

[YOUR CONTACT INFORMATION HERE]

[YOUR COMPANY LOGO HERE]

Client: _____

Property Address: _____

Date of Inspection: _____

BUILT-IN APPLIANCES INSPECTION CHECKLIST

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>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Food-Waste Disposer
				<i>Comments:</i>

<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>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Range / Oven / Cooktop
				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>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Microwave Oven
				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>
<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>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Whole-House Vacuum System <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Garage Door Operators Door Operated: <input type="checkbox"/> Manually <input type="checkbox"/> Automatic door controls Electronic sensors located 4½ to 6 inches above garage floor: <input type="checkbox"/> Yes <input type="checkbox"/> No Unit operational: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Doorbell and Chimes <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Dryer Vent Vents to: <input type="checkbox"/> Outside <input type="checkbox"/> Attic <input type="checkbox"/> Unknown <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. Other Built-In Appliances <i>Comments:</i>

(Optional Built-In System on next page)

OPTIONAL BUILT-IN SYSTEMS

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A. Lawn Sprinkler System

Note: It is not recommended that the inspector 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 Pool and Equipment

Note: Specific Limitations. The inspector shall 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: Gunite 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:

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I	NI	NP	R	Inspected Item
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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 Well

A coliform analysis is recommended: Yes No

Type of Pump: _____

Type of Storage Equipment: _____

Comments:

G. Septic System

Comments:

H. Security Systems

Comments:

I. Fire Protection Equipment

Comments:

OTHER GENERAL COMMENTS & RECOMMENDATIONS: