



## Pre-Purchase Checklist

<b>Exterior</b>																																																							
<b>Exterior Siding/Veneer</b>		<b>Exterior Windows</b>		<b>Trim/Fascias</b>																																																			
<input type="checkbox"/> Wood	<input type="checkbox"/> Stone	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood																																																		
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Block	<input type="checkbox"/> Hardiboard	<input type="checkbox"/> Metal	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl																																																		
<input type="checkbox"/> Brick	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Stucco	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum																																																		
<input type="checkbox"/> Other _____		<input type="checkbox"/> Glass block		<input type="checkbox"/> Insulated Glass	<input type="checkbox"/> Other _____																																																		
		<input type="checkbox"/> Single Pane Glass		<b>Exterior Doors</b>																																																			
		<input type="checkbox"/> Other _____		<input type="checkbox"/> Wood	<input type="checkbox"/> Metal																																																		
				<input type="checkbox"/> Other _____																																																			
<b>Exterior Conditions</b>	<b>Doors</b>	<b>Siding</b>	<b>Windows</b>	<b>Veneer</b>	<b>Trim</b>	<b>Fascias</b>	<b>Gutters</b>																																																
Signs of Deterioration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Peeling Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Wood Rot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Moisture Penetration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Cracked Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Loose caulking at joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Popping Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Stress/Settlement Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Needs Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
Inspected/Ok	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																
<table style="width: 100%; border: none;"> <tr> <td colspan="4" style="padding: 5px;"><b>Deck/Balcony/Steps/Patio Location #1</b></td> <td colspan="4" style="padding: 5px;"><b>Deck/Balcony/Steps/Patio Location #2</b></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Deck</td> <td style="padding: 5px;"><input type="checkbox"/> Balcony</td> <td style="padding: 5px;"><input type="checkbox"/> Steps</td> <td style="padding: 5px;"><input type="checkbox"/> Patio</td> <td style="padding: 5px;"><input type="checkbox"/> Deck</td> <td style="padding: 5px;"><input type="checkbox"/> Balcony</td> <td style="padding: 5px;"><input type="checkbox"/> Steps</td> <td style="padding: 5px;"><input type="checkbox"/> Patio</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Front</td> <td style="padding: 5px;"><input type="checkbox"/> Rear</td> <td style="padding: 5px;"><input type="checkbox"/> Side</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Front</td> <td style="padding: 5px;"><input type="checkbox"/> Rear</td> <td style="padding: 5px;"><input type="checkbox"/> Side</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Wood</td> <td style="padding: 5px;"><input type="checkbox"/> Steel</td> <td style="padding: 5px;"><input type="checkbox"/> Concrete</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Wood</td> <td style="padding: 5px;"><input type="checkbox"/> Steel</td> <td style="padding: 5px;"><input type="checkbox"/> Concrete</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Railing</td> <td style="padding: 5px;"><input type="checkbox"/> N/A</td> <td style="padding: 5px;"><input type="checkbox"/> N/A</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Railing</td> <td style="padding: 5px;"><input type="checkbox"/> N/A</td> <td style="padding: 5px;"><input type="checkbox"/> N/A</td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Inspected/OK</td> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Inspected/OK</td> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> <td style="padding: 5px;"><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>								<b>Deck/Balcony/Steps/Patio Location #1</b>				<b>Deck/Balcony/Steps/Patio Location #2</b>				<input type="checkbox"/> Deck	<input type="checkbox"/> Balcony	<input type="checkbox"/> Steps	<input type="checkbox"/> Patio	<input type="checkbox"/> Deck	<input type="checkbox"/> Balcony	<input type="checkbox"/> Steps	<input type="checkbox"/> Patio	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Side		<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Side		<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete		<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete		<input type="checkbox"/> Railing	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A		<input type="checkbox"/> Railing	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A		<input type="checkbox"/> Inspected/OK	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Inspected/OK	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
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<b>Walkways</b> <input type="checkbox"/> N/A		<b>Driveway</b> <input type="checkbox"/> N/A		<b>Retaining Walls</b> <input type="checkbox"/> N/A		<b>Fences</b> <input type="checkbox"/> N/A																																																	
<input type="checkbox"/> Concrete	<input type="checkbox"/> Asphalt		<input type="checkbox"/> Wood		<input type="checkbox"/> None																																																		
<input type="checkbox"/> Brick	<input type="checkbox"/> Brick		<input type="checkbox"/> Stone		<input type="checkbox"/> Wood																																																		
<input type="checkbox"/> Flagstone	<input type="checkbox"/> Concrete		<input type="checkbox"/> Masonry		<input type="checkbox"/> Metal																																																		
<input type="checkbox"/> Settlement	<input type="checkbox"/> Settlement		<input type="checkbox"/> Concrete		<input type="checkbox"/> PVC																																																		
<input type="checkbox"/> Inspected/OK	<input type="checkbox"/> Inspected/OK		<input type="checkbox"/> Inspected/OK		<input type="checkbox"/> Inspected/OK																																																		
<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Needs Repair		<input type="checkbox"/> Needs Repair		<input type="checkbox"/> Needs Repair																																																		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____																																																		
<b>Vegetation/Trees</b>																																																							
<input type="checkbox"/> Displacing Foundation		<input type="checkbox"/> Displacing Roof		<input type="checkbox"/> Needs Trimming		<input type="checkbox"/> Other _____																																																	
<b>Remarks:</b>																																																							

