

WELCOME

TO

HomeReport™

**Your Detailed &
Comprehensive
Home Inspection Guide**

Prepared by: **Rockburn Home Inspection**



Understanding Your Home

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Gold Edition

THE BIG PICTURE

N^o

This page represents the overall condition of the property on the day of the inspection. This is where we bring to your attention significant short term items. NOTE : This page is NOT the full report. We would like to again bring to your attention that a home inspection is visual in nature. Items/areas that were not visible/accessible during the inspection are beyond the scope of comment for this type of inspection. Please read all of the report forms along with any appropriate sections.

ROOFING 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Not Inspected	EXTERIOR 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Not Inspected
STRUCTURE 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Not Inspected	INTERIOR 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Not Inspected
HEATING 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Not Tested/Inspected	COOLING 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Not Tested/Inspected
PLUMBING 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Not Inspected	ELECTRICAL 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Not Inspected
THE OVERALL RATING 1 2 3 4 5 6 7 8 9 10 Poor Typical Excellent (This rating compares this house with those of a similar age or construction and/or neighbourhood.) <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">PLEASE READ ALL NOTES WITHIN!</p>	

LOCATION/ORIENTATION - For the purposes of this report:

The front of the house is considered to be facing: **OR** When facing the front door from the outside:
 N=north S=south E=east W=west **FR**=front **LE**=left **RI**=right **BK**=back

Temperature: ____°C/°F Weather: sunny, dry, cloudy, windy, fog, light/moderate/heavy/no/recent, rain, snow

Style of Home: Detached/Link, Semi-Detached, Townhouse/Row, High-rise Condo Stories: 1, 1.5, 2, 2.5, 3, Multi-Level

HomeReport™ CODES EXPLAINED

(For more information, please see the "Introduction" section)

WHEN Gives a measure of urgency regarding recommended action(s)

A = Annually	D = Discretionary	E = Earliest Opportunity	M = Monthly
R = Regular Maintenance	U = Urgent/Immediate	UN = Unpredictable	W = Within
0 = Now	1 = 1 year	2 = 2 years	3 = 3 years
		4 = 4 years	5 = 5 years

WHERE Describes the location for recommended action(s)

A = Attic	DK = Deck	L = Lower	SA = Sauna
AP = Apartment	E = East	LE = Left	SL = Stair landing
B = Basement	EA = Electrical area	LI = Living room	SR = Sunroom
BA = Balcony	EX = Exterior	LR = Laundry room	ST = Stairs
BK = Back	F = Family room	M = Master	T = Throughout
BR = Bedroom	FA = Furnace area	MI = Middle	U = Upper
C = Central	FO = Foyer	N = North	V = Various
CL = Closet	FR = Front	O = Office/Library	W = West
CP = Carport	G = Garage	P = Porch	WR = Washroom
CR = Crawlspace	H = Hall	R = Roof	1 = 1st Floor
CS = Cold storage	I = Interior	RI = Right	2 = 2nd Floor
D = Dining room	K = Kitchen	S = South	3 = 3rd Floor

ACTION Describes recommended action(s) to be taken

A = Adjust	IS = Investigate With Specialist	RE = Remove
AV = Ask Vendor	M = Monitor	RV = Review
C = Complete	MC = Monitor Closely	S = Service
F = Fix	P = Perform Maintenance	T = Test
I = Install	R = Replace	U = Upgrade

COST Gives a ballpark estimate for cost of recommended action(s)

C = Can Vary Widely	L = Large Dollar (>X\$)	SS = Small Dollar-Safety
G = Get Quotes (3 or more)	S = Small Dollar (<X\$)	SI = Safety Item

READ SECTION Recommended text to be read for a greater understanding

You are strongly encouraged to read the appropriate text for any items noted by your inspector in the report. This is to help ensure your understanding of what has been reported to you so that you can make a more informed home purchase decision. The text is straightforward and has been written in layman's terms. Happy Reading!

