



## PROPERTY CONDITIONS & INSPECTION INFORMATION

Start Time: \_\_\_\_\_ Completion Time: \_\_\_\_\_ Inspector: \_\_\_\_\_ Lic # \_\_\_\_\_

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

Approximate Outdoor Temperature: \_\_\_\_\_

**WEATHER CONDITIONS:** Dry Rain Today Rain Recently Snow    **SOIL CONDITIONS:** Dry Damp Wet Frozen

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

Approximate Total Number of Units in Building: \_\_\_\_\_

### RATING LEGEND

- S – SATISFACTORY**                      Component is functionally consistent with its intended original purpose. It may show signs of normal wear and deterioration and need minor work.
- M – MARGINAL**                        Component is in need of repair. Component is functioning less than its intended original purpose due to either failed components, age, unprofessionally installed or past repairs. Maintenance, repair or upgrading is advised.
- U – UNSATISFACTORY**                Component appears to have reached its life expectancy or is not functioning with its intended original purpose. Caution is advised.
- NR – NOT RATED**                        Not Inspected / Not Rated. This item does not apply to this inspection.
- AI – ADDITIONAL INVESTIGATION**    Additional investigation or further consultation with contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and it is suspected that there is concealed damage, or the subject is beyond the scope of the Home Inspector's expertise.

If different conditions are observed in the same component, more than one rating may be given.

#### COMMENTS:

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

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

**BHI assumes no liability for the information listed above, stated or provide by another source.**

## EXTERIOR

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

	S	M	U	NR	AI	
1 Roof Coverings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Roof Style: <input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Mansard						_____
<input type="checkbox"/> Hip <input type="checkbox"/> Shed <input type="checkbox"/> Gambrel						_____
3 Observed From: <input type="checkbox"/> Ground w/ binoculars <input type="checkbox"/> Roof						_____
4 Limited Roof View: <input type="checkbox"/> Yes <input type="checkbox"/> No						_____
5 Signs of Leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No						_____
6 Skylight: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Other Roof Penetrations: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Roof Ventilation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Flashing: dormers/piping/valleys/chimneys: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Chimney Material: <input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Masonry						_____
11 Gutters & Downspouts: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum						_____
<input type="checkbox"/> Roof Drain(s) <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Galvanized						_____
12 Eaves / Soffits / Fascias / Rake: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Trim / Corner Boards / Flashing: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 Wall Cladding: <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingles <input type="checkbox"/> Clapboard						_____
<input type="checkbox"/> Cementitious <input type="checkbox"/> Brick <input type="checkbox"/> Stucco <input type="checkbox"/> Aluminum						_____
<input type="checkbox"/> Wood <input type="checkbox"/> EFIS <input type="checkbox"/> Asphalt <input type="checkbox"/> Asbestos						_____
15 Main Entrance Door: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 Side / Rear Door: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 Exterior Basement Door: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal						_____
19 Bsmnt Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal						_____
20 Window Wells / Areaways: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21 Exposed Foundation: <input type="checkbox"/> Block <input type="checkbox"/> Granite						_____
<input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Concrete						_____
22 Fire Escape: <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RECOMMENDATIONS AND COMMENTS:**

- A. Most manufacturers of asphalt/fiberglass shingles provide a 15 to 25 year warranty. This warranty period should not be confused with the actual roof life which may be affected by many variables. Building codes do not allow more than two layers of roofing on a roof. You should verify the roof's age and number of layers through the broker, owner, or contractor.
- B. Adequate attic ventilation is important for the life expectancy of the roof sheathing and shingles. Maximum air flow will minimize heat buildup in the summer and condensation in winter. Do not cover or block vents.
- C. All flashing should be inspected annually and repaired as needed. Flashing is often repaired with tar which has a limited life expectancy. Future re-application or repair may be required.
- D. Joints and cracks on exterior wall surfaces should be properly caulked to prevent water entry.
- E. Window wells should be checked and cleaned annually.
- F. Gutters and downspouts should be cleaned on a regular basis of debris to prevent building water damage. Be certain the water is directed away from the building and foundation through downspouts and leaders.
- G. BHI recommends that you have a licensed fire escape inspection company periodically inspect the fire escapes.
- H. All wood trim and siding should be kept at least eight inches above the ground to prevent deterioration from moisture and insects.
- I. BHI was unable to fully view the entire roof due to unsafe, limited access or possibility of damage. Consult a roof contractor for a full evaluation of the roof and its components.



