

(Your company name)
(Your company slogan)
(Your company address)
(Your company phone numbers)

Inspection #: _____
 Date of Inspection: _____

EXTERIOR COMPONENT REPORT

Customer's Name: _____ Contact: _____
 Property Address: _____

This is a report made to the best of our ability and professional belief on the existing conditions of the exterior components. As all areas of the exterior are not accessibly visible in some areas due to foliage, plaster or painting, the Inspector cannot guarantee against hidden defects, structural damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

EXTERIOR COMPONENT OBSERVATIONS

Wall cladding	<input type="checkbox"/> metal	<input type="checkbox"/> vinyl	<input type="checkbox"/> wood	<input type="checkbox"/> masonry		
Trim / fascia / soffit	<input type="checkbox"/> metal	<input type="checkbox"/> vinyl	<input type="checkbox"/> wood	<input type="checkbox"/> other :		
Entry doors	<input type="checkbox"/> metal	<input type="checkbox"/> wood	<input type="checkbox"/> steel	<input type="checkbox"/> aluminum & glass		
Prime windows	<input type="checkbox"/> metal	<input type="checkbox"/> vinyl	<input type="checkbox"/> wood	<input type="checkbox"/> single glass	<input type="checkbox"/> double glass	type :
Patio doors	<input type="checkbox"/> metal	<input type="checkbox"/> vinyl	<input type="checkbox"/> wood	<input type="checkbox"/> single glass	<input type="checkbox"/> double glass	type :
Garage doors	<input type="checkbox"/> metal	<input type="checkbox"/> wood	<input type="checkbox"/> fiberglass	<input type="checkbox"/> fiberboard	<input type="checkbox"/> none noted	
Shutters	<input type="checkbox"/> panels	<input type="checkbox"/> wood	<input type="checkbox"/> roll up	<input type="checkbox"/> accordion	<input type="checkbox"/> none noted	

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
Wall cladding			
Trim / fascia / soffit			
Entry doors			
Prime windows			
Patio doors			
Garage doors			
Shutters			
Driveway / walks			
Steps / railings			
Porch / balcony			
Deck / patio			
Retaining walls			

Wood deterioration at: _____

Vegetation
 Limits View Yes No

Adequate drainage Yes No

Garage door opener Yes No

Safety reverse stop Yes No

Observations: _____

I certify that I am authorized to sign this inspection on behalf of **(Your company name)** and that, by the signature hereinafter made, **(Your company name)**, is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the above noted components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: _____ Date: _____

(Your company name)
(Your company slogan)
(Your company address)
(Your company phone numbers)

Inspection #: _____
 Date of Inspection: _____

AIR CONDITIONING COMPONENT REPORT

Customer's Name: _____ Contact: _____
 Property Address: _____

This is a report made to the best of our ability and professional belief on the existing conditions of the air conditioning components. As all areas of the air conditioning system are not accessibly visible in some areas due to lack of accessibility, insulation or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

AIR CONDITIONING COMPONENT OBSERVATIONS

Type of Cooling electrical split system elec package system heat pump heat pump package
 Type of Fuel electric L.P. gas nat. gas other
 Distribution ductwork metal fiberglass flexible undetermined condo unit
 Heat strip none yes kw _____
 No. of units on site. _____

CONDITION OF COMPONENTS			
ITEM	BELOW AV	AVERAGE	ABOVE AV
Exterior casing			
Exterior fins			
Refrigerant lines			
Insulation			
Interior ducts			
Condensate drain			
Thermostat			
Elect. Disconnect			

Make of Unit _____
 Approximate age _____
 Approximate capacity _____
 Functioning? Yes No
 Adequate Cooling? Yes No
 Unusual Conditions? Yes No
 Temp @ Difuser _____
 Temp @ Return _____
 Δ Temperature _____

Observations: _____

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Signature of Inspector: _____ Date: _____

(Your company name)
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(Your company address)
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Inspection #: _____
 Date of Inspection: _____

ELECTRICAL COMPONENT REPORT

Customer's Name: _____ Contact: _____
 Property Address: _____

This is a report made to the best of our ability and professional belief on the existing conditions of the electrical components. As all areas of the electrical system are not accessibly visible in some areas due to insulation or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