ROOFING

Nº _____

DESCRIPTION

Failure Probability (next 5 years) Low Medium High

Restrictions

ROOF	COVER	SLOPE	AGE (+/-)
MAIN			
SECOND			
GARAGE			
OTHER			
FLAT			

Chimneys

Metal Masonry Stone

Skylights

Glass Above roof line
 Plastic Flush to roof line
 Solar Tubes
 Other _____

- Walked On Ladder at Edge
- From Ground With Binoculars
- Chimney Interior(s) Not Inspected
- _____ % Snow/frost/ice covered
- Flat Roof Not Visible/Inspected
- Inaccessible under deck
- Inaccessible/ Not Inspected

Roof Cover Codes Explained:

A=Asphalt Shingle, AR=Asphalt Roll, BTG=Built Up Tar & Gravel, BT=Built Up Tar
 CT=Clay/Concrete Tile WS=Wood Shingle/Shakes, ERM=Exposed Rubber Type Membrane, M=Metal

INSPECTION FINDINGS

An inspector cannot accurately predict roofing system failure.

- NOTES:** System appears fine No suggestions at this time
- Review Roofing When Clear of Snow/Frost/Ice
 - Ask Vendor for Roof Receipt - for Warranty Purposes
 - Replacement Candidate _____

WHEN	WHERE	ACTION	READ SECTION	
			1.0	Main Sloped: buckle/curl, cracked, damaged, design, granules, loose, missing, moss, old, patched, tar paper/drip edge, tree branches
			1.0	Second: buckle/curl, cracked, damaged, design, granules, loose, missing, moss, old, patched, tar paper/drip edge, tree branches
			1.0	Garage(s): buckle/curl, cracked, damaged, design, granules, loose, missing, moss, old, patched, tar paper/drip edge, tree branches
			1.0	Other: buckle/curl, cracked, damaged, design, granules, loose, missing, moss, old, patched, tar paper/drip edge, tree branches
			2.0	Flat Roof: blistered, cracked, damaged, design, granules, gravel missing, moss, old, ponding, patched, seams, tree branches, UV protection, vulnerable/unpredictable
			3.0	FLASHINGS/PROTRUSIONS
			3.1	Ridge/Hip: caulking, cracked, damaged, granules, loose, patched, vulnerable
			3.1	Valley: caulking, cracked, damaged, granules, loose, patched, vulnerable
			3.1	Roof/Wall: caulking, damaged, loose, patched, step/counter flashing, vulnerable
			3.2	Parapet Wall: caulking, damaged, loose, nails, quality, rust
			3.3	Chimney(s): cap, caulking, cracked, damaged, deteriorated, drip collar, floc/liner, height, mortar, nails, rain cap, rust, screen, spalling, step/counter flashing
			3.4	Plumbing Stack(s): caulking, collar, cracked, damaged, leaning, missing, nails
			3.5	Electrical Mast: caulking, missing, support
			3.6	Vents: caulking, damaged, loose, nails, noisy, quantity
			3.7	Skylight(s): caulking, cracked, damaged, deteriorated, flashing, leak

EXTERIOR

Nº

DESCRIPTION

Wall Finishes <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Stucco/EIFS <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Shakes/Shingles <input type="checkbox"/> Insulbrick	Windows <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Sliding <input type="checkbox"/> Casement <input type="checkbox"/> Awning <input type="checkbox"/> Fixed <input type="checkbox"/> Skylight <input type="checkbox"/> Single/Double Hung <input type="checkbox"/> Single Glazed <input type="checkbox"/> Single And Storm <input type="checkbox"/> Double Glazed <input type="checkbox"/> Triple Glazed	Doors <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Sliding <input type="checkbox"/> French <input type="checkbox"/> Screen <input type="checkbox"/> Garage-Vehicle <input type="checkbox"/> Garage to House <input type="checkbox"/> Garage to Yard	Decks And Porches <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Back <input type="checkbox"/> Second/Third Floor <input type="checkbox"/> Roof
Driveway/Walkway <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Interlock <input type="checkbox"/> Gravel <input type="checkbox"/> Other _____	Soffit/Fascia <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl	Lot Grading <input type="checkbox"/> Flat <input type="checkbox"/> Ravine <input type="checkbox"/> Slopes To House <input type="checkbox"/> Slopes From House <input type="checkbox"/> Vulnerable Lot <input type="checkbox"/> Other _____	Restrictions <input type="checkbox"/> Trees, Shrubs, Greenery <input type="checkbox"/> Newer Finishes/Paints <input type="checkbox"/> Access under Decks/ Porches <input type="checkbox"/> Grading Hidden by Snow/ Storage <input type="checkbox"/> Inaccessible Wall <input type="checkbox"/> Garage - Locked/Full/Storage <input type="checkbox"/> Driveway Not Inspected <input type="checkbox"/> Other _____
Retaining Walls <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry Block <input type="checkbox"/> Other _____	Eavestroughs/Downspouts <input type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Downspouts Discharge: <input type="checkbox"/> Above Grade <input type="checkbox"/> Below Grade		