## EXTERIOR AND DECKS

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

	S	M	U	NR	AI	
1 Landscaping / Vegetation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Grading / Site Drainage: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Walkways: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Driveways: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Fences / Gates: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Retaining Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Patio / Terrace: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Exterior Faucets: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Exterior GFCI's Receptacles: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Exterior Lighting: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Electrical Service Entrance Conductors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Meter <input type="checkbox"/> Conduit <input type="checkbox"/> NM Cable						_____
<b>DECKS / PORCHES / BALCONIES / STOOPS</b>						
12 Front: _____						_____
Steps: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Railings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decking: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Side: _____						_____
Steps: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Railings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decking: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 Rear: _____						_____
Steps: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Railings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decking: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RECOMMENDATIONS AND COMMENTS:**

- A. Keep all trees and shrub branches cut away from the building. Prevent vines from growing on the building. If vines are present, consult a contractor prior to removal to ensure no further damage will be done.
- B. The grading around the building should be pitched to ensure water is directed away from the foundation.
- C. BHI makes no representation as to the location or ownership of the fence(s) with respect to property lines.
- D. Exterior faucets should be drained during colder months to prevent freezing.
- E. BHI recommends installing handrails on stairways that have three or more steps and/or are over 30 inches in height.
- F. Handrails and railings should be inspected annually and re-secured as needed to prevent injuries.
- G. The underside of decks and porches were not accessible at the time of inspection. To check for damage, rot or infestation access should be made prior to purchase.
- H. All wood trim and siding should be kept at least eight inches above the ground to prevent deterioration from moisture and insects.
- I. It is recommended that exterior outlets be changed to Ground Fault Circuit Interrupters (GFCI's).



## BASEMENT / STRUCTURE / CELLAR

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

	S	M	U	NR	AI	
1 Foundation:	<input type="checkbox"/> Brick	<input type="checkbox"/> Block	<input type="checkbox"/> Granite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Stone	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Floor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Ventilation Means: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Windows:	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Basement Doors:	<input type="checkbox"/>	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Bulkhead / Walkout: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Basement Stairs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Chimney Foundation:	<input type="checkbox"/> Brick	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Chimney Clean-out: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Ceiling Insulated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Support Columns:	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Beams / Girders:	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Floor Joists: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 Sills: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 Subfloor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 Crawl Space: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Method to Inspect Crawl Space: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crawl Space Ventilated:	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Space Ceiling Insulated:	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Sump Pump / Sump Pit:	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Dehumidifier:	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Active Water Penetration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Previous Water Penetration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Stains & Efflorescence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDATIONS AND COMMENTS:**

- A. Minor cracks in walls and floors less than 1/4" represent normal shrinkage. To reduce the possibility of water penetration they can be filled with hydraulic cement. Cracks that are offset, "V" shaped or larger than 1/4" are signs of settlement and should be monitored. If any movement is detected, immediate attention is required. All cracks should be monitored for several months, and in some cases years, after the date of inspection for additional signs of movement.
- B. Basements should be kept dry and properly ventilated to minimize deterioration of structural members caused by a variety of sources. The source or amount of water penetration may not always be observable at time of inspection. Boston Home Inspectors, Inc. suggests you consult the owner for any historical perspective of whether evidence of water penetration has been noted or not. Our inspection will not predict future moisture, seepage or flooding. Some common causes of dampness are improper lot grading, blocked down spouts, missing or improperly aligned down spout diverters, and improper ventilation. If excessive moisture continues it is recommend that you consult a contractor. BHI does not inspect for or evaluate fungal growth. If you have concerns about mold or any other fungal growth, you are strongly urged to obtain the services of an indoor air quality specialist or other qualified professional to fully assess the situation and make appropriate recommendations.
- C. Efflorescence is the white powdery substance often evident on concrete walls and floors. It is usually an indication that dampness or water penetration has occurred at some time. It may or may not be an indication of moisture presence.
- D. Examination of structural members, walls, floors, ceiling, wiring, piping, etc., cannot be conducted. These areas are partially finished rendering them inaccessible. No destructive probing, removal of permanent or non-permanent partition, or tile is performed.
- E. Lumber, trees and adjustable columns are subject to shrinkage and deterioration. Under most circumstances cement filled steel lally columns are preferable.
- F. Sump pump and discharge lines should be checked periodically. Mass General Law prohibits inspectors from operating sump pumps, therefore we recommend having the sump pump testing by a licensed plumber. If their is no sump pump, it is recommended that one be installed.
- G. Crawl vents should be opened in summer for proper ventilation and closed in winter to prevent plumbing freeze up and heat loss.
- H. To prevent heat loss, BHI recommends insulating a ceiling of an unfinished basement where heated rooms are above.

