



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: _____

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

Approximate Outdoor Temperature: _____

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 not serving its intended original purpose well, either because of failed parts, age, unprofessional installation, or past repairs. Maintenance, repair, or upgrading is advised.
- U – UNSATISFACTORY** Component appears to have reached its life expectancy or is not functioning with its intended original purpose. Caution is advised.
- NR – NOT RATED / INSPECTED** This item does not apply to this inspection.
- AI – ADDITIONAL INVESTIGATION** Additional investigation or further consultation with a contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and reason to suspect concealed damage, or the subject is outside the Home Inspector's expertise.

If different conditions are observed in a single 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 and the condition of common areas and exclusive-use common areas can only be determined by review of the association's records and are beyond the scope of this inspection. Any comments pertaining to said areas have been made as a courtesy, and should be addressed via the current owner to the association. Correction of common area deficiencies will be at the discretion of the association. BHI shall not be responsible for erroneous comments or omissions concerning deficiencies involving communal areas, systems, or components.

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

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Roof Ventilation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other Roof Penetrations: _____	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/> Cementious <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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Main Entrance Door: _____					
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Fire Escape: <input type="checkbox"/> Wood <input type="checkbox"/> Metal					

COMMENTS AND RECOMMENDATIONS:

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

EXTERIOR AND DECKS

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

	S	M	U	NR	AI	
1 Landscaping / Vegetation: _____	<input 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 Lighting: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Exterior GFCI Receptacles: _____	<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						_____
DECKS / PORCHES / BALCONIES / STOOPS						
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"/>	_____

COMMENTS AND RECOMMENDATIONS:

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



BASEMENT / STRUCTURE / CELLAR

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

	S	M	U	NR	AI	
1 Foundation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Granite						
<input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Concrete						
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal						
5 Basement Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wood <input type="checkbox"/> Metal						
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete						
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial						
11 Support Columns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Masonry						
12 Beams / Girders:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete						
13 Sills: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Subfloor: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15 Floor Joists: _____	<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: _____						
Crawl Space Ventilation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Present <input type="checkbox"/> Absent						
Crawl Space Ceiling Insulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Present <input type="checkbox"/> Absent						
17 Dehumidifier:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Present <input type="checkbox"/> Absent						
18 Sump Pump / Sump Pit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Present <input type="checkbox"/> Absent						
19 Stains & Efflorescence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No						
20 Active Water Penetration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No						
21 Previous Water Penetration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No						

COMMENTS AND RECOMMENDATIONS:

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

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 Heat Temp: _____ A/C Temp: _____
2 Fire-rated Sheetrock: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 BOILER: _____	<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 _____ <input type="checkbox"/> Auto Feed <input type="checkbox"/> Overflow Tube <input type="checkbox"/> P/T Relief Valve <input type="checkbox"/> Backflow Preventer <input type="checkbox"/> Combustion Air <input type="checkbox"/> Air Separator <input type="checkbox"/> Pilot Light <input type="checkbox"/> Electronic Ignition <input type="checkbox"/> Safety Switch <input type="checkbox"/> Service Outlet <input type="checkbox"/> Exp. Tank <input type="checkbox"/> Low Water Cut-off
Burner / Gun: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Firebox Liner: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circulator Pump: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 FORCED AIR FURNACE / HANDLER: _____	<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: See Note D				<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 CENTRAL AIR CONDITIONING: _____	<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 Furnace & Coil - Air Handler - Package Unit - Heat Pump - Cooling Tower Fan Coil Unit - Convectors - Solid Fuel Heating Device
Condenser: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaporator Coil: See Note F				<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

COMMENTS AND RECOMMENDATIONS:

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



ELECTRICAL SYSTEM

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

	S	M	U	NR	AI
1 Service Panel Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Main 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					
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 Service Equipment: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Distribution Panel Location: _____	<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 Readily Accessible Wiring: _____	<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					
6 Service Grounding Cable / Electrode: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Arc-Fault Circuit Interrupters Breakers (AFCI): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Ground Fault Circuit Interrupters Breakers (GFCI): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

