

Relocation Home Inspection Report

Report Date: 5/6/2007

Customer File #: 105

Client: Rich & Kathy Jordan

Contact: Tom Williams

Ph. #: 3171234567

Fax #: 545-9964

Address: P.O. Box 3455

City/State/Zip: Indianapolis, IN 46204

Homeowners:

Address: 11601 Pebblepointe Pass

Carmel, IN

Inspection Co.:

Address:

Ph. #:

Inspector: Sam Eagleye

Date: 5/6/2007 Time: 9:39:14 Weather:

Temp:

Age of Home (yrs):

Additions/Modifications: Yes No Permits: Yes No How Verified:

People present:

Occupied: Yes No [

PURPOSE OF THE RELOCATION HOME INSPECTION REPORT

To provide a professional opinion of a relocating employee's home in its "as is" condition, as of the date of inspection, limited to the definitions and guidelines as established in this report.

OBJECTIVE OF THE RELOCATION HOME INSPECTION REPORT

To provide the client with a report of a relocating employee's home, consisting of a series of visual inspection of items contained in pages 1 through 5 of this form, which the client may, at its discretion, disclose to other interested parties.

DEFINITION OF THE RELOCATION HOME INSPECTION

A visual examination and status report of the items listed on pages 1 through 5. The reporting of apparent defects (not cosmetic related problems) that require corrective action is limited to three categories: 1) structure; 2) unsafe or hazardous conditions; and 3) inoperative systems or appliances.

1. Structure: A load-bearing member of a building (including, but not limited to, footings, foundation walls, posts, beams, floor joists, bearing walls, or roof framings), is defective if it has one or more of these characteristics:
 - abnormal cracking or splitting;
 - unusual settlement;
 - deterioration such as rot, mold, fungus, or pest infestation damage;
 - improper alignment or structural integrity compromised by modification or abuse; or
 - other characteristics that affect the building's structural integrity.
2. Unsafe or Hazardous Conditions: Any item that is identified as a safety defect or hazard, the presence or absence of which would be dangerous. (Suspected, visible, friable asbestos is to be reported. The reporting of the possible presence of lead paint, UFFI, radon, electromagnetic radiation, toxic wastes, and other indoor pollutants is outside the scope of this report.)
3. Inoperative Systems and Appliances: Any installed systems or built-in appliances that do not operate properly or perform their intended function in response to normal use.

PROCEDURAL GUIDELINES

1. Contact the homeowner for an appointment within 1 working day after accepting an assignment. If the homeowner cannot be reached, contact the client.
2. Inspect the property within 3 working days after accepting the assignment unless the homeowner delays the process. Contact the client with the verbal report within 1 day of inspecting the property. If the inspection cannot be completed in the required time frame, or if the inspector will be unavailable to discuss the assignment after completion, it should not be accepted.
3. Mail completed copies of the handwritten report within 3 working days from the date of inspecting the property.
4. Ask the homeowner (or the client if the homeowner is unavailable) if there have been any room additions, conversions or structural improvements made since the date of purchase. Attach a copy of building permits, city approvals etc. if available.
5. Call the client immediately after leaving the property if an evaluation of defects, noted in the report, is inconclusive and requires additional inspections.
6. Present a professional and courteous manner. Inspectors are among the few representatives of the client visible to the relocating homeowner.
7. Feel free to discuss the homeowner's general questions about the inspection process. Any specific questions regarding the inspection, however, should be referred to the client.
8. Include a photograph whenever necessary to facilitate the client's understanding of a defective item.

Rev. 2/6-91

STATUS DEFINITIONS

For each category, when applicable, rate the status of each item by checking the box as follows:

- AC= Acceptable: The item is performing its intended function as of the date of inspection.
- NP= Not present: The item does not exist in the structure being inspected.
- NI = Not inspected: The item was not inspected because of inaccessibility or seasonal impediments.
- DE= Defective: The item is either: structurally unsound; unsafe or hazardous; or inoperative, as defined on page one.

Important, if any item is rated as "Defective," or "Not inspected" a comment in the corresponding "Remarks" column is required.

ITEM REMARKS

LOTS & GROUNDS (LG)

1	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Walks:
2	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Stoops/steps:
3	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Patio:
4	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Deck/balcony:
5	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Porch:
6	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Retaining walls:
7					SURFACE WATER CONTROL:
8	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Grading:
9	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Swales:
10	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Basement stairwell drain:
11	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Window wells:
12	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Exterior surface drain:

ROOF (R)

1					Method of Inspection:
2	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Roof1 Approx. Age: Design Life:
3	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Roof2 Approx. Age: Design Life:
4	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Roof3 Approx. Age: Design Life:
5	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Roof4 Approx. Age: Design Life:
6	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Roof5 Approx. Age: Design Life:
7	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Flashing:
8	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Skylights:
9	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Chimney:
10					Method of Water Control:
11	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Gutters:
12	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Downspouts & extensions:

EXTERIOR SURFACE (ES)

1	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Surface 1
2	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Surface 2
3	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Surface 3
4	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Trim:
5	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Fascia:
6	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Soffitts:

GARAGE/CARPORTS (G/C)

1					<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Attached <input type="checkbox"/> Detached
2	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Door Operation:
3	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Automatic Door Opener:
4	<input type="checkbox"/> AC	<input type="checkbox"/> NP	<input type="checkbox"/> NI	<input type="checkbox"/> DE	Condition (Structural, roof, electrical, slab, etc.):
					Condition Comments:

STRUCTURE (S)

- 1 AC NP NI DE
- 2 AC NP NI DE
- 3 AC NP NI DE
- 4 AC NP NI DE
- 5 AC NP NI DE
- 6 AC NP NI DE
- 7 AC NP NI DE

Foundation: _____

Beams: _____

Bearing Walls: _____

Joists/Trusses: _____

Piers/Posts: _____

Floor/Slab: _____

Hand Rails: _____

ATTIC (A)

- 1
- 2 AC NP NI DE
- 3 AC NP NI DE
- 4 AC NP NI DE
- 5 AC NP NI DE
- 6 AC NP NI DE
- 7

Method of Inspection: _____

Roof Framing: _____

Sheathing: _____

Ventilation: _____

Attic Fan: _____

Whole House Fan: _____

Evidence_of_ongoing_water_penetration Yes No If yes, describe: _____

BASEMENT (B)

- 1 AC NP NI DE
- 2 AC NP NI DE
- 3 AC NP NI DE
- 4

Sump Pump: _____

Floor: _____

Heat: _____

Evidence_of_ongoing_water_penetration Yes No If yes, describe: _____

CRAWL SPACE (CS)

- 1
- 2 AC NP NI DE
- 3 AC NP NI DE
- 4

Method of Inspection: _____

Moisture: _____

Access: _____

Evidence_of_ongoing_water_penetration Yes No If yes, describe: _____

ELECTRICAL (E)

- 1
- 2 AC NP NI DE
- 3 AC NP NI DE
- 4 AC NP NI DE
- 5 AC NP NI DE
- 6 AC NP NI DE
- 7 AC NP NI DE
- 8 AC NP NI DE
- 9

Amps: _____ Volts: _____

Service Cable: _____

Panel: _____

Branch Circuits: _____

Ground: _____

Wire Conductor: _____

GFI: _____

Smoke Detector: _____

Is the size of the incoming electrical service adequate to meet the needs of the dwelling?
 Yes No

Electrical Service Comments _____

HEATING SYSTEM (HS)

1		Primary:	Approx. Age:	Design Life:
2		Additional:	Approx. Age:	Design Life:
3		Fuel(s):		
4	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Primary Operation:		
5	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Additional Operation:		
6	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Draft Control:		
7	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Exhaust System:		
8	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Distribution:		
9	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Fuel Tanks/Lines:		
10	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Thermostat:		
11	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Blower:		
12	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Humidifier:		
13	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Heat Exchanger:		
14	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Pressure Relief Valve(s):		
15	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Circulator Pump:		

AIR CONDITIONING SYSTEM (AC)

1		Type:	Fuel:
2		Approx. Age:	Design Life:
3	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	System:	

PLUMBING (P)

1		Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Private	How Verified?
2		Sewage Service: <input type="checkbox"/> Public <input type="checkbox"/> Private	How Verified?
3		Water Service On <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Water Pipes:	
5	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Drain Pipes:	
6	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Vent Pipes:	
7	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Laundry Tub:	
8	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Laundry Tub Pump:	
9	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Water Pressure:	
10	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Toilet :	
11	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Tub/Shower:	
12	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Exhaust Fan:	
13	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Sink:	

14		WATER HEATER:	Approx. Age (yrs):	Approx. Design Life (yrs):
15	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Water Heater:		
16	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Exhaust System:		
17	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Temperature/Pressure Relief Valve:		

ON-SITE SEWAGE DISPOSAL (SD)

1	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE			

WELL (W)

1 Private Community Note: _____

2 AC NP NI DE Pump: _____

3 AC NP NI DE Shower Pressure (Top Floor): _____

4 Water sample test sent to lab Yes No Date Sent _____

5 Is there a minimum flow of 3 gallons per minute (gpm) after 30 minutes? Yes No

6 If no, state number of gallons per minute after 30 minutes: _____ gpm

POOL AND HOT TUB (P/T)

1 Pool Type: _____ Hot Tub Type: _____

2 AC NP NI DE Pool: _____

3 AC NP NI DE Deck/Apron: _____

4 AC NP NI DE Heater: _____

5 AC NP NI DE Pump: _____

6 AC NP NI DE Filter: _____

7 AC NP NI DE Fence: _____

8 AC NP NI DE Hot Tub: _____

FIREPLACE/WOODBURNING DEVICES (FP)

1 AC NP NI DE Fireplace: _____

2 AC NP NI DE Free-standing Stove: _____

3 AC NP NI DE Fireplace Insert: _____

4 AC NP NI DE Flue: _____

KITCHEN (K)

1 AC NP NI DE Cooking Appliances: _____

2 AC NP NI DE Disposal: _____

3 AC NP NI DE Dishwasher: _____

4 AC NP NI DE Ventilator: _____

5 AC NP NI DE Other Built-ins: _____

FINAL COMMENTS

During this inspection, have you observed other unsafe or hazardous conditions as defined on page 1 of this report? If yes, explain:

I certify that I have adhered to the terms of the assignment set forth in the definitions and procedural guidelines on page 1 of 5 of this report.

Inspector's Signature: *Sam Eagleye*

Inspector Name (please type): **Sam Eagleye**

Date: **5/6/2007**

Tax I.D. Number: _____