INSPECTION FINDINGS

WHEN	WHERE	ACTION	READ SECTION	NOTES: <input type="checkbox"/> System appears fine <input type="checkbox"/> No suggestions at this time <input type="checkbox"/> Improve Grading - Now/ASAP - to defend basement from water <input type="checkbox"/> Add/Upgrade Railings-Now-Safety at _____
			1.0	Eavestroughs: clogged, damaged, deteriorated, leaks, loose, missing, paint, rust, slope
			2.0	Downspouts: clogged, damaged, discharge close to house, discharge to roof, loose, missing, paint, rust, quantity
			3.0	Soffit/Fascia: damaged, loose, missing, paint, rot
			4.0	Wall Finishes: brick contact, caulking, cracked, damaged, deteriorated, EIFS, greenery, loose, mortar, paint, spalling, weeping holes, wood/ground proximity
			5.0	Windows (also see Interior): caulking, cracked, damaged, deteriorated, paint, screens, weather stripping, window wells/covers, wood/ground proximity
			6.0	Doors: caulking, cracked, damaged, fit, hardware, operation, paint, screens, weather stripping, wood/ground proximity
			7.0	Decks & Porches: damaged, deteriorated, lattice, leaning, paint, railings, steps, support, wood/ground proximity
			8.0	Driveway/Walkway: damaged, deteriorated, settlement, trip hazard
			9.0	Retaining Wall(s): damaged, deteriorated, leaning, weeping holes
			10.0	Lot Grading: caulking at driveway/walkway/patio, drainage, low lot/vulnerable, slope
			11.0	Garage Door Opener: adjust, auto reverse, inoperative
			12.0	Garage: automatic door closer, damaged, deteriorated, door damage, floor settlement/cracks, gas proofing, shelf, wood/ground proximity

STRUCTURE

N^o

DESCRIPTION

Roof Structure <input type="checkbox"/> Trusses <input type="checkbox"/> Rafters <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other _____	Roof Sheathing <input type="checkbox"/> Planks/Boards <input type="checkbox"/> Plywood <input type="checkbox"/> Waferboard <input type="checkbox"/> Other _____	Exterior Walls <input type="checkbox"/> Wood Frame/Brick Veneer <input type="checkbox"/> Wood Frame/Brick Front <input type="checkbox"/> Wood Frame <input type="checkbox"/> Solid Masonry <input type="checkbox"/> Stone <input type="checkbox"/> Other _____	Foundation <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Modified/Addition <input type="checkbox"/> Other _____
Columns & Beams <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Other _____	Restrictions <input type="checkbox"/> Roof Structure/Sheathing (attic hatch - not found/none/too small/sealed, design, finishes, storage, viewed from hatch) <input type="checkbox"/> Exterior Walls (finishes, greenery, obstructions, snow, storage) <input type="checkbox"/> Foundation (_____% not visible) (finishes, greenery, obstructions, insulation, snow, storage) Crawlspace hatch - not found/none/too small/sealed <input type="checkbox"/> Interior Columns/Beams (finishes, storage) <input type="checkbox"/> Floor System (finishes) <input type="checkbox"/> Other _____		
Floors <input type="checkbox"/> Joists <input type="checkbox"/> Trusses <input type="checkbox"/> Plywood <input type="checkbox"/> Concrete <input type="checkbox"/> Waferboard <input type="checkbox"/> Wood <input type="checkbox"/> Steel			

