



Home Inspection Report

CLIENT NAME: _____ DATE: _____
REPORT #: _____ INSPECTOR: _____
PROPERTY ADDRESS: _____
CITY: _____ STATE: _____ MILEAGE: _____
BUILDING TYPE: _____ AGE OF HOME: _____
WEATHER CONDITIONS & TEMP: _____
IS THIS PROPERTY OCCUPIED TODAY? YES NO

Your Home Inspection includes the following...

STANDARD

- Exterior and Grounds
- Garage
- Attic
- Living Space
- Structure & Foundation
- Heating / Cooling Electrical
- Plumbing

ADDITIONAL SERVICES

- Termite / WBI Inspection
- Radon Air Quality # _____
- Radon Air Quality # _____
- Radon Water Analysis: _____
- Water Quality Analysis: _____
- Re-Inspection
- Infrared Services

START TIME: _____

COMPLETION TIME: _____

Home Inspection	Fee	_____
_____	Fee	_____
_____	Fee	_____
	Total	_____

RECEIVED PAYMENT OF \$ _____

CHECK # _____ CASH

Thank You Kindly

MASSACHUSETTS HOME INSPECTIONS, LLC

1-978-685-1909

davidvalley@verizon.net

HOME INSPECTION AGREEMENT

The Parties Understand and Agree as follows:

Massachusetts Home Inspections, LLC GUARANTEES to perform a visual inspection of the home and to provide CLIENT with a written inspection report identifying the defects that the INSPECTOR both observed and deemed material. INSPECTOR may offer comments as a courtesy, but these comments will not comprise the bargained-for report. The report is only supplementary to the seller's disclosure.

INSPECTOR agrees to perform the inspection in accordance to the current (266 CMR 6.00: Standards of Practice) of the Massachusetts Board of Home Inspectors posted at <https://www.mass.gov/regulations/266-CMR-600-standards-of-practice>.

INSPECTOR does not perform engineering, architectural, electrical, plumbing, or any other job function requiring an occupational license in the jurisdiction where the inspection is taking place.

CLIENT understands that the inspection will be performed in accordance to the aforementioned Standards, which contain certain limitations, exceptions, and exclusions. Environmental issues such as Asbestos, Lead, UFFI, Mold, Radon Gas, and Water pollutants, can not typically be fully identified and/or categorized by a visual inspection. Therefore, they are not part of my Standard Home Inspection. Your inspection will be essentially be visual, not technically exhaustive, and does not imply that every defect was found. Latent and concealed defects and deficiencies are excluded from the home inspection (Ex: Concealed structural revisions, concealed Wood Boring Insect damage, defective or buried oil tanks, bed bugs, flooring material under carpets and all concealed mechanical defects).

The inspection and report are performed and prepared for the use of CLIENT, who gives INSPECTOR permission to discuss observations with the Buyer's Agent, and licensed contractors. INSPECTOR accepts no responsibility for use or misinterpretation by third parties. This Inspection report is not to be utilized as a negotiating tool and is not Transferable without the consent of **Massachusetts Home Inspections, LLC**. INSPECTOR does not want to become part of the negotiating process and will not accept any third party liability.

CLIENT agrees that a seventeen (17) page CONFIDENTIAL report will be provided to the **CLIENT ONLY**, and that no copies will be given to anyone else without CLIENT'S permission. Within this report, CLIENT must have in their possession, a 17-page report which will include a cover page, this **Home Inspection Agreement (Pg 2)**, a **Sellers Questionnaire (Pg. 3)**, the **Wood Boring Insect Report (Pg. 4)** and 13 pages of inspected components throughout the property.

CLIENT agrees to read the included manual "**Know Your Home**". This manual an integral part of the 17-page Home Inspection report.

In the event of a claim against INSPECTOR, CLIENT agrees to leave any issues "AS IS" (until INSPECTOR records findings). CLIENT must then supply INSPECTOR with the following: (1) Written notification of adverse conditions within 14 days of discovery, and (2) complete access to the premises. Contractor work can not be performed until INSPECTOR records issue relating to claim.

In the event that CLIENT fails to prove any adverse claims against INSPECTOR in a court of law, CLIENT agrees to pay all legal costs, expenses and fees of INSPECTOR in defending said claims. If any court declares any provision of this Agreement invalid or unenforceable, the remaining provisions will remain in effect. This agreement represents the entire agreement between the parties. No change or modification shall be enforceable against any party unless such change or modification is in writing and signed by the parties. This Agreement shall be binding upon and enforceable by the parties and their heirs, executors, administrators, successors and assignees. CLIENT shall commence any action (arising from a home inspection) within three years after the date of a completed home inspection report by the INSPECTOR.

