

Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

A	Acceptable	Functional with no obvious signs of defect.
NP	Not Present	Item not present or not found.
NI	Not Inspected	Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.
M	Marginal	Item is not fully functional and requires repair or servicing.
D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

General Information

Property Information

Property Address
City State Zip
Contact Name
Phone Fax

Client Information

Client Name
Client Address
City State Zip
Phone Fax

Inspection Company

Inspector Name Christine Drumm-Coombs
Company Name Your Company Name Here
Company Address 9600 Colerain Ave
Suite 110
City Cincinnati State OH Zip 45215
Phone (702)262-9216 Fax (702)736-6630
E-Mail <http://www.sshci.com>

Conditions

Others Present Property Occupied
Estimated Age Entrance Faces
Inspection Date 06/11/2007
Electric On Yes No Not Applicable
Gas/Oil On Yes No Not Applicable
Water On Yes No Not Applicable
Space Below Grade
Building Type Garage
Sewage Disposal How Verified
Water Source How Verified

Lots and Grounds

- | | A | NP | NI | M | D | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walks: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deck: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Balcony: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vegetation: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retaining Walls: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grading: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swale: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Wells: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell Drain: |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Surface Drain: |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway: |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fences: |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lawn Sprinklers: |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parking Lot: |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parking Lot Lighting: |
| 20. | Access ADA Compliant: | | | | | <input type="radio"/> Yes <input type="radio"/> No |

Exterior Surface and Components

- | | A | NP | NI | M | D | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Exterior Surface | | | | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trim: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entry Doors: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio Door: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storm Windows: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Screens: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Windows: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Lighting: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Electric Outlets: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose Bibs: |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas Meter: |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main Gas Valve: |

Parking Garage

A NP NI M D

Garage

- 1. Type of Structure: Car Spaces:
- 2. Garage Doors:
- 3. Door Operation:
- 4. Door Opener:
- 5. Exterior Surface:
- 6. Roof:
- 7. Roof Structure:
- 8. Service Doors:
- 9. Ceiling:
- 10. Walls:
- 11. Floor/Foundation:
- 12. Hose Bibs:
- 13. Electrical:
- 14. Heating:
- 15. Windows:
- 16. Gutters:
- 17. Downspouts:
- 18. Leader/Extensions:

Common Spaces

A NP NI M D

- 1. Access ADA Compliant: Yes No
- 2. Entrance Door:
- 3. Stairs/Handrails:
- 4. Emergency lighting present? Yes No
- 5. Ceilings:
- 6. Walls:
- 7. Floors:
- 8. Windows:
- 9. Electrical:
- 10. HVAC source:

Elevator

- 11. Elevator:
- 12. Rated Capacity: Last Inspected:
- 13. Inspection Company:
- 14. Fire Extinguishers:
- 15. Fire or Smoke Detectors:
- 16. Sprinkler System:

Roof

A NP NI M D

Roof Surface

- 1. Method of Inspection:
- 2. Unable to Inspect:
- 3. Material:
- 4. Type:
- 5. Approximate Age:
- 6. Flashing:
- 7. Valleys:

Roof (Continued)

- 8. Skylights:
- 9. Plumbing Vents:
- 10. Electrical Mast:
- 11. Roof Drains:
- 12. Gutters:
- 13. Downspouts:
- 14. Leader/Extension:

Chimney

- 15. Chimney:
- 16. Flue/Flue Cap:
- 17. Chimney Flashing:

Attic

A NP NI M D

Attic

- 1. Method of Inspection:
- 2. Unable to Inspect:
- 3. Roof Framing:
- 4. Sheathing:
- 5. Ventilation:
- 6. Insulation:
- 7. Insulation Depth:
- 8. Vapor Barrier:
- 9. Attic Fan:
- 10. House Fan:
- 11. Wiring/Lighting:
- 12. Moisture Penetration:
- 13. Bathroom Fan Venting:

Electrical

A NP NI M D

- 1. Service Size Amps: Volts:
- 2. Service:
- 3. 120 VAC Branch Circuits:
- 4. 240 VAC Branch Circuits:
- 5. Aluminum Wiring:
- 6. Conductor Type:
- 7. Ground:

Electric Panel

- 8. Manufacturer:
- 9. Maximum Capacity:
- 10. Main Breaker Size:
- 11. Breakers:
- 12. Fuses:
- 13. AFCI:
- 14. GFCI:
- 15. Is the panel bonded? Yes No
- 16. Smoke Detectors:
- 17. Data/Security Systems:
- 18. Emergency Lighting:

Structure

- | | A | NP | NI | M | D | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structure Type: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Differential Movement: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beams: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bearing Walls: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists/Trusses: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piers/Posts: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Slab: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairs/Handrails: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subfloor: |
| 11. | | | | | | Emergency lighting present? <input type="radio"/> Yes <input type="radio"/> No |

