

APPLIANCES

I = inspected NI = not inspected NP = not present R = not functioning / in need of repair

I	NI	NP	R	Inspected Item
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Dishwasher Backflow prevention: <input type="checkbox"/> Visible <input type="checkbox"/> Not visible Runs through cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence of leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Food-Waste Disposer <i>Comments:</i>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Range Hood Vent: <input type="checkbox"/> Re-circulates Air <input type="checkbox"/> Vents to Exterior <input type="checkbox"/> Vent not Present <i>Comments:</i>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Ranges / Ovens / Cooktops Type of Range: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Type of Oven: <input type="checkbox"/> Electric <input type="checkbox"/> Gas Anti-tip device installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Gas line accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No Oven light works: <input type="checkbox"/> Yes <input type="checkbox"/> No Oven temp within 20 degrees when set at 350: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Microwave Cooking Equipment Heats cup of water: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Trash Compactor <i>Comments:</i>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Bathroom Exhaust Fans and/or Heaters Vents to outside: <input type="checkbox"/> Yes <input type="checkbox"/> No Windows: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Whole-House Vacuum Systems <i>Comments:</i>
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I. Garage Door Operators

Door Operated: Manually Automatic door controls

Electronic sensors located 4½ to 6 inches above garage floor: Yes No

Unit operational: Yes No

Comments:

J. Doorbell and Chimes

Comments:

K. Dryer Vents

Vents to: Outside Attic Unknown

Comments:

L. Other Built-in Appliances

Comments:

OPTIONAL SYSTEMS

A. Lawn Sprinklers

Note: Specific Limitations. TREC Limitations. The inspector is not required to inspect the automatic function of the timer or control box, the rain sensor, or the effectiveness and sizing of the anti-siphon valves or backflow preventers.

The inspector will operate all zones or stations on the system in the manual mode.

Control Panel located in: Garage Utility Room Outside

Full yard coverage: Yes No

All heads working: Yes No

Comments:

B. Swimming Pools and Equipment

Note: Specific Limitations. The inspector will describe the type of construction and inspect the pool or spa. He will report deficiencies in the drains, skimmers, valves, filter tank or pressure gauge. He will not fill the pool, spa or hot tub with water. He will not determine the presence of sub-surface water tables or determine the presence of sub-surface leaks. The inspector will not dismantle or otherwise open any components or lines. He will not uncover or excavate any lines or other concealed components of the system.

Type of pool/spa construction: Gunitite Fiberglass Vinyl

All surfaces acceptable: Yes No

Steps/equipment acceptable: Yes No

Drains/skimers acceptable: Yes No

Mechanical equipment acceptable: Yes No

GFCI protection available: Yes No

48-inch-high fence around area: Yes No

Comments:

C. Outbuildings

Comments:

D. Outdoor Cooking Equipment

The inspector will inspect each unit and describe its energy source.

Type and Energy Source: Gas Electric Other

Gas Shut Off Valve: Present Not Present or Observable

Branch Line: Iron / Flex Copper Other

Comments:

E. Gas Lines

Comments:

F. Water Wells

A coliform analysis is recommended: Yes No

Type of Pump: _____

Type of Storage Equipment: _____

Comments:

G. Septic Systems

Comments:

H. Security Systems

Comments:

I. Fire Protection Equipment

Comments: