



## HOME INSPECTION REPORT



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823 Memorial Pkwy SW , Rochester Mn, 55902

**INSPECTION DATE:**

9/17/08

**PREPARED FOR:**

Robin and Jay Buchanan

**PREPARED BY:**

Eagle Eye Home Inspections  
1336 20th st. NW  
Rochester Mn 55901  
[Webpages.charter.net/eehomeinspector/](http://Webpages.charter.net/eehomeinspector/)  
507-269-9247  
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**INSPECTION NUMBER:**

91708232

**INSPECTOR:**

Fred Sitzmann

# BUILDING DATA / RECEIPT INFORMATION

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## RECEIPT

Inspection Date: 9/17/08  
 Inspection Number: 91708232  
 Client Name: Robin and Jay Buchanan  
 Inspection Address: 823 Memorial Pkwy SW , Rochester Mn, 55902  
 Inspected by: Fred Sitzmann

Inspection:

Total: \$300.00  
\$ 300.00

Paid by: Check

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## BUILDING DATA

Approximate Age: 1959  
 Style: two stories  
 General Appearance: Satisfactory  
 Main Entrance Faces: For sake of the report the house faces south  
 Weather Condition: Clear  
 Temperature: Over 60°F  
 Ground cover: Damp

*Eagle Eye Home Inspection  
Rochester 823 Home*

## GROUNDS

<b>Service Walks</b>	<input type="checkbox"/> None	<input type="checkbox"/> Public sidewalk needs repair
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Brick
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Settling cracks	<input type="checkbox"/> Not visible
<input type="checkbox"/> Other	<input type="checkbox"/> <b>Trip Hazard</b>	
<b>Driveway</b>	<input type="checkbox"/> None	<input type="checkbox"/> Gravel
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input checked="" type="checkbox"/> Fill cracks and seal	<input checked="" type="checkbox"/> slightly pitched towards home	<input checked="" type="checkbox"/> cracks
		<input type="checkbox"/> Not visible
<b>Patio/Lanai</b>	<input type="checkbox"/> None	<input type="checkbox"/> Kool-Deck®
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Brick
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input type="checkbox"/> Pitched towards home (See Remarks page)	<input type="checkbox"/> Settling cracks	<input type="checkbox"/> Other
		<input type="checkbox"/> <b>Trip Hazard</b>
		<input type="checkbox"/> Not visible
<b>Deck</b>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Wood
Condition: <input type="checkbox"/> Treated	<input checked="" type="checkbox"/> Painted/Stained	<input checked="" type="checkbox"/> <b>balusters recommended</b>
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
		<input type="checkbox"/> Not visible
<b>Deck/Patio/Porch Covers</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Earth to wood contact
Lacks: <input type="checkbox"/> Metal straps/bolts/nails	<input type="checkbox"/> Improper attachment to house	<input type="checkbox"/> Moisture/insect damage
<b>Porch (covered entrance)</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> <b>Railing/balusters recommended</b>
<b>Balcony (2nd floor platform)</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Wood
	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
<b>Stoops/Steps</b>	<input type="checkbox"/> None	<input type="checkbox"/> Uneven risers
Condition: <input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input type="checkbox"/> Cracked	<input type="checkbox"/> Settled	<input type="checkbox"/> Damaged wood
		<input type="checkbox"/> <b>Safety Hazard</b>
		<input type="checkbox"/> <b>Railing recommended</b>
		<input type="checkbox"/> <b>Recommend baluster</b>
<b>Fencing</b>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Type: wire
		<input checked="" type="checkbox"/> Not evaluated
<b>Landscaping Affecting Foundation</b>	(See Remarks page)	
Negative grade at: <input type="checkbox"/> East	<input checked="" type="checkbox"/> West	<input type="checkbox"/> North
	<input type="checkbox"/> South	<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Recommend additional backfill		<input type="checkbox"/> Recommend window wells/covers
<input type="checkbox"/> Trim back trees/shrubberies		<input type="checkbox"/> Wood in contact/too close to soil
<input type="checkbox"/> Yard drains observed - not tested		<input type="checkbox"/> N/A
<b>Retaining Wall:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Visual Condition: <input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
		<input type="checkbox"/> <b>Safety Hazard</b>
<b>Hose Bibs</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Operates: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No anti-siphon valve
	<input type="checkbox"/> Not tested	<input type="checkbox"/> Not on
<b>General Comments</b>		

The driveway on the west side had some settlement toward the home, but usable, repair as needed. Sidewalks and drive-way had some cracking—fill and seal cracks as needed. Recommend sealing gap between driveway and home. Deck appeared to be in satisfactory condition, seal as needed. Recommend moving the balusters closer together on the back deck railing -4-6 inches is recommended on railings and steps-- safety concern for small children. The west steps were slightly settled, but in usable condition. General site drainage appeared to be properly sloping away from the house. Maintain a positive drainage slope away from the foundation.