INSPECTION FINDINGS

WHEN	WHERE	ACTION	READ SECTION	NOTES: <input type="checkbox"/> System appears fine <input type="checkbox"/> No suggestions at this time
			1.0	Roof Structure: bowed, collar ties, cracked, damaged, deteriorated, modified/repared, rot, twisted
			2.0	Roof Sheathing: damaged, delaminated, leak evidence, mildew, rot, soft
			3.0	Exterior Walls: bowed, bulging, cracked, leaning, modified/repared, mortar, settlement, spalling
			4.0	Foundation: bowed, cracks typical/minor, damaged, deteriorated, leak evidence, modified/repared, tree/roots
			5.0	Columns: damaged, deteriorated, not original, not plumb, rot, suspect
			6.0	Beams: damaged, deteriorated, end support, improperly secured, rot, sag, suspect
			7.0	Floors: anchors, braces missing, cracked, damaged, end support, joist hangers, modified/repared, reverse crown, rot, sag, seams, suspect
			8.0	Pest Evidence: damage, droppings, pests visible, suspect, wood borers
			9.0	Fire Separation: damaged, fire evidence, incomplete, missing, modified

INTERIOR

N^o

DESCRIPTION

Insulation R-Value: _____ <input type="checkbox"/> Fiberglass <input type="checkbox"/> Mineral Wool <input type="checkbox"/> Cellulose <input type="checkbox"/> _____	Ventilation <input type="checkbox"/> Roof <input type="checkbox"/> Ridge <input type="checkbox"/> Soffit <input type="checkbox"/> Gable <input type="checkbox"/> Vent Fan <input type="checkbox"/> Other _____	Ceilings & Walls <input type="checkbox"/> Drywall/Plaster <input type="checkbox"/> Paneling <input type="checkbox"/> Stucco/Textured <input type="checkbox"/> Wall Paper <input type="checkbox"/> Wood <input type="checkbox"/> Mirror <input type="checkbox"/> Ceramic <input type="checkbox"/> Tile <input type="checkbox"/> Suspended <input type="checkbox"/> Brick/Stone	Floors <input type="checkbox"/> Carpet <input type="checkbox"/> Ceramic <input type="checkbox"/> Resilient <input type="checkbox"/> Laminate <input type="checkbox"/> Hardwood/Softwood <input type="checkbox"/> Marble/Stone/Slate <input type="checkbox"/> Other _____	
Vapour Retarder <input type="checkbox"/> Plastic/Poly <input type="checkbox"/> Kraft Paper <input type="checkbox"/> Not Visible <input type="checkbox"/> _____	Stairs <input type="checkbox"/> Main <input type="checkbox"/> Basement <input type="checkbox"/> Second <input type="checkbox"/> Other _____	Doors <input type="checkbox"/> Regular/Swinging <input type="checkbox"/> Bifold <input type="checkbox"/> Sliding/Pocket <input type="checkbox"/> French <input type="checkbox"/> Glass	Basement/Crawlspace <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt Floor <input type="checkbox"/> Raised Floor <input type="checkbox"/> Walk-out <input type="checkbox"/> Other _____	Fireplaces <input type="checkbox"/> Masonry <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Insert <input type="checkbox"/> Wood Stove <input type="checkbox"/> Gas <input type="checkbox"/> Rough-in <input type="checkbox"/> Decorative
Restrictions <input type="checkbox"/> Storage <input type="checkbox"/> Furnishings <input type="checkbox"/> Newer Paint/Finishes <input type="checkbox"/> Attic Hatch - Not Found/None/Too Small/Sealed <input type="checkbox"/> Access Denied To _____ By _____			Items Not Inspected <input type="checkbox"/> CO Detector(s) <input type="checkbox"/> Cable <input type="checkbox"/> Appliances <input type="checkbox"/> Security/Intercom <input type="checkbox"/> Central Vac <input type="checkbox"/> Telephone <input type="checkbox"/> Chimney Interior(s) <input type="checkbox"/> Other _____	