## HEATING AND COOLING

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

	S	M	U	NR	AI	
1 Thermostat: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Heat Pump
2 Fire-rated Sheetrock: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Temp: _____   A/C Temp: _____
3 Exposed Flue Vent & Thimble: _____ Atmospheric / Barometric / Induced Draft Blower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Possible Asbestos Material: <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>	<input type="checkbox"/>	_____
5 <b>BOILER:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PSI _____ <input type="checkbox"/> Temp _____ <input type="checkbox"/> Sight Glass <input type="checkbox"/> Water Level _____
Burner / Gun: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Auto Feed <input type="checkbox"/> Overflow Tube <input type="checkbox"/> P/T Relief Valve <input type="checkbox"/> Backflow Preventer
Fire Box Liner: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Combustion Air <input type="checkbox"/> Air Separator <input type="checkbox"/> Pilot Light <input type="checkbox"/> Electronic Ignition
Circulator Pump: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Safety Switch <input type="checkbox"/> Service Outlet <input type="checkbox"/> Exp. Tank <input type="checkbox"/> Low Water Cut-off
Valves & Normal Operating Controls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pipes & Supports: <input type="checkbox"/> Other <input type="checkbox"/> Copper <input type="checkbox"/> Cast Iron <input type="checkbox"/> Non-Insulated <input type="checkbox"/> Insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 <b>FORCED AIR FURNACE / HANDLER:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Burner / Gun: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air Filter: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Circulator Fan / Blower: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Duct Work / Damper: <input type="checkbox"/> Other <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Non-Insulated <input type="checkbox"/> Insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heat Exchanger: <b>See Comment D</b>				<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Fuel Tank:    See Note H <input type="checkbox"/> Oil <input type="checkbox"/> Propane				<input type="checkbox"/>	<input type="checkbox"/>	_____
Fill Pipe & Vent Stack: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 <b>CENTRAL AIR CONDITIONING:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outdoor Air Temperature is Below 60 - Unable to Test System
Condenser: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furnace & Coil - Air Handler - Package Unit - Heat Pump - Cooling Tower
Evaporator Coil: <b>See Comment F</b>				<input type="checkbox"/>	<input type="checkbox"/>	Fan Coil Unit - Convector - Solid Fuel Heating Device
Refrigerant Line Insulated: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condensate Drain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Service Disconnect: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Service Receptacle: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Compressor Support: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Through-Wall Cooling Equipment: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RECOMMENDATIONS AND COMMENTS:**

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



## ELECTRICAL SYSTEM

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

	S	M	U	NR	AI	
1 <b>Service Panel Location:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 <b>Main Overcurrent Device:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Disconnect <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses Service Conductor Material: <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Number of Circuit Breakers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amperage: _____ Voltage: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 <b>Service Equipment:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 <b>Distribution Panel Location:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Branch Circuit Overcurrent Device: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Disconnect <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses Branch Conductor Material: <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Number of Circuit Breakers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amperage: _____ Voltage: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 <b>Readily Accessible Wiring:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Knob & Tube <input type="checkbox"/> AC / BX <input type="checkbox"/> Conduit <input type="checkbox"/> NM / Romex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 <b>Service Grounding Cable / Electrode:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 <b>Arc-Fault Circuit Interrupters Breakers (ARCI):</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 <b>Ground Fault Circuit Interrupters Breakers (GFCI):</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

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

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

**RECOMMENDATIONS AND COMMENTS:**

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



## PLUMBING SYSTEM

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

	S	M	U	NR	AI	
1 Main Water Supply: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private
2 Main Water Shut-Off: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Exposed Water Supply Distribution System: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Brass						_____
<input type="checkbox"/> Plastic <input type="checkbox"/> Other <input type="checkbox"/> Galvanized						_____
4 Water Supply Pipe Supports: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Supply Lines Insulated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Functional Flow: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Exposed Drain Waste & Vent System: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private
<input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Cast Iron						_____
<input type="checkbox"/> PVC <input type="checkbox"/> Other <input type="checkbox"/> Galvanized						_____
8 Distribution Pipe Supports: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 DWV Pipe Insulated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Functional Drainage: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Faucets & Traps: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 Laundry Tub: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Washer Connection: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 Dryer Connection: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 Gas Main Shut-Off: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 Gas Piping Supports & Connections: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 <b>Hot Water Heater:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pressure / Temperature Relief Valve: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas - Oil - Electric - Tankless - Integral w/ Heating System
Vacuum Relief Valve: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make: _____   Capacity: _____   Year: _____
Expose Flue Vent & Thimble: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Normal Operating Controls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 Floor Drains: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 Interior Sewer Ejector Pump: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 Water Conditioning System: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21 Fire Suppression System: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 Irrigation System: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23 Visible Water Supply Leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24 Visible Distribution Leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25 Visible Cross Connections: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RECOMMENDATIONS AND COMMENTS:**