Crawl Space

- | | A | NP | NI | M | D | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| Crawl Space | | | | | | |
| 1. | | | | | | Method of Inspection: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Access: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Penetration: |
| 5. | | | | | | Moisture Location: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Barrier: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vapor Barrier: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: |

Basement

- | | A | NP | NI | M | D | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| Basement | | | | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vapor Barrier: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump: |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Location: |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairs/Railings: |

Air Conditioning

A NP NI M D

AC System

- 1. A/C System Operation:
- 2. Condensate Removal:
- 3. Exterior Unit:
- 4. Manufacturer:
- 5. Area Served: Approximate Age:
- 6. Fuel Type: Temperature Differential:
- 7. Type: Capacity:
- 8. Visible Coil:
- 9. Refrigerant Lines:
- 10. Electrical Disconnect:
- 11. Exposed Ductwork:
- 12. Blower Fan/Filters:
- 13. Thermostats:

Fireplace/Wood Stove

A NP NI M D

Fireplace

- 1. Type:
- 2. Fireplace Construction:
- 3. Fireplace Insert:
- 4. Smoke Chamber:
- 5. Flue:
- 6. Damper:
- 7. Hearth:
- 8. Freestanding Stove:

Heating System

A NP NI M D

Heating System

- 1. Heating System Operation:
- 2. Manufacturer:
- 3. Type: Capacity:
- 4. Area Served: Approximate Age:
- 5. Fuel Type:
- 6. Heat Exchanger:
- 7. Blower Fan/Filter:
- 8. Distribution:
- 9. Circulator:
- 10. Draft Control:
- 11. Flue Pipe:
- 12. Controls:
- 13. Devices:
- 14. Humidifier:
- 15. Thermostats:

Rest Room

A NP NI M D

Rest Room

- 1. Ceiling:
- 2. Walls:
- 3. Floor:
- 4. Doors:
- 5. Windows:
- 6. Electrical:
- 7. Counter/Cabinet:
- 8. Sink/Basin:
- 9. Faucets/Traps:
- 10. Shower/Surround:
- 11. Urinals:
- 12. Toilets:
- 13. Grab Bars:
- 14. Partitions:
- 15. HVAC Source:
- 16. Ventilation:
- 17. ADA Compliant Yes No
- 18. Emergency lighting present? Yes No

Plumbing

A NP NI M D

- 1. Service Line:
- 2. Main Water Shutoff:
- 3. Water Lines:
- 4. Drain Pipes:
- 5. Service Caps:
- 6. Vent Pipes:
- 7. Gas Service Lines:

Water Heater

- 8. Water Heater Operation:
- 9. Manufacturer:
- 10. Type: Capacity:
- 11. Approximate Age: Area Served:
- 12. Flue Pipe:
- 13. TPRV and Drain Tube:

Employee Lounge

A NP NI M D

Employee Lounge

- 1. Cooking Appliances:
- 2. Ventilator:
- 3. Disposal:
- 4. Dishwasher:
- 5. Air Gap Present? Yes No
- 6. Refrigerator:
- 7. Microwave:
- 8. Sink:
- 9. Electrical:
- 10. Plumbing/Fixtures:
- 11. Counter Tops:
- 12. Cabinets:
- 13. Ceiling:
- 14. Walls:
- 15. Floor:
- 16. Doors:
- 17. Windows:
- 18. HVAC Source:
- 19. Emergency lighting present? Yes No

Office Space

A NP NI M D

Office Space

- 1. Closet:
- 2. Ceiling:
- 3. Walls:
- 4. Floor:
- 5. Doors:
- 6. Windows:
- 7. Electrical:
- 8. HVAC Source:
- 9. Emergency lighting present? Yes No

Work Area

A NP NI M D

Work Area

- 1. Closet:
- 2. Ceiling:
- 3. Walls:
- 4. Floor:
- 5. Doors:
- 6. Windows:
- 7. Electrical:
- 8. HVAC Source:
- 9. Emergency lighting present? Yes No Not Applicable

Janitor's Room

A NP NI M D

Janitor's Room

- 1. Ceiling:
- 2. Walls:
- 3. Floors:
- 4. Doors:
- 5. Windows:
- 6. Electrical:
- 7. HVAC Source:
- 8. Deep Sink:
- 9. Deep Sink Drain:
- 10. Hose Bib:
- 11. Floor Drain:
- 12. Emergency lighting present? Yes No

Room

A NP NI M D

Room

- 1. Ceilings:
- 2. Walls:
- 3. Floors:
- 4. Doors:
- 5. Windows:
- 6. Electrical:
- 7. HVAC Source:
- 8. Emergency lighting present? Yes No