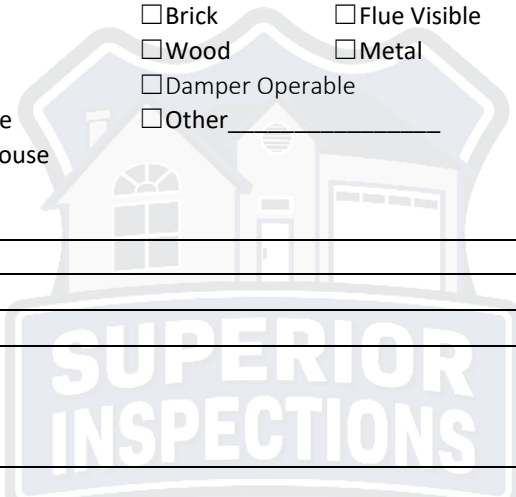
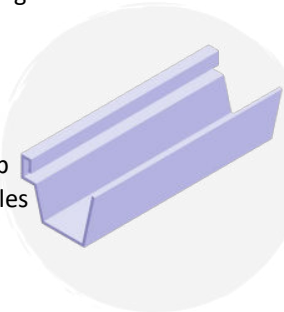
<b>Plumbing</b>	
<b>Service to House (Supply Lines)</b>	<b>Interior Pipes</b>
<input type="checkbox"/> Copper	<input type="checkbox"/> Copper
<input type="checkbox"/> PVC	<input type="checkbox"/> PVC
<input type="checkbox"/> Galvanized	<input type="checkbox"/> Galvanized
<input type="checkbox"/> PEX	<input type="checkbox"/> Not Visible
<input type="checkbox"/> Not all Visible	<input type="checkbox"/> PEX
<input type="checkbox"/> Other _____	<input type="checkbox"/> Flow Observed/OK
	<input type="checkbox"/> Needs Repair
	<input type="checkbox"/> Other _____
<b>Remarks:</b>	



Garage		
<b>Type</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached	<b>Garage Door Opener</b> <input type="checkbox"/> None <input type="checkbox"/> Safety Stop Functioning <input type="checkbox"/> Inspected/OK <input type="checkbox"/> Other _____	<input type="checkbox"/> Functioning Properly <input type="checkbox"/> Safety Stop Inoperative <input type="checkbox"/> Needs Repair
<b>Remarks:</b>  		



Roof and Drainage		
<b>Roof Condition</b> <input type="checkbox"/> Not Visible <input type="checkbox"/> Moderate Aging <input type="checkbox"/> Serious Aging <input type="checkbox"/> Curling <input type="checkbox"/> Cracking <input type="checkbox"/> Nail Popping <input type="checkbox"/> Moss Build-Up <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Signs of Leaks <input type="checkbox"/> Inspected/OK <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____	<b>Roof Covering</b> Buildup Roll Metal Fiberglass Shingle Wood Shingle Asphalt Shingle Clay Tile Slate Tile Asbestos Tile Cement Tile Other _____	<b>Gutters</b> <input type="checkbox"/> None <input type="checkbox"/> Loose Sections <input type="checkbox"/> Leaking Joints <input type="checkbox"/> Rusting <input type="checkbox"/> Holes <input type="checkbox"/> Debris <input type="checkbox"/> No Drains <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____
<b>Surface Water Drainage</b> <input type="checkbox"/> Good overall grade <input type="checkbox"/> Negative Grade <input type="checkbox"/> French Drain in place <input type="checkbox"/> Ground sloped toward house <input type="checkbox"/> Ground sloped away from house	<b>Chimney Type</b> <input type="checkbox"/> N/A <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Damper Operable <input type="checkbox"/> Other _____	<input type="checkbox"/> Stone <input type="checkbox"/> Flue Visible <input type="checkbox"/> Metal <b>Chimney Exterior</b> <input type="checkbox"/> N/A <input type="checkbox"/> Signs of Chipping <input type="checkbox"/> Loose Mortar <input type="checkbox"/> Loose Bricks <input type="checkbox"/> Cracked Crown <input type="checkbox"/> Missing Rain Cap <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____
<b>Remarks:</b>  		

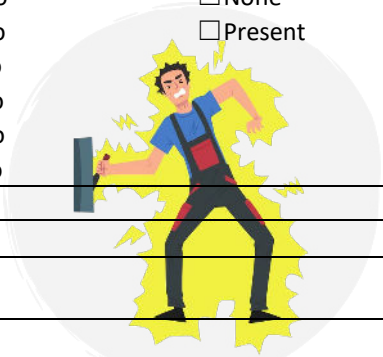


Crawl Space		
<b>Moisture</b> <input type="checkbox"/> Standing Water Found <input type="checkbox"/> No Sump Pump <input type="checkbox"/> Vapor Barrier Present <input type="checkbox"/> Drainage System Present <input type="checkbox"/> Evidence of Previous Repairs	<input type="checkbox"/> Crawl Vents Blocked <input type="checkbox"/> Crawl Vents Missing <input type="checkbox"/> Evidence of Mold <input type="checkbox"/> Evidence of Rot to Subflooring <input type="checkbox"/> None <input type="checkbox"/> Not Visible	<b>Floor</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Cracks <input type="checkbox"/> Dirt Wood Other: _____
<b>Remarks:</b>  		

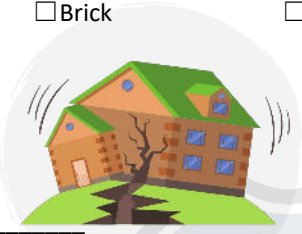
Attic Insulation & Ventilation			
<b>Access</b> <input type="checkbox"/> Permanent Stairs <input type="checkbox"/> Disappearing Stairs <input type="checkbox"/> Door <input type="checkbox"/> Hatch <input type="checkbox"/> Not Accessible <input type="checkbox"/> Garage Access Only <input type="checkbox"/> Other _____	<b>Sheathing</b> <input type="checkbox"/> Plywood <input type="checkbox"/> Particle Board <input type="checkbox"/> Fire Rated Plywood <input type="checkbox"/> Plank <input type="checkbox"/> Sterling Board <input type="checkbox"/> Other _____	<b>Moisture/Water Stains</b> <input type="checkbox"/> None <input type="checkbox"/> Signs of Condensation <input type="checkbox"/> Evidence of Leaks <input type="checkbox"/> Mold Stains <input type="checkbox"/> Rot <input type="checkbox"/> Other _____	<b>Insulation Type</b> <input type="checkbox"/> Glass <input type="checkbox"/> Cellulose <input type="checkbox"/> Foam <input type="checkbox"/> Rockwool <input type="checkbox"/> Need Insulation <input type="checkbox"/> Possible Vermiculite <input type="checkbox"/> Inspected/OK
<b>Remarks:</b>  			

Interior Rooms		
<b>Floors</b>	<b>Walls</b>	<b>Windows</b>
<input type="checkbox"/> Wood	<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Double Hung
<input type="checkbox"/> Laminate	<input type="checkbox"/> Wood Paneling	<input type="checkbox"/> Single Hung
<input type="checkbox"/> Carpet	<input type="checkbox"/> Plaster Board	<input type="checkbox"/> Sliding
<input type="checkbox"/> Tile	<input type="checkbox"/> Tile	<input type="checkbox"/> Fixed Pane
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Plaster	<input type="checkbox"/> Awning
<input type="checkbox"/> Slate	<input type="checkbox"/> Nail Pops	<input type="checkbox"/> Casement
<input type="checkbox"/> Stone	<input type="checkbox"/> Moisture Stains	<input type="checkbox"/> Wood
<input type="checkbox"/> Not Level	<input type="checkbox"/> Cracks	<input type="checkbox"/> Metal
<input type="checkbox"/> Worn Carpet	<input type="checkbox"/> Peeling Paint	<input type="checkbox"/> Vinyl
<input type="checkbox"/> Squeaks	<input type="checkbox"/> Loose Wallpaper	<input type="checkbox"/> Painted Shut
<input type="checkbox"/> Damaged	<input type="checkbox"/> Inspected/Ok	<input type="checkbox"/> Cracked Pane
<input type="checkbox"/> Loose Members	<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Broken Window
<input type="checkbox"/> Inspected/Ok	<input type="checkbox"/> Other _____	<input type="checkbox"/> Seals
<input type="checkbox"/> Other _____		<input type="checkbox"/> Missing Trim
	<b>Ceilings</b>	<input type="checkbox"/> Leakage
<b>Doors</b>	<input type="checkbox"/> Drywall	<input type="checkbox"/> Inspected/OK
<input type="checkbox"/> Solid Wood	<input type="checkbox"/> Wood	<input type="checkbox"/> Needs Repair
<input type="checkbox"/> Wood Facing	<input type="checkbox"/> Wood Lath	<input type="checkbox"/> Other _____
<input type="checkbox"/> Steel	<input type="checkbox"/> Masonry	
<input type="checkbox"/> Glass	<input type="checkbox"/> Moisture Stains	<b>Steps/Railings/Stairs</b>
<input type="checkbox"/> Hollow	<input type="checkbox"/> Loose Plaster/Drywall	<input type="checkbox"/> N/A
<input type="checkbox"/> Hardware Missing	<input type="checkbox"/> Peeling Paint	<input type="checkbox"/> Loose Railing
<input type="checkbox"/> Damaged	<input type="checkbox"/> Nail Pops	<input type="checkbox"/> Missing Railings
<input type="checkbox"/> Not Latching	<input type="checkbox"/> Cracks	<input type="checkbox"/> Inspected/Ok
<input type="checkbox"/> Off Track	<input type="checkbox"/> Inspected/Ok	<input type="checkbox"/> Needs Repair
<input type="checkbox"/> Inspected/Ok	<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		
<b>Remarks:</b>		
<b>Kitchen</b>		
<b>Floor</b>	<b>Sink</b>	<b>Dishwasher</b>
<input type="checkbox"/> Wood	<input type="checkbox"/> Hardware Leaks/Drips	<input type="checkbox"/> Not Present
<input type="checkbox"/> Laminate	<input type="checkbox"/> Low Pressure	<input type="checkbox"/> Built-In
<input type="checkbox"/> Tile	<input type="checkbox"/> Slow Drains	<input type="checkbox"/> Portable
<input type="checkbox"/> Carpet	<input type="checkbox"/> Secured Properly	<input type="checkbox"/> Other
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Working Properly	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<b>Cabinets &amp; Countertops</b>	<b>Microwave</b>	<b>Range/Oven</b>
<input type="checkbox"/> Missing Hardware	<input type="checkbox"/> Not Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Loose Counter Top	<input type="checkbox"/> Working Properly	<input type="checkbox"/> Electric <input type="checkbox"/> Gas
<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Needs Repair	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<b>Exhaust/Fan</b>	<b>Refrigerator</b>	<b>Disposal</b>
<input type="checkbox"/> Not Present	<input type="checkbox"/> Not Present	<input type="checkbox"/> Not Present
<input type="checkbox"/> Inspected/Ok	<input type="checkbox"/> Inspected/Ok	<input type="checkbox"/> Inspected/Ok
<input type="checkbox"/> Needs Repair	<input type="checkbox"/> Frost-Free	<input type="checkbox"/> Needs Repair
<input type="checkbox"/> Other _____	<input type="checkbox"/> Icemaker	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Needs Repair	
	<input type="checkbox"/> Other _____	
<b>Remarks:</b>		
<b>Bathrooms</b>		
Bathroom <input type="checkbox"/> ½	<input type="checkbox"/> Full    Location _____	Toilet
<input type="checkbox"/> Room Ventilation	<input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads	<input type="checkbox"/> Loose
<input type="checkbox"/> Faucets	<input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____	<input type="checkbox"/> Needs Repair
		<input type="checkbox"/> Inspected/Ok
Bathroom <input type="checkbox"/> ½	<input type="checkbox"/> Full    Location _____	Toilet
<input type="checkbox"/> Room Ventilation	<input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads	<input type="checkbox"/> Loose
<input type="checkbox"/> Faucets	<input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____	<input type="checkbox"/> Needs Repair
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<input type="checkbox"/> Room Ventilation	<input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads	<input type="checkbox"/> Loose
<input type="checkbox"/> Faucets	<input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____	<input type="checkbox"/> Needs Repair
		<input type="checkbox"/> Inspected/Ok