Payment is due upon completion of the on-site home inspection. The CLIENT agrees to pay (in full) all bank and legal expenses incurred, in collecting due payments for the home inspection performed at the address below.

THE ABOVE IS UNDERSTOOD AND AGREED TO, AND CLIENT ACKNOWLEDGES RECEIPT OF THE ORIGINAL OF THIS SIGNED HOME INSPECTION AGREEMENT.


HOME INSPECTOR

566
LIC #

CLIENT OR REPRESENTATIVE

Property Address: _____ City _____ State MA

MASSACHUSETTS HOME INSPECTIONS, LLC



Methuen, Mass. 01844
 978-685-1909
SELLERS QUESTIONNAIRE



The following questions should be ascertained from the Seller and are relevant to the purchase of a house and may not be readily observable through my home inspection. The Listing agent may be able to assist you in obtaining answers to these questions before your closing date.

1) Does the dwelling have a history of seepage, dampness and or water penetration into the lower level or under the crawl space (if applicable)?.....	YES	NO	UNKNOWN
2) Has a sump pump ever been installed or used in the Lower Level?.....	YES	NO	UNKNOWN
3) Is there any type of dehumidification in any part of the dwelling?	YES	NO	UNKNOWN
4) Are you aware of any Mold and or Air quality issues in the dwelling?	YES	NO	UNKNOWN
5) Is the dwelling on a private sewage system?	YES	NO	UNKNOWN
If so, has a Title V inspection been completed, and is the completed Title 5 Report available for review?.....	YES	NO	N/A
6) Has house ever been inspected/treated for insect infestation in the past ?.....	YES	NO	UNKNOWN
If so, obtain the paperwork to determine which chemicals were used.			
7) Are you aware of any asbestos containing materials on the property?	YES	NO	UNKNOWN
8) Has the dwelling ever been tested for Radon gas and or lead paint?	YES	NO	UNKNOWN
If so, obtain the paperwork to see when and what the results were.			
9) Has the dwelling ever been inspected by another Home Inspector?	YES	NO	UNKNOWN
If so, is there a copy of the inspection report available?	YES	NO	N/A
10) Are the Seller/Seller's Representative aware of any structural, mechanical, electrical, or other material defects that may exist on the property?	YES	NO	UNKNOWN
11) Has there ever been a fire in the dwelling?	YES	NO	UNKNOWN
If so, when and what areas were involved & what chemical cleaners were used for the clean-up? _____			
12) Has there ever been a hazardous waste spill on the property?	YES	NO	UNKNOWN
13) Is there an underground tank (oil or LP gas storage) on the property?	YES	NO	UNKNOWN

I recommend obtaining the Sellers disclosure or the answers to these questions before closing on escrow.

ADDITIONAL COMMENTS:

MASSACHUSETTS HOME INSPECTIONS, LLC



WOOD BORING INSECT REPORT

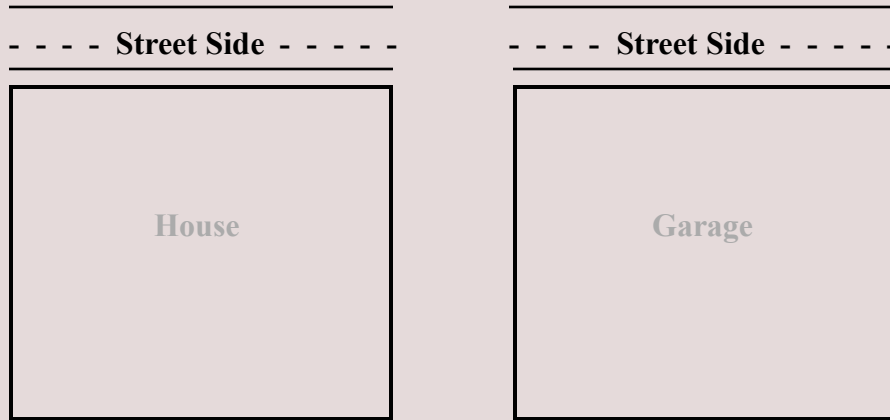


Wood Boring Insect Inspection Status

- Client is waiving the WBI Inspection (WBI Inspection **was not** Performed)
- Wood Boring Insect Inspection **was** performed.
No visible evidence of WBI was found in accessible areas.
- Visible evidence of Termites Powder Post Beetles Carpenter Ants/Bees

I recommend evaluation for treatment by a licensed professional Exterminator, now.