ELECTRICAL COMPONENT OBSERVATIONS

Service entrance overhead underground Condominium unit
 Overcurrent device fuse breaker other Overcurrent Rating _____
 Grounding location waterpipe rod power company Condominium unit
 Branch protection fuse breaker wire: copper aluminum
 120 volt circuits 15 amp 20 amp
 240 volt circuits range: amp dryer: amp water heater: amp A/C: amp

CONDITION OF COMPONENTS			
ITEM	BELOW AV	AVERAGE	ABOVE AV
Service entry			
Meter			
Main conductor			
Main panel			
Main disconnect			
Grounding			
Bushing / knockout			
Branch circuits			
Exterior electrical			
Exposed wiring			
Garage electrical			

Main Panel Location: _____
 Panel Rating _____
 Conductor size _____
 GFCI's functioning Yes No
 Aluminum wiring Yes No
 Knob & tube wiring Yes No
 Sub-panels Yes No

Comments: _____

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Signature of Inspector: _____ Date: _____

(Your company name)
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Inspection #: _____
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ROOF REPORT

Contractor's Name: _____

Customer's Name: _____

Contact: _____

Property Address: _____

THIS IS A ROOF REPORT NOT A ROOF GUARANTEE

This is a report made to the best of our ability and professional belief on the existing conditions of the roof coverings. As all areas of the roof and attic are not accessibly visible, and the roof membranes are not visible in some areas due to coverings such as tiles, shingles, and other coatings. The contractor cannot guarantee against hidden defects, future leaks or repairs.

THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

ROOF COMPONENT OBSERVATIONS

Inspection method on roof at eaves ground other

Visible coverings tile shingle gravel roll roofing

Gutters aluminum copper plastic none

Flashing metal asphalt rolled concealed

Chimneys # noted metal masonry wood wire / stucco

Plumbing vents # noted PVC lead galvanized cast iron

Attic vents soffit roof ridge gable other :

CONDITION OF COMPONENTS

ITEM	BELOW AV	AVERAGE	ABOVE AV
#1 Roof Covering			
#2 Roof Covering			
#3 Roof Covering			
Valleys			
Gutters			
Downspouts			
Splashblocks			
Flashing			
Skylights			
Chimney			
Plumbing vents			
Ventilation			

Approx. age of roof: _____

Needs: Repair Replacement

Other: _____

Any sign of leaks? Yes No

Comments: _____

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Signature of Inspector: _____

Date: _____

(Your company name)
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 Date of Inspection: _____

INTERIOR COMPONENT REPORT

Client's Name: _____

Contact: _____

Property Address: _____

This is a report made to the best of our ability and professional belief on the existing conditions of the interior components. As all areas of the interior are not accessibly visible in some areas due to lack of access, furnishings or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.
THIS REPORT IS VALID FOR THIRTY (30) DAYS FROM INSPECTION DATE.

INTERIOR COMPONENT OBSERVATIONS

CONDITION OF COMPONENTS			
ITEM	BELOW AV	AVERAGE	ABOVE AV
Kitchen / Dining			
Walls / ceilings			
Floor			
Cabinets			
Counters			
Sink			
Plumbing			
Electrical			
Door / window			
Heat source			
Bathrooms			
Walls / ceilings			
Vanity /basin			
Tub / shower			
Toilet			
Plumbing			
Electrical			
Door / window			
Heat source			

CONDITION OF COMPONENTS			
ITEM	BELOW AV	AVERAGE	ABOVE AV
Living Room			
Walls / ceilings			
Floor			
Electrical			
Door / window			
Heat source			
Family Room			
Walls / ceilings			
Floor			
Electrical			
Door / window			
Heat source			
Bedrooms			
Walls / ceilings			
Floor			
Electrical			
Door / window			
Heat source			

Proper laundry hook-up? Yes No

Are there any signs of leaks or abnormal condensation? Yes No

Are house / garage / "party separation surfaces complete? Yes No

Observations: _____

Dryer Gas No Electric

Do steps, stairs, balconies or railings require repair?

Yes No

I certify that I am authorized to sign this inspection on behalf of C.I.C., Inc. and that, by the signature hereinafter made, C.I.C., Inc., is duly bound by the terms and conditions of the certification. This report expresses no guarantee on the exterior components. I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. Only the condition of the system as of this date is warranted by this inspection.

Signature of Inspector: _____

Date: _____