INSPECTION FINDINGS

Basement Moisture Indicators: _____ Suggests relatively dry - today Monitor closely
 Suggests moderate moisture penetration Suggests isolated moisture penetration Suggests wet basement
 Confirms wet basement Improve exterior grading/downspout extensions **PLEASE READ SECTION 12.0**
An inspector cannot accurately predict future basement/crawlspace moisture penetration.

WHEN	WHERE	ACTION	READ SECTION	NOTES: <input type="checkbox"/> System appears fine <input type="checkbox"/> No Suggestions at this time <input type="checkbox"/> Add/Upgrade Railings-Now-Safety at _____ <input type="checkbox"/> Clean/Review Fireplace/Chimney-Now-Safety _____
			1.0	Insulation: amount, asbestos, disturbed, missing, pest evidence, storage, u/fi, uneven, unsafe?, wet
			1.1	Vapour Retarder: damaged, incomplete, location, missing, seal
			2.0	Ventilation: amount, blocked, duct, missing, shared duct, uneven
			3.0	Ceilings/Walls: cracked, damaged, deteriorated, not plumb, patched, sag, water marks/damage
			3.1	Floors: cracked/torn, damaged, deteriorated, sag/slope, seams, squeaks, trip hazard, water marks
			4.0	Cabinets/Counters: damaged, hardware, fit/operation, loose, mildew, missing, rot, water damage
			5.0	Stairs: damaged, design, deteriorated, headroom, railing loose/missing, steps uneven, steep, through basement floor
			6.0	Fireplace(s): clearance, damaged, damper stuck/missing, deteriorated, dirty, inoperative, mortar
			7.0	Windows (also see exterior): condensation, cracked, damaged, hardware, leak, screens, sticking
			8.0	Doors: damaged, double key entry, fit/operation, hardware
			9.0	Exhaust Fans: flow, inoperative, missing, noisy, obstructed, vent to exterior
			10.0	Other: central vac, CO detector(s), damaged, efflorescence, inoperative, leak evidence, location mildew/moistness, peeling/hubbling paint, raised floor, water, window burrs

HEATING

Nº _____

DESCRIPTION

Meter/Filler at: _____ Failure Probability (next 5 years) Low Medium High

<p>Fuel</p> <p><input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> Other _____</p> <p>Main Fuel Shut Off At:</p> <p><input type="checkbox"/> Gas Meter <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Electrical Panel/Switch</p> <p>System Type</p> <p><input type="checkbox"/> Forced Air <input type="checkbox"/> Central <input type="checkbox"/> Water/Steam <input type="checkbox"/> Space <input type="checkbox"/> Radiant <input type="checkbox"/> Other _____</p> <p>Efficiency</p> <p><input type="checkbox"/> Conventional <input type="checkbox"/> Mid <input type="checkbox"/> High</p>	<p>System Age _____ (+/- yrs.) (Typical lifespan: 15-20 yrs.)</p> <p>Date Source: <input type="checkbox"/> Serial Number <input type="checkbox"/> Installation Sticker <input type="checkbox"/> Air Handler/Fan <input type="checkbox"/> Pressure Test Tag <input type="checkbox"/> Other _____</p> <p>Manufacturer: _____ Model Number: _____ Serial Number: _____ Capacity/Output: _____ (1000BTU/HR.)</p>	<p>Options</p> <p><input type="checkbox"/> Humidifier <input type="checkbox"/> Electronic Air Filter <input type="checkbox"/> Pleated/Premium Filter/Cleaner <input type="checkbox"/> Heat Recovery Ventilator <input type="checkbox"/> Other _____</p>
<p>Restrictions</p> <p><input type="checkbox"/> Heat Exchanger Restricted by Design <input type="checkbox"/> A/C Running <input type="checkbox"/> Fuel Off <input type="checkbox"/> Storage <input type="checkbox"/> _____ % Heat Exchanger Not Visible <input type="checkbox"/> System Off/Inoperative <input type="checkbox"/> Safeguards Not Tested <input type="checkbox"/> System Valves Not Tested <input type="checkbox"/> No Access <input type="checkbox"/> Other _____ Fuel Tank: <input type="checkbox"/> Restricted/Below Grade</p>		

INSPECTION FINDINGS

<p>An inspector cannot accurately predict heating system failure.</p>				<p>NOTES: <input type="checkbox"/> System appears fine <input type="checkbox"/> No suggestions at this time <input type="checkbox"/> Older Oil Tank - Expect Possible Insurance/Delivery Issues <input type="checkbox"/> Recommend Heating Insurance Plan (HIP/HIP+) <input type="checkbox"/> Review Now/Before Closing, With Specialist, To Confirm Safety <input type="checkbox"/> Replacement Candidate _____</p> <hr/> <p><input type="checkbox"/> Carbon Monoxide Detector Recommended - Digital Display, ULC & CSA</p>
WHEN	WHERE	ACTION	READ SECTION	
			1.0	Thermostat: damaged, inoperative, obsolete, poor location, poorly secured
			1.1	Controls/Safeguards: adjust, covers, damaged, inoperative, leak, service
			2.0	FURNACE: clearance, damaged, drainage, heat exchanger, inoperative, old, rust, service, suspect
			2.1	Filter: access, damaged, dirty, inoperative, missing, service
			2.2	Humidifier: dirty, filter, float, humidistat, inoperative, leak, missing, service, tray, valve
			2.3	Air Handler/Fan: adjust, dirty, inoperative, loose, noisy
			2.4	Ductwork/Registers: damaged, flow, insulation, location, missing, seams, size, support
			3.0	Oil Tank/Lines: abandoned, in concrete, leak, old, rust, support, suspect, underground/concealed
			4.0	BOILER: clearance, corrosion, damaged, inoperative, leak, old, patched, service, suspect
			4.1	Circulating Pump: inoperative, leak, mounting, noisy
			4.2	Expansion Tank: access, leak, missing, waterlogged
			4.3	Distribution/Rads: cold, corrosion, damaged, leaks, location, missing, service, valve(s)
			5.0	Air Intake For Combustion: insufficient, restricted
			6.0	Exhaust: clearance, corrosion, dampers, obstructed, seams, slope
			7.0	Electric Baseboard/Space: covers missing, damaged, inoperative, location, rust, size
			8.0	Gas Lines: bonding, corrosion, damaged/pinched, support, suspect

COOLING

Nº

DESCRIPTION

Failure Probability (next 5 years) Low Medium High

System Age _____ (approx.)
(Typical lifespan: 15 - 20 yrs.)

Air Conditioning Type

Combined with Central System

Air Cooled

Water Cooled

Independent System

Other _____

Location

Exterior

Roof

Attic

Basement

Other _____

Date Source: Serial # Date Stamp Relay

Inspector's Estimate Data Plate Illegible

Other _____

Manufacturer: _____

Model Number: _____

Serial Number: _____

Capacity/Output: _____ (TONS or 1000BTU/HR.)

Heat Pump

Combined with Central System

Air Transfer Water Transfer

Independent System

Other _____

Auxiliary Heating

Gas

Oil

Electric

Other _____

Restrictions

Too Cold/Winterized Furnace Running

System Off/Inoperative Access/Storage

Window Air Conditioners Not Tested

Other _____

INSPECTION FINDINGS

An inspector cannot accurately predict cooling system failure.