The following diagram depicts the location(s) where Insect damage **was** observed



NOTE: See Page 17 #1 for percentage of visible areas at Lower Level.

SCOPE & LIMITATIONS OF WBI INSPECTION

This report shall not be construed as a **guarantee** or **warranty** as to the absence of Wood Boring Insects nor is it a structural integrity report. It is only a visual examination of all readily accessible areas of the structure. This report is intended to record WBI evidence or activity found in readily accessible areas on the day of the inspection.

Massachusetts Home Inspections, LLC relies solely on visual, non-destructive methods when performing any WBI Inspection. I do my best in determining if there is evidence of WBI insects, however, many areas are not visible due to owners furnishings, appliances, floor and wall coverings, siding, insulation and personal possessions obstructing my view. I do not break apart areas such as fixed walls & ceilings, moldings, insulation, paneling, baseboards, and siding. Repairs and/or renovations to a home or any other changes in conditions may reveal insect activity that was not discoverable during your inspection due to concealed or inaccessible areas. If evidence of insect activity has been removed or concealed prior to inspection, even a trained expert will not be able to detect the presence of Wood Boring Insects.

My WBI inspection is based solely on observations that would indicate past or present infestations, not future activity. Consequently, there is always a risk of insect activity that is not discoverable during my inspection. For your protection, you should consult a licensed pest control company about warranties that are commonly available to protect your home from future insect activity.

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EXTERIOR AND GROUNDS

	A	B	C	NA	NI
1. Roof Surface Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Asphalt ___ Asphalt Roll ___ Rubber					
___ Slate ___ Wood Shingles ___ Aluminum/Steel					
Unable to inspect _____ %					
Due to _____					
Approximate Age _____ years old					
* See Manual...pages 10,11,12					
2. Roof Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Gable ___ Hip ___ Mansard					
___ Gambrel ___ Flat ___ Shed					
___ Two layers of roofing material was observed					
___ Tree branches are overhanging the roof					
___ Trim - to prevent damage to roof surface					
3. Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Brick ___ Block ___ Prefab/Metal ___ B-vent					
___ Recommend installing a screened Rain Cap over Flue(s) to prevent moisture/vermin entry					
___ Recommend Mason to install/upgrade the mortar cap on the top layer of bricks					
* See Manual...pages 13G & 13H					
4. Exposed Flashings at Roof Penetrations..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Sealed with roofing tar (Upgrade annually)					
Method of Inspection of #1, 2, 3 & 4					
___ Utilized binoculars from ground level					
___ From a ladder at the eave area					
___ Viewed the roof area out of upper windows					
___ Walked on top of the roof surface					
5. Attic Ventilation (See Page 12 #5).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Ridge ___ Soffit ___ Gable End Vents					
___ Roof Vents ___ Drip Edge Vents					
* See Manual...page 13I					
6. Skylights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gutters and Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Aluminum ___ Vinyl ___ Wood ___ Copper					
* See Manual...page 9B					
8. Exterior Outer Roof Trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Fascia ___ Soffit ___ Rake ___ Flashing					
9. House Siding and Trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Vinyl ___ Aluminum ___ Wood ___ Stucco					
___ Brick ___ Masonite ___ Asbestos ___ Cement					
10. Exterior Exposed Foundation Surface....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Exterior Windows and Trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Steps and Stoops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Front ___ Rear ___ Side					
___ Recommend installing a hand rail (with balusters) alongside the stairway for safety					
13. Walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

1) Roofing material was not lifted (at roof edges) to determine if concealed ice and water shield and transition flashings are installed correctly.

7) Recommend installing extensions (underground or above ground) to all gutter downspouts, to convey all roof water out and away from the foundation area, alleviating water seepage into the lower level

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EXTERIOR AND GROUNDS (cont)

	A	B	C	NA	NI	Comments:
1. Patio Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Attached Decks/Porches/Balconies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Front ___ Rear ___ Side						
___ Pressure Treated Wood ___ Painted Wood						
___ Composite Decking ___