COMMENTS AND RECOMMENDATIONS:

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

PLUMBING SYSTEM

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

	S	M	U	NR	AI	
1 Main Water Supply: _____	<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"/> CPVC <input type="checkbox"/> Brass						
<input type="checkbox"/> PEX <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 Hot Water Heater: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas - Oil - Electric - Tankless - On Demand - Integral w/ Heating System
Pressure / Temperature Relief Valve: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make: _____ Capacity: _____ Year: _____
Vacuum Relief Valve: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

COMMENTS AND RECOMMENDATIONS:

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

KITCHEN

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

	S	M	U	NR	AI
1 Sink & Faucet: _____	<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 Countertop: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Water Purifier / Filter in Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: <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 Countertops: _____	<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 Lighting: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 GFCI & Electrical Outlets: _____	<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 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"/>
21 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND RECOMMENDATIONS:

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

BATHROOMS

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

	S	M	U	NR	AI	
1 Bathroom: _____						
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"/>	
Floor: _____	<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"/>	
Ceilings & Walls: _____	<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"/>	
GFCI / Electric / Exhaust Fan*: _____	<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"/>	
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"/>	
2 Bathroom: _____						
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"/>	
Floor: _____	<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"/>	
Ceilings & Walls: _____	<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"/>	
GFCI / Electric / Exhaust Fan*: _____	<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"/>	
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"/>	
3 Bathroom: _____						
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"/>	
Floor: _____	<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"/>	
Ceilings & Walls: _____	<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"/>	
GFCI / Electric / Exhaust Fan*: _____	<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"/>	
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"/>	

COMMENTS AND RECOMMENDATIONS:

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

INTERIOR

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

	S	M	U	NR	AI	
1 Main Stairway: Stairs & Railings: _____	<input 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 Rooms: _____						_____
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 Rooms: _____						_____
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 Rooms: _____						_____
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"/>	_____

COMMENTS AND RECOMMENDATIONS:

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

ATTIC / INSULATION

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

	S	M	U	NR	AI	
1 Access to Attic: <input type="checkbox"/> Pull-down <input type="checkbox"/> Scuttle <input type="checkbox"/> Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
Gable Stud: _____	<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"/>	
Ceiling Joists: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collar / Rafter Ties: _____	<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"/> Metal	<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 Exhaust Fan: _____	<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"/>	
Wiring is 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"/>	

COMMENTS AND RECOMMENDATIONS:

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

GARAGE / SHED / BARN

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

	S	M	U	NR	AI
1 Style: _____ <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 Fire Door: _____	<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 Interior Framing: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Exposed Foundation: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Fume Barrier / Fire Wall: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 & Electrical Outlets: _____	<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"/>

COMMENTS AND RECOMMENDATIONS:

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

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 Bathroom: _____						_____
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"/>	_____
Floor: _____	<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"/>	_____
Ceilings & Walls: _____	<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"/>	_____
GFCI / Electric / Exhaust Fan*: _____	<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"/>	_____
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 Rooms: _____						_____
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 Rooms: _____						_____
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"/>	_____

COMMENTS AND RECOMMENDATIONS:

- A. Fireplaces and wood/coal stoves are inspected only 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 and further evaluation is suggested. Poor grouting will cause water penetration, lifting of tiles, deterioration of flooring, plaster, drywall, and structural members around the tubs, showers, countertops 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 a break 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 that causes stains cannot always be determined. Consult with the owner or contractor for the history of the stain.
- F. Ungrounded two-prong receptacles should be updated.
- 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. * If Additional Investigations is checked, further consultation with a contractor, engineer, or other specialist is advised because the scope of the repair is unknown, or there is potential for and reason to suspect concealed damage, or the subject is outside the Home Inspector's expertise.