# ROOF COVERING

General Information				
Roof Visibility	<input type="checkbox"/> All	70 Percent	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Limited By: height
Inspected From	<input type="checkbox"/> Roof	<input checked="" type="checkbox"/> Ladder at eaves	<input checked="" type="checkbox"/> Ground w/binoculars	
Style of Roof				
Type:	Combination:	<input checked="" type="checkbox"/> Gable	<input type="checkbox"/> Hip	<input type="checkbox"/> Mansard
Pitch:	Combination:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Steep
			<input type="checkbox"/> Shed	<input type="checkbox"/> Flat
			<input type="checkbox"/> Flat	<input type="checkbox"/> Other
Roof Covering				
Roof #1: house	Type: Asphalt	Estimated Layers: 1+ Layers	Approximate age of cover: 10-12+ years	
Roof #2: garage	Type: Asphalt	Estimated Layers: 1+ Layers	Approximate age of cover: 10-12+ years	
Ventilation System				
Combination:	<input type="checkbox"/> Soffit	<input type="checkbox"/> Ridge	<input checked="" type="checkbox"/> Gable	<input checked="" type="checkbox"/> Roof
	<input checked="" type="checkbox"/> spinning turban	<input type="checkbox"/> Eaves	<input type="checkbox"/> Other	
Flashing Material				
Combination:	<input checked="" type="checkbox"/> Galv./Aluminum	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Lead	<input type="checkbox"/> Rubber
	<input type="checkbox"/> Copper	<input type="checkbox"/> Other		<input type="checkbox"/> Not visible
Valley Material				
Combination:	<input type="checkbox"/> Galv./Aluminum	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> Not visible	<input type="checkbox"/> Other		
Apparent Condition of the Following at Time of Inspection (conditions reported reflect visible portion only)				
Roof Covering				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	<input type="checkbox"/> Curling	<input type="checkbox"/> Cupping	<input type="checkbox"/> Missing tabs/shingles/tiles	
	<input type="checkbox"/> Moss Buildup	<input type="checkbox"/> Nail Popping	<input type="checkbox"/> Ponding	<input type="checkbox"/> Burn Spots
	<input type="checkbox"/> Exposed Felt	<input type="checkbox"/> Other		
Ventilation				
	(See Remarks page)		(See Attic page)	
Flashings				
	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
	<input type="checkbox"/> Rusted	<input type="checkbox"/> Recommend Sealing	<input type="checkbox"/> Pulled away from chimney/roof	
Valleys				
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Rusted	
	<input type="checkbox"/> Holes	<input type="checkbox"/> Recommend Sealing		
Skylights				
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
			<input type="checkbox"/> Poor	
Plumbing Vents				
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
			<input type="checkbox"/> Poor	
General Comments				

The roof inspection on the home was limited to inspecting from the ground with binoculars due to roof height. Note: a typical asphalt roofing with the pitch of this home will have a life expectancy of approximately 17-20 years.

## CHIMNEY / GUTTERS / SIDING / TRIM

<b>Chimney(s)</b>	<input type="checkbox"/> None	Location(s): East	
Viewed from: <input type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input checked="" type="checkbox"/> Ground w/binoculars	
Chase: <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stone	<input type="checkbox"/> Metal <input type="checkbox"/> Framed	<input type="checkbox"/> Blocks	<input type="checkbox"/> Stucco
Evidence of: <input type="checkbox"/> Cracked chimney cap	<input type="checkbox"/> Loose mortar joints	<input type="checkbox"/> Loose brick	
	<input type="checkbox"/> Holes in metal <input type="checkbox"/> Rust	<input type="checkbox"/> Flaking	
Flue: <input type="checkbox"/> Tile <input type="checkbox"/> Metal	<input type="checkbox"/> Unlined	<input checked="" type="checkbox"/> Not visible	
Evidence of: <input type="checkbox"/> Scaling	<input type="checkbox"/> Cracks	<input type="checkbox"/> Creosote	
	<input type="checkbox"/> <b>Have flue(s) cleaned and re-evaluated</b>	<input type="checkbox"/> <b>Not evaluated (See Remarks page)</b>	
<input type="checkbox"/> Recommend cricket/saddle flashing	<input type="checkbox"/> Spark arrestor/rain cap recommended		

