed

Not Applicable

Attention Needed

**7**

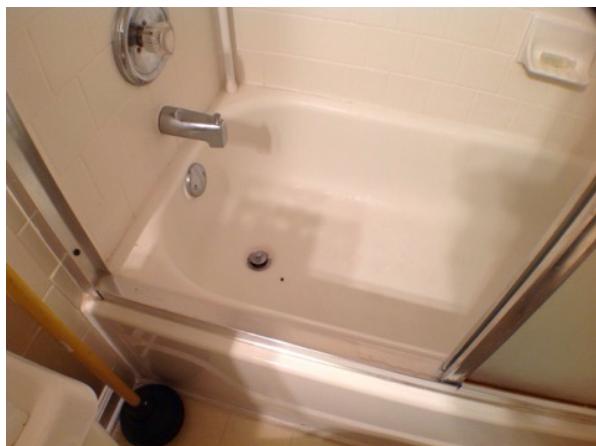
5/26/2015 3:59 PM

**Commode****7**

5/26/2015 3:59 PM

**Commode** - Discolored caulk and slightly pulling away.**8**

5/26/2015 3:59 PM

**Tub/Fixture****8**

5/26/2015 3:59 PM

**Tub/Fixture** - Caulk is slightly Discolored.

## Bathroom 3

Observed

Not Applicable

Attention Needed

**9**

5/26/2015 4:00 PM

**13**

5/26/2015 4:00 PM

**Shower/Fixture****Light Fixtures**

## Bedroom 2

Observed

Not Applicable

Attention Needed

- 1 . Overview
- 2 . Flooring
- 3 . Ceiling
- 4 . Walls/Paint
- 5 . Door Stops
- 6 . Windows
- 7 . Blinds/Drapes
- 8 . Outlet/Switch Covers
- 9 . Light Fixture
- 10 . Ceiling Fan
- 11 . Smoke Alarm

	Observed	Not Applicable	Attention Needed
1 . Overview	✓	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	✓	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	✓	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	✓	<input type="checkbox"/>	<input type="checkbox"/>
5 . Door Stops	✓	<input type="checkbox"/>	<input type="checkbox"/>
6 . Windows	✓	<input type="checkbox"/>	<input type="checkbox"/>
7 . Blinds/Drapes	✓	<input type="checkbox"/>	<input type="checkbox"/>
8 . Outlet/Switch Covers	✓	<input type="checkbox"/>	<input type="checkbox"/>
9 . Light Fixture	✓	<input type="checkbox"/>	<input type="checkbox"/>
10 . Ceiling Fan	✓	<input type="checkbox"/>	<input type="checkbox"/>
11 . Smoke Alarm	<input type="checkbox"/>	N/A	<input type="checkbox"/>

## Bedroom 2

Observed

Not Applicable

Attention Needed

**1**

5/26/2015 4:01 PM

**2**

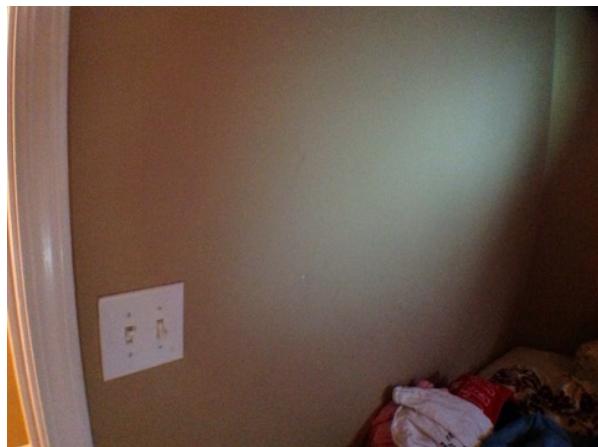
5/26/2015 4:01 PM

**Overview****3**

5/26/2015 4:01 PM

**Ceiling****Flooring****4**

5/26/2015 4:01 PM

**Walls/Paint**

## Bedroom 3

Observed

Not Applicable

Attention Needed

- 1 . Overview
- 2 . Flooring
- 3 . Ceiling
- 4 . Walls/Paint
- 5 . Door Stops
- 6 . Windows
- 7 . Blinds/Drapes
- 8 . Outlet/Switch Covers