NOTES: System appears fine No suggestions at this time

Test A/C in Warmer Temperature (+15 degrees Celsius)

Replacement Candidate _____

WHEN	WHERE	ACTION	READ SECTION	
			1.0	AIR CONDITIONING: inoperative, old, service, suspect
			1.1	HEAT PUMP(S): inoperative, old, service, suspect
			1.2	Evaporator Section: corrosion, dirty/plugged, drip pan, inoperative, old, suspect
			1.3	Condenser Section: clearance/air flow, coil damaged, corrosion, dirty/plugged, noisy, not level, oil stains, service, suspect
			1.4	Condensate Drainage: incomplete, leak, obstructed
			1.5	Water Cooled Systems: damaged, leak
			1.6	Refrigerant Lines: clogging, corrosion, damaged, insulation
			1.7	Thermostat/Shot Off: damaged, inoperative, obsolete, poor location, poorly secured
			2.0	Ductwork/Registers: damaged, flow, insulation, location, missing, seams, size, support

PLUMBING

Nº

DESCRIPTION

Meter Pick-Up At: _____ Main Shut Off At: _____ (Keep Clear Access)

Main Water Supply <input type="checkbox"/> Copper <input type="checkbox"/> Concealed <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Lead <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Upgraded <input type="checkbox"/> Water Treatment <input type="checkbox"/> Other _____	Distribution Piping <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Brass <input type="checkbox"/> Original <input type="checkbox"/> Upgraded <input type="checkbox"/> Other _____	Drainage System <input type="checkbox"/> Plastic <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Cast Iron <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Washer Drain Pipe <input type="checkbox"/> Trap Primer <input type="checkbox"/> Floor Drain <input type="checkbox"/> Drainage Pump <input type="checkbox"/> Sump Pump <input type="checkbox"/> Sewage Ejector Pump	Hosebibs <input type="checkbox"/> Standard <input type="checkbox"/> Frost Free <input type="checkbox"/> With Inside Shut Off Shut Off(s) At: _____
Water Pressure/Flow <input type="checkbox"/> Above Average <input type="checkbox"/> Typical <input type="checkbox"/> Below Average <input type="checkbox"/> Poor	Water Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil Water Heater Capacity: _____ Gallons/Litres	Restrictions <input type="checkbox"/> Concealed Piping Not Inspected <input type="checkbox"/> Water Off <input type="checkbox"/> Shut Offs Not Operated <input type="checkbox"/> Water Heater Off <input type="checkbox"/> Overflows Not Tested <input type="checkbox"/> Water Treatment Not Inspected <input type="checkbox"/> Septic System Not Inspected <input type="checkbox"/> Well Not Inspected <input type="checkbox"/> Other _____	

INSPECTION FINDINGS

WHEN	WHERE	ACTION	READ SECTION	NOTES: <input type="checkbox"/> System appears fine <input type="checkbox"/> No suggestions at this time <input type="checkbox"/> Galvanized Steel Pipe/Cast Iron Pipe - Expect Possible Insurance Issue(s) Regarding Price/Availability
			1.0	Main Water Supply: condensation, corrosion, damaged, flow, galvanized steel, lead, leak, old, pump, switch, tank
			1.1	Main Shut Off: access, condensation, corrosion, handle, leak, old
			1.2	Distribution Piping: condensation, corrosion, cross connection, damaged, dissimilar metal contact, flow, galvanized steel, hot/cold reversed, leak, old, support
			2.0	Water Heater: clearance, combustion air, damaged, discharge tube, inoperative, leak, old, rust, temperature setting, TPR valve, undersized?
			3.0	Drainage System: amateur work/repair, cover, damaged, floor drain missing/not found, flow, gases/odour, leak, not vented to outside, old, rust, slope, sump pump, support, traps
				FIXTURES
			4.0	Sinks: chipped, cracked, deteriorated, leak, loose, rust, seal, support
			4.1	Toilets/Bidet: bowl, condensation, damaged, flow, hardware, inoperative, leak, loose, running, seal, seat, tank
			4.2	Tubs/Whirlpool(s): caulking, chipped, damaged, GFCI, inoperative, leak, motor access, timer
			4.3	Tubs/Showers: caulking, chipped, damaged, door(s), grout, high maintenance, leak, seal, suspect, threshold, tiles, window
			4.4	Taps/Faucets: aerator, caulking/seal, damaged, drip, handles, hot/cold reversed, inoperative, leak, loose, missing, old, support
			4.5	Laundry Tub: concrete, cracked, damaged, drainage pump, leak, old, support
			4.6	Hosebib(s): damaged, inoperative, leak, no shut off, shut off not found