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

## KITCHEN

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

	S	M	U	NR	AI	
1 Sink & Faucet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hot Water Temp: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing Under the Sink: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Disposal: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Dishwasher: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secured to Counter Top: <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>	_____
4 Water Purifier / Filter in Use: <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Range / Stove: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Cook Top: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Wall Oven: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Exhaust Fan / Vent: <input type="checkbox"/> Microwave <input type="checkbox"/> Ductless <input type="checkbox"/> Ducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Trash Compactor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Cabinets (exterior only): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Counter Tops: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 Ceiling & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Floors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 Skylights: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 GFCI's & Electrical Outlets: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 Lighting: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 Heat Source: <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RECOMMENDATIONS AND COMMENTS:**

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

## BATHROOMS

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

	S	M	U	NR	AI
<b>1 Bathroom:</b> _____					
Hot Water Temp: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanity / Wall Hung / Pedestal & Faucet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub / Whirlpool / Shower & Fixtures: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Wall Material: <input type="checkbox"/> Tile <input type="checkbox"/> Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet / Bidet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI / Electric / Vent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows & Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 Bathroom:</b> _____					
Hot Water Temp: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanity / Wall Hung / Pedestal & Faucet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub / Whirlpool / Shower & Fixtures: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Wall Material: <input type="checkbox"/> Tile <input type="checkbox"/> Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet / Bidet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI / Electric / Vent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows & Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3 Bathroom:</b> _____					
Hot Water Temp: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanity / Wall Hung / Pedestal & Faucet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub / Whirlpool / Shower & Fixtures: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Wall Material: <input type="checkbox"/> Tile <input type="checkbox"/> Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet / Bidet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI / Electric / Vent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows & Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDATIONS AND COMMENTS:**

- A. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Damage beyond the tile surface is not accessible (NR) and further valuation is suggested. Poor grouting will cause water penetration, lifting of tiles, deterioration of flooring, plaster, drywall and structural members around the tubs, showers, counter tops and floor.
- B. Cosmetic defects such as worn carpet or linoleum, scratches in wood floors, fading or peeling paint, holes in walls, doors, ceiling, trim are not reported. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement.
- D. Due to the age of the house not all fixtures may meet current standards, therefore upgrades may be needed when renovating or repairing.
- E. The source or frequency of water, causing stains cannot always be determined. Consult with the owner or contractor for the history of the stain.
- H. It is highly recommended that the hot water temperature not exceed 125 degrees Fahrenheit.
- I. Ground Fault Circuit Interrupter (GFCI) outlets or circuits are required by today's code in any area where the user may come in contact with water.

## INTERIOR

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

	S	M	U	NR	AI
1 Main Stairway: Stairs & Railings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Rear Stairway: Stairs & Railings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Hallways: Balconies & Railings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Skylights: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Fireplaces: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearth: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damper Operation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <b>ROOMS:</b> _____					
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors: <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source: <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs of Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <b>ROOMS:</b> _____					
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors: <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source: <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs of Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <b>ROOMS:</b> _____					
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors: <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Source: <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs of Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDATIONS AND COMMENTS:**

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

## ATTIC / INSULATION

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

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

**RECOMMENDATIONS AND COMMENTS:**

- A. The home buyer should be aware that prior to mid 1970's, homes were typically built with minimal insulation. Home buyers' should consider insulation upgrades to minimize energy costs..
- B. Adequate attic ventilation is important in the life expectancy of the roof sheathing and shingles. Maximum air flow will minimize heat buildup in the summer and condensation in winter. Do not cover or block vents. When attic temperature is greater than 30 degrees from exterior ambient temperature, additional venting is advised.
- C. All flashing should be inspected annually and repaired as needed. Flashing is often repaired with tar which has a limited life expectancy. Future re-application or repair may be required.
- D. The source or frequency of water causing stains cannot always be determined at time of inspection. Consult with the owner or contractor for a historical perspective of whether evidence of water penetration has been noted or not. Moisture stains may appear to be dry at the time of inspection due to a variety of weather conditions.
- E. Most attics are only partially inspected due to constraints such as height, tight, claustrophobic conditions, missing flooring, cluttered areas, covered and difficult entry. At the time of inspection BHI inspected a small sample of structural members and sheathing.
- F. Caution should be exercised when using any type of pull down stairs.