	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Bedroom 3**

9 . Light Fixture

Observed	Not Applicable	Attention Needed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 . Ceiling Fan

11 . Smoke Alarm

**1**

5/26/2015 4:02 PM

**2**

5/26/2015 4:02 PM

**Overview****3**

5/26/2015 4:02 PM

**Ceiling****Flooring****4**

5/26/2015 4:02 PM

**Walls/Paint****Bedroom 4**

Observed	Not Applicable	Attention Needed
----------	----------------	------------------

1 . Overview

2 . Flooring

3 . Ceiling

4 . Walls/Paint

5 . Door Stops

**Bedroom 4**

- 6 . Windows
- 7 . Blinds/Drapes
- 8 . Outlet/Switch Covers
- 9 . Light Fixture
- 10 . Ceiling Fan
- 11 . Smoke Alarm

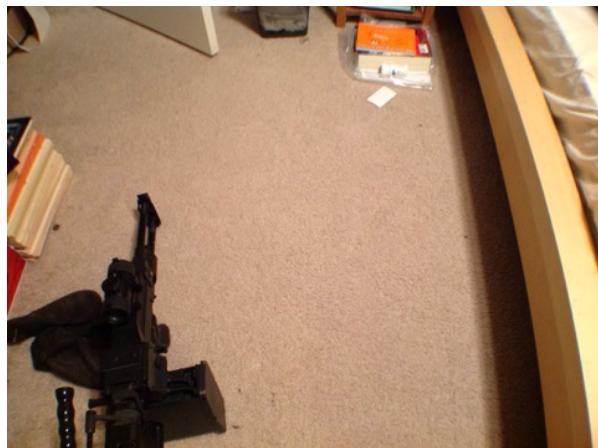
	Observed	Not Applicable	Attention Needed
6 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**1**

5/26/2015 4:03 PM

**2**

5/26/2015 4:03 PM

**Overview****3**

5/26/2015 4:04 PM

**Ceiling****Flooring****4**

5/26/2015 4:04 PM

**Walls/Paint****Bedroom Master**

- 1 . Overview
- 2 . Flooring

	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bedroom Master	Observed	Not Applicable	Attention Needed
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**1**

5/26/2015 3:51 PM

**2**

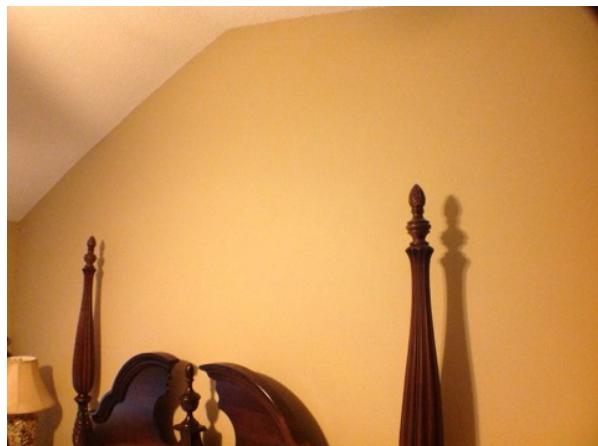
5/26/2015 3:51 PM

**Overview****3**

5/26/2015 3:51 PM

**Ceiling****Flooring****4**

5/26/2015 3:51 PM

**Walls/Paint**

Bathroom Master	Observed	Not Applicable	Attention Needed
Bathroom Master	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Tub/Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Shower/Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Towel Bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 . Smoke Alarm	<input type="checkbox"/>	N/A	<input type="checkbox"/>