ELECTRICAL

Nº _____

DESCRIPTION

Meter At: Exterior _____ Basement _____ Main Disconnect At: Basement _____ Garage _____

Service Size (120/240 volts) _____ Amps. (Approx.) Service Cable <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper <input type="checkbox"/> Concealed <input type="checkbox"/> Upgraded	Main Disconnect _____ Amps. (Approx.) <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses Grounded at: <input type="checkbox"/> Water Pipe <input type="checkbox"/> Other	Main Panel _____ Amps. (Approx.) <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Upgraded <input type="checkbox"/> GFCI <input type="checkbox"/> AFCI	Secondary/Sub Panel(s) _____ Amps. (Approx.) Location _____ <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> GFCI
Distribution Wiring <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Original <input type="checkbox"/> Upgraded <input type="checkbox"/> Grounded <input type="checkbox"/> Ungrounded <input type="checkbox"/> Romex <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other _____	Plugs/Outlets <input type="checkbox"/> Three Hole <input type="checkbox"/> Two Hole Amount: <input type="checkbox"/> Upgraded <input type="checkbox"/> Typical <input type="checkbox"/> Minimum GFCI At: <input type="checkbox"/> Exterior <input type="checkbox"/> Garage <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Other _____	Restrictions <input type="checkbox"/> Concealed Wiring Not Inspected <input type="checkbox"/> Main Disconnect Not Operated <input type="checkbox"/> Smoke Detectors Not Tested <input type="checkbox"/> Panel(s) Not Inspected - No Access/Sealed <input type="checkbox"/> Power Off <input type="checkbox"/> Power Off at _____ <input type="checkbox"/> System Ground Not Accessible <input type="checkbox"/> Other _____	

INSPECTION FINDINGS

SAFETY NOTE: TEST/UPGRADE/INSTALL SMOKE DETECTORS UPON OCCUPANCY!				NOTES: <input type="checkbox"/> System appears fine <input type="checkbox"/> No suggestions at this time <input type="checkbox"/> Knob & Tube Wire, Aluminum Wire, 50/60 Amp. Service - Expect Possible Insurance Issue(s) Regarding Price/Availability
WHEN	WHERE	ACTION	READ SECTION	
			1.0	Service Cable: burn evidence, caulking, clearance, damaged, insulation, mast loose, size, suspect, unsafe
			2.0	Main Disconnect: access, burn evidence, clearance, corrosion, cover, damaged, duct seal, ground wire, mounting, multi-tap, old, overfused, pest evidence, size, unsafe, wet/water
			2.1	Main Panel: access, AFCI defective, burn evidence, clearance, corrosion, cover, crowding, damaged, duct seal, mounting, multi-tap, old, overfused, pest evidence, size, unsafe, wet/water
			2.2	Secondary/Sub Panel(s): access, burn evidence, clearance, corrosion, cover, crowding, damaged, improper feed cable, mounting, multi-tap, old, overfused, pest evidence, size, unsafe, wet/water
			3.0	Distribution Wiring: aluminum, amateur work, burn evidence, clearance, damaged, inappropriate, insulation, knob & tube, loose, surface, unsafe, unterminated
			3.1	Plugs/Outlets: amateur work, burn evidence, covers, damaged, GFCI defective, GFCI recommended, inoperative, loose, missing, quantity, reverse polarity, ungrounded, unsafe
			3.2	Switches: amateur work, burn evidence, covers, damaged, inoperative, location, loose, missing, miswired, unsafe
			3.3	Fixtures: amateur work, burn evidence, covers, damaged, flickering, inoperative, location, loose, missing, miswired, quantity, unsafe
			3.4	Junction Boxes: amateur work, burn evidence, covers, crowded, damaged, location, loose, missing, mounting, unsafe
			3.5	Smoke Detectors: damaged, location, loose, missing, old/original