Electrical System		
<b>Main Panel Box</b> Location _____ Amps _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses Grounded <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>GFCI (Ground Fault Circuit Interrupters)</b> Bathrooms <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No Garage <input type="checkbox"/> Yes <input type="checkbox"/> No Exterior <input type="checkbox"/> Yes <input type="checkbox"/> No Attic <input type="checkbox"/> Yes <input type="checkbox"/> No Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Smoke Detectors</b> <input type="checkbox"/> None <input type="checkbox"/> Present
<b>Remarks:</b>  		



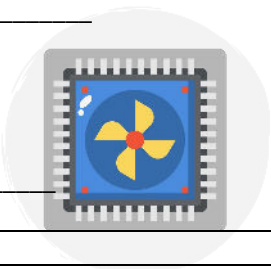
STRUCTURE		
<b>Construction</b> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Mixed <input type="checkbox"/> Not All Visible <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Other _____	<b>Walls</b> <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Stone <input type="checkbox"/> Needs Repair <input type="checkbox"/> Inspected/Ok	<b>Floor/Ceiling</b> <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Joist <input type="checkbox"/> Truss <input type="checkbox"/> Not All Visible <input type="checkbox"/> Other _____
<b>Foundation</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Slab <input type="checkbox"/> Block <input type="checkbox"/> Not All Visible <input type="checkbox"/> Bowed Severely <input type="checkbox"/> Insect Damage <input type="checkbox"/> Horizontal Cracks <input type="checkbox"/> Vertical Cracks <input type="checkbox"/> Other _____	<input type="checkbox"/> Inspected/OK <input type="checkbox"/> Previous Repair Observed <input type="checkbox"/> Missing or Loose Members <input type="checkbox"/> Possible Sheathing Damage <input type="checkbox"/> Finished Basement	
<b>Remarks:</b>  		



Heating System		
Capacity _____	Approx. Age _____	Make _____
Serial# _____	Model# _____	
<b>Type</b> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Wall Heat <input type="checkbox"/> Other _____	<b>Fuel</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	<b>Air Filters</b> <input type="checkbox"/> None <input type="checkbox"/> Disposable <input type="checkbox"/> Washable <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Other _____
<b>Fireplace</b> <input type="checkbox"/> None Wood burning Insert Gas Fireplace Metal Prefab Functional Needs Cleaning Freestanding Wood Stove	Location #1 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Location #2 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Remarks:</b>  		



Cooling System		
Capacity _____	Approx. Age _____	Make _____
Serial# _____	Model# _____	
<b>Type</b> <input type="checkbox"/> Central Air <input type="checkbox"/> Room Units <input type="checkbox"/> Electric Compressor <input type="checkbox"/> Other _____	<b>Condition</b> <input type="checkbox"/> Rust Present <input type="checkbox"/> Damaged <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____	
<b>Remarks:</b>  		



**\*\*DISCLAIMER\*\***

This Checklist is not a substitute for a complete home inspection  
 Call 833-396-8377 or schedule online [superinspectors.com](http://superinspectors.com)