**1**

5/26/2015 3:52 PM

**Overview****2**

5/26/2015 3:52 PM

**Flooring**

## Bathroom Master

Observed

Not Applicable

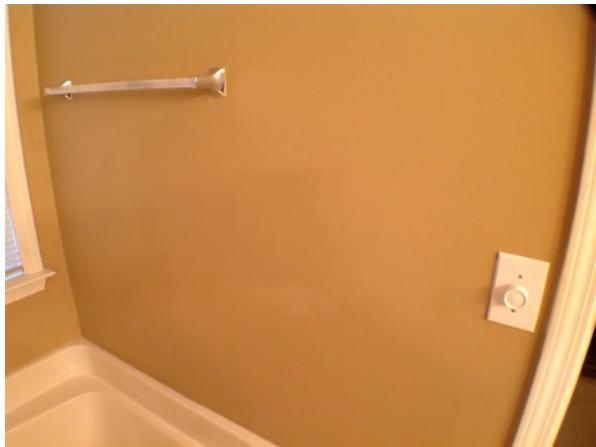
Attention Needed

**3**

5/26/2015 3:52 PM

**Ceiling****4**

5/26/2015 3:52 PM

**Walls/Paint****5**

5/26/2015 3:52 PM

**Sink/Faucet****5**

5/26/2015 3:52 PM

**Sink/Faucet**

## Bathroom Master

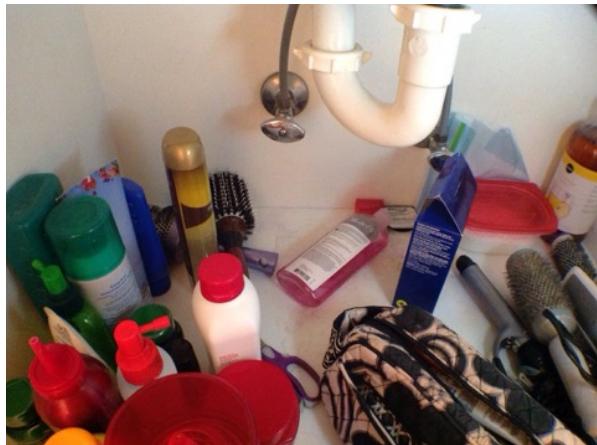
Observed

Not Applicable

Attention Needed

**6**

5/26/2015 3:53 PM

**Cabinet Under Sink****6**

5/26/2015 3:53 PM

**Cabinet Under Sink****7**

5/26/2015 3:53 PM

**Commode****8**

5/26/2015 3:53 PM

**Tub/Fixture**

## Bathroom Master

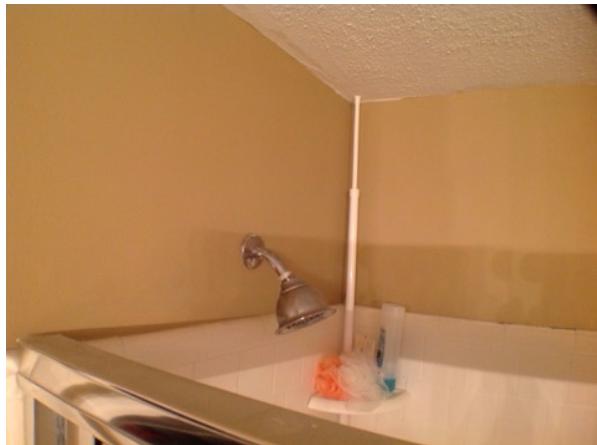
Observed

Not Applicable

Attention Needed

**9**

5/26/2015 3:53 PM

**Shower/Fixture****9**

5/26/2015 3:54 PM

**Shower/Fixture****9**

5/26/2015 3:54 PM

**Shower/Fixture** - Cracking Caulk on exterior of shower tray.**15**

5/26/2015 3:54 PM

**Light Fixtures**

## Bathroom Master

Observed

Not Applicable

Attention Needed

16

5/26/2015 3:55 PM

**Exhaust Fan - In commode room.**

Utility Room	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 . Washer Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Washing Machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Smoke Alarm	<input type="checkbox"/>	N/A	<input type="checkbox"/>

**Utility Room**

Observed

Not Applicable

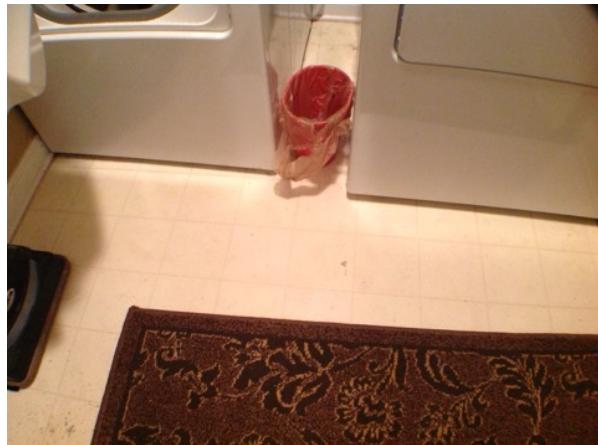
Attention Needed

**1**

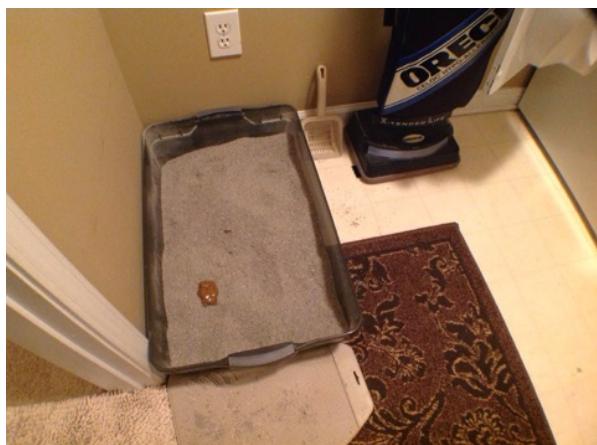
5/26/2015 3:55 PM

**2**

5/26/2015 3:55 PM

**Overview****2**

5/26/2015 3:55 PM

**Flooring - Pet Evidence****Flooring****3**

5/26/2015 3:56 PM

**Ceiling**

## Utility Room

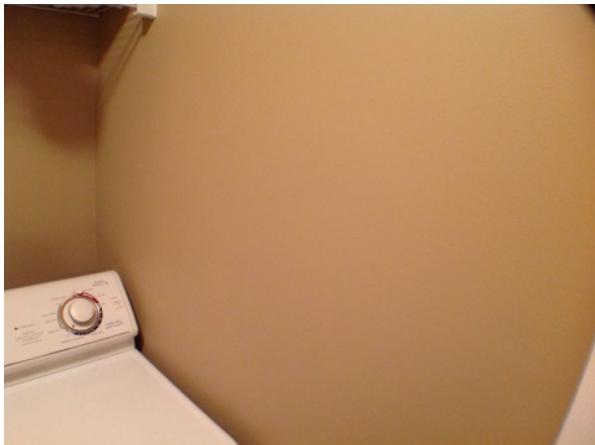
Observed

Not Applicable

Attention Needed

**4**

5/26/2015 3:56 PM

**Walls/Paint****4**

5/26/2015 3:56 PM

**Walls/Paint****4**

5/26/2015 3:56 PM

**Walls/Paint - Moisture streaks on back wall.**

## Miscellaneous

Observed

Not Applicable

Attention Needed

- 1 . Air Conditioner
- 2 . Satellite Dish
- 3 . Window Screens
- 4 . Smell Test
- 5 . Water Heater
- 6 . AC Filter