<b>Gutters &amp; Downspouts</b>	<input type="checkbox"/> None	(See Remarks page)		
<input type="checkbox"/> Insides need to be cleaned	<input type="checkbox"/> Ponding			
<input checked="" type="checkbox"/> Galvanized/Alum.	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other	
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusting	
<input type="checkbox"/> Hole in main run	Leaking: <input type="checkbox"/> Corners		<input type="checkbox"/> Joints	
Extension needed: <input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	

<b>Siding</b>	<input type="checkbox"/> Brick <input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Stucco	<input type="checkbox"/> Fiber-cement
	<input type="checkbox"/> Stone <input type="checkbox"/> Slate	<input type="checkbox"/> Asphalt	<input type="checkbox"/> EIFS (See Remarks)	<input type="checkbox"/> Other	
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <b>Recommend repair/painting</b>		

<b>Window Frames</b>	<input checked="" type="checkbox"/> Wood	<input checked="" type="checkbox"/> Aluminum covered	<input type="checkbox"/> Vinyl	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Other
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor		
	<input type="checkbox"/> <b>Recommend painting</b>		<input type="checkbox"/> <b>Damaged wood</b>		

<b>Storms &amp; Screens</b>	<input type="checkbox"/> N/A				
Putty: <input type="checkbox"/> Wood <input type="checkbox"/> Clad comb.	<input checked="" type="checkbox"/> Wood/metal comb.	<input type="checkbox"/> Insulated glass	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Needed	<input type="checkbox"/> N/A			
Screens: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Torn	<input type="checkbox"/> Missing			
Storms: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Broken/cracked	<input type="checkbox"/> <b>Damaged wood</b>	<input type="checkbox"/> Not installed		

<b>1 - Trim, 2 - Soffit, 3 - Fascia</b>	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor	
	<input type="checkbox"/> <b>Recommend painting</b>		<input type="checkbox"/> <b>Damaged wood</b>	

<b>Caulking</b>			
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	<input checked="" type="checkbox"/> <b>Recommend around windows/doors/masonry ledges/corners/utility penetrations</b>		

<b>General Comments</b>			
Recommend keeping insides of gutters and downspouts clean and keeping extensions on approximately 8-10 feet away from the home to maintain proper discharge away from the house. The wood trim on the home will require normal painting maintenance.			

**EXTERIOR / ELECTRICAL / AC / GARAGE**

<b>Exterior Wall Construction</b>		<input checked="" type="checkbox"/> Not visible				<input type="checkbox"/> Wood frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Log	<input type="checkbox"/> Other
<b>Exterior Doors</b>		<input type="checkbox"/> Entrance (1); Storm (2); Patio (3)							
Weatherstripping:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor						
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor						
<b>Exterior Electrical Service</b>									
	<input checked="" type="checkbox"/> Overhead	<input type="checkbox"/> Underground	Service drop:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs service				
Exterior outlets:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operate:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Overhead wires:	<input type="checkbox"/> Low	<input type="checkbox"/> Less than 3' from balcony/deck/window	<input type="checkbox"/> Extension cord/exposed Romex						
Potential safety hazard:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>(See Remarks page)</b>						
<b>A/C Condenser/Heat Pump</b>		<input type="checkbox"/> None	Approximate age: Older Than 13		Max breaker/fuse:				
#1 Brand:	Trane		Model #: TTN030C100C2		Shutoff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusted/dirty	Level:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Garage</b>		<input type="checkbox"/> None							
	<input type="checkbox"/> Attached	<input checked="" type="checkbox"/> Detached	<input type="checkbox"/> 1-car	<input checked="" type="checkbox"/> 2-car	<input type="checkbox"/> 3-car				
Automatic opener:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Operable	<input type="checkbox"/> Inoperable				
Safety reverse:	Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Safety Hazard		
Electric sensor:	Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Safety Hazard		
Roofing:	<input checked="" type="checkbox"/> Same as house								
	Condition:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor				
Gutters:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> None					
Siding:	<input type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Vinyl					
	<input type="checkbox"/> Stucco	<input type="checkbox"/> Masonry	<input type="checkbox"/> Slate	<input type="checkbox"/> Fiberboard					
Trim:	<input checked="" type="checkbox"/> Same as house	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Vinyl					
Floor:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Dirt					
	Burners less than 18" above garage floor:		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Safety hazard			
	Condition:		<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Large settling cracks				
Overhead door:	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Other				
	Condition:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Repair, replace, paint			
Service door:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> None					
Sill plates:	<input type="checkbox"/> Elevated	<input checked="" type="checkbox"/> Floor level	<input type="checkbox"/> Both	<input type="checkbox"/> Not visible	<input type="checkbox"/> Rotted				
Electricity present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>GFCI Protected:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Reverse polarity/open ground:		<input type="checkbox"/> Yes	<input type="checkbox"/> Safety Hazard	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Handyman/ext. cord wiring			
Firewall:	(Between garage & living area)		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Present	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged			
Fire door:	<input type="checkbox"/> Not verifiable	<input type="checkbox"/> Not a fire door	<input type="checkbox"/> Needs repair	<input type="checkbox"/> Satisfactory					
	Auto closure:		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Missing	<input type="checkbox"/> Needs repair		
<b>General Comments</b>									