## GARAGE / SHED / BARN

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

	S	M	U	NR	AI
1 Style: _____ <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Under	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Roof Material: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Flashing: dormers/piping/valleys/chimneys: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Gutters & Downspouts: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Eaves / Soffits / Fascias / Rake: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Trim / Corner Boards / Flashing: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Wall Cladding: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Exterior Door: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Overhead Door(s): _____ Locks / Springs / Rollers / Tracks: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Garage Door Operator(s): _____ Electronic Safety Eyes: <input type="checkbox"/> Yes <input type="checkbox"/> No Automatic Reverse Operation: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Windows: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Exposed Foundation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Ceiling & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Fume Barrier / Fire Wall: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Fire Door: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Interior Framing: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Sill: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Floor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 GFCI's Receptacles: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Signs of Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDATIONS AND COMMENTS:**

- A. Keep all trees and shrub branches cut away from the building. Prevent vines from growing on the building. If vines are present, consult a contractor prior to removal to ensure no further damage will be done.
- B. The grade around the building should be pitched to ensure water is directed away from the foundation.
- C. Most manufacturers of asphalt/fiberglass shingles provide a 15 to 25 year warranty. This warranty period should not be confused with the actual roof life, which is affected by many variables. Building codes do not allow more than two layers of roofing on a roof. You should verify the roof's age and number of layers through the broker, owner, or contractor.
- D. Fume barriers, fire-rated sheetrock, and fire doors are required in most new construction. If your attached garage does not have these features, you should consider adding them for safety purposes.
- E. Minor cracks in walls and floors represent normal shrinkage. To reduce the possibility of any water penetration, they can be filled with hydraulic cement. Cracks that are offset or "V" shaped are signs of settlement and should be monitored. If movement is detected immediate attention will be required.
- F. Gutters and downspouts should be cleaned on a regular basis of debris to prevent building water damage. Be certain the water is directed away from the building and foundation through downspouts and leaders.
- G. For additional protection, BHI recommends an optional automatic "electric eye" installed at floor level to reverse a closing door whenever an object crosses the door's path. Homeowners should check the reversing mechanism of all garage door openers monthly in accordance with the owner's manual. If the door does not promptly reverse, the unit should be disengaged and a service technician called to see if repairs are needed. If the opener does not have the reversing feature, the garage door opener should be disconnected and replaced with one meeting the ANSI-UL voluntary standard. Garage doors hardware should be checked periodically to make sure that it functions properly.
- H. All wood trim and siding should be kept at least eight inches above the ground to prevent deterioration from moisture and insects.
- I. It is recommended that exterior and garage outlets be changed to Ground Fault Circuit Interrupters (GFCI's).

## APARTMENT

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

	S	M	U	NR	AI	
1 Main & Rear Stairway Stairs & Railings: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Skylights: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Fireplace / Hearth / Damper Operation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Porch / Deck: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Front / Rear Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 <b>Bathroom:</b> _____						
Hot Water Temp: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vanity / Wall Hung / Pedestal & Faucet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tub / Whirlpool / Shower & Fixtures: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shower Wall Material: <input type="checkbox"/> Tile <input type="checkbox"/> Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet / Bidet: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GFCI / Electric / Vent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows & Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heat Source: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 <b>ROOMS:</b> _____						
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors: <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heat Source: <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signs of Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 <b>ROOMS:</b> _____						
Ceilings & Walls: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors: <input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Resilient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heat Source: <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiators <input type="checkbox"/> Registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signs of Water Penetration: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RECOMMENDATIONS AND COMMENTS:**

- A. Fireplaces and wood/coal stoves are only inspected visually. It is recommended that you contact the local building inspector or the fire marshal before operating any solid fuel stoves. Annual inspection by a chimney sweep contractor is recommended.
- B. Damage beyond the tile surface is not accessible (NR) and further valuation is suggested. Poor grouting will cause water penetration, lifting of tiles, deterioration of flooring, plaster, drywall and structural members around the tubs, showers, counter tops and floor.
- C. Windows - Repair sashes, cords, reglaze, repaint, replace broken glass, fix sash locks and tighten up windows as needed.
- D. Fog or condensation between insulated glass is an indication of a broken thermal seal. However, due to the nature of the defect this situation may not always be detected. Check with current owner for location and condition of any and all screens and storms.
- E. The source or frequency of water, causing stains cannot always be determined. Consult with the owner or contractor for the history of the stain.
- F. Ungrounded two prong receptacles should be updated.
- H. It is highly recommended that the hot water temperature not exceed 125 degrees Fahrenheit.
- I. Ground Fault Circuit Interrupter (GFCI) outlets or circuits are required by today's code in any area where the user may come in contact with water.