*FILTER CONDITION:**FILTER VERY RECENTLY REPLACED.**LITTLE OR NO DUST OBSERVED.*

## Miscellaneous

Observed

Not Applicable

Attention Needed

## 7. Smoke Alarm

*LIQUID SMOKE TEST: TEST NOT PERFORMED*

1

5/26/2015 3:15 PM



Air Conditioner

2

5/26/2015 3:08 PM



Satellite Dish

2

5/26/2015 3:16 PM



Satellite Dish

4

**Smell Test** - It smells fine throughout, except for the kitty litter box in the laundry room.

## Miscellaneous

Observed

Not Applicable

Attention Needed

5

5/26/2015 3:22 PM

**Water Heater - Rheem Gas**

5

5/26/2015 3:22 PM

**Water Heater - MFG Date**

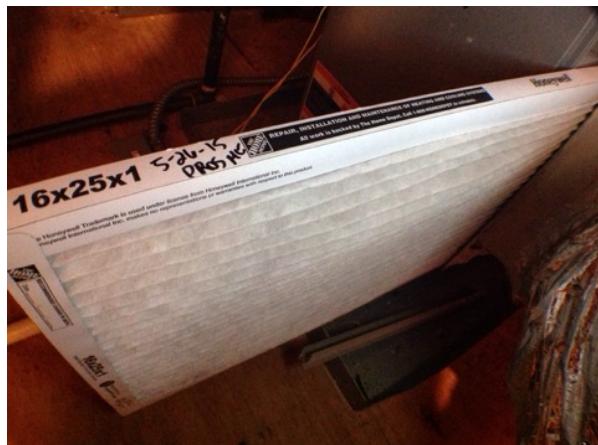
6

5/26/2015 4:09 PM

**AC Filter**

6

5/26/2015 4:10 PM

**AC Filter - Filter is restricted from being removed easily.**

## Den

Observed Not Applicable Attention Needed

- 1 . Overview
- 2 . Flooring
- 3 . Ceiling
- 4 . Walls/Paint
- 5 . Door Stops
- 6 . Windows
- 7 . Blinds/Drapes

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Den

8 . Outlet/Switch Covers



9 . Light Fixture



10 . Ceiling Fan



11 . Smoke Alarm



LIQUID SMOKE TEST: FAIL

**1**

5/26/2015 4:14 PM

**2**

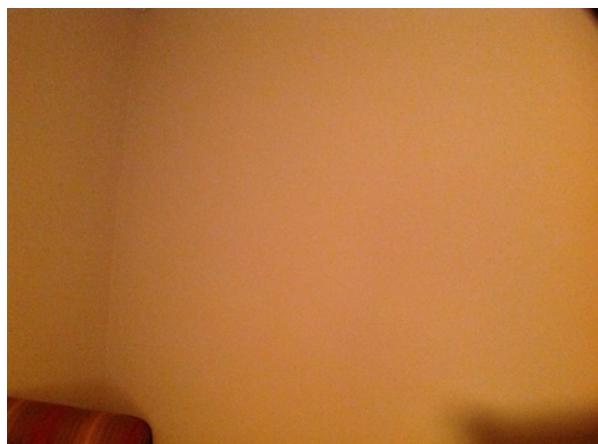
5/26/2015 4:15 PM

**Overview****3**

5/26/2015 4:15 PM

**Ceiling****Flooring****4**

5/26/2015 4:15 PM

**Walls/Paint**

## Den

Observed

Not Applicable

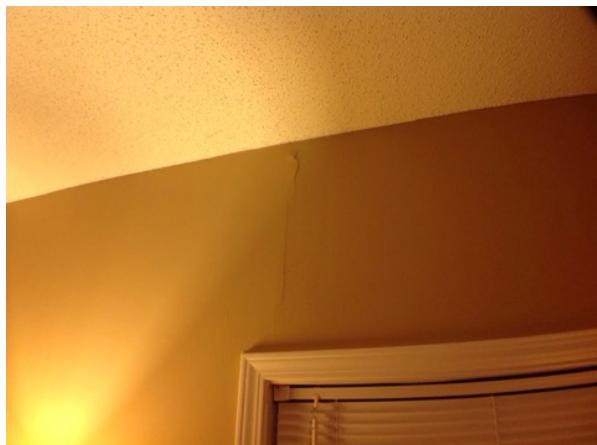
Attention Needed

**4**

5/26/2015 4:15 PM

**Walls/Paint****4**

5/26/2015 4:15 PM

**Walls/Paint****4**

5/26/2015 4:15 PM

**Walls/Paint****11**

5/26/2015 4:16 PM

**Smoke Alarm** - Out of date and failed to test properly.

Den

Observed

Not Applicable

Attention Needed

**Close Out Details and Signature**

INSPECTOR SIGNATURE



TENANT SIGNATURE

**Notes****End of Report**