Recommend installing gutters and downspouts on the garage as an upgrade. The wood trim on the garage will require normal painting maintenance.

## KITCHEN

<b>Countertops</b>	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
<b>Cabinets</b>	Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Recommend repairs	
<b>Plumbing Comments</b>	Faucet leaks: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pipes leak/corroded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drainage: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor	Water pressure: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor
<b>Walls &amp; Ceiling</b>	Condition <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks <input type="checkbox"/> Moisture stains	
<b>Heat Source Present</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Floor</b>	Condition <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Sloping <input checked="" type="checkbox"/> Squeaks	
<b>Appliances</b>	(See Remarks page)			
Disposal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
Dishwasher: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
Range: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
Oven: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
Trash compactor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
Exhaust fan: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
Refrigerator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>Electrical</b>	Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
GFCI protected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No (Remarks)		
Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes	<input type="checkbox"/> Safety Hazard	<input checked="" type="checkbox"/> No	
<b>General Comments:</b>				

The faucet on the kitchen sink leaked when turned on –repair as needed by qualified plumber.

## LAUNDRY / UTILITY ROOM

<b>Room Components</b>			
Laundry sink: <input type="checkbox"/> N/A	Faucet leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipe leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cross connections: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None apparent	Heat source present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Room appears vented: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not visible		
Dryer vented: <input type="checkbox"/> N/A <input type="checkbox"/> Wall	<input checked="" type="checkbox"/> Ceiling	<input type="checkbox"/> Not vented	
Electrical: Open ground/reverse polarity within 6' of water: <input type="checkbox"/> Yes	<input type="checkbox"/> Safety Hazard	<input checked="" type="checkbox"/> No	
Appliances present: <input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer	<input checked="" type="checkbox"/> Water heater <input checked="" type="checkbox"/> Furnace	<input type="checkbox"/> Other	
Gas pipe: <input checked="" type="checkbox"/> N/A	Valve shutoff: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cap Needed	<input type="checkbox"/> Safety Hazard
<b>General Comments</b>			

# BATHROOMS

## Bath: First floor half bath

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Tubs	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> None		Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Showers	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> None		Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Toilet:	Bowl loose	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl	<input type="checkbox"/> Toilet leaks
Whirlpool:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> None	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Shower/Tub area:		<input type="checkbox"/> Ceramic/Plastic		<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite	<input type="checkbox"/> Other		
	Condition:	<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rotted floors		
	Caulk/Grouting needed:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	Where:			
Drainage:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Water flow:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Moisture stains present:	<input type="checkbox"/> Yes	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings	<input checked="" type="checkbox"/> No				
Window/doors:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Outlets present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Open ground/reverse polarity within 6' of water:			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	<b>Potential safety hazards present:</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>(See Remarks page)</b>		
Heat source present:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<b>(See Remarks page)</b>			
Exhaust fan:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Noisy	

### General Comments

The sink drain stopper in the 1<sup>st</sup> floor 1/2 bathroom is in need of repair. The toilet bowl is loose in the 1<sup>st</sup> floor bathroom—recommend repair as needed. Exhaust fan not present. There is no electrical outlet visible in this bathroom.

## Bath: Second floor half bath

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Tubs	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> None		Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Showers	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> None		Pipes leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operates:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl	<input type="checkbox"/> Toilet leaks
Whirlpool:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> None	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Shower/Tub area:		<input type="checkbox"/> Ceramic/Plastic		<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite	<input type="checkbox"/> Other		
	Condition:	<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rotted floors		
	Caulk/Grouting needed:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	Where:			
Drainage:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Water flow:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Moisture stains present:	<input type="checkbox"/> Yes	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings	<input checked="" type="checkbox"/> No				
Window/doors:		<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Outlets present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Open ground/reverse polarity within 6' of water:			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
	<b>Potential safety hazards present:</b>			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>(See Remarks page)</b>		
Heat source present:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No				
Exhaust fan:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Operates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Noisy	

### General Comments

Exhaust fan not present. There is no electrical outlet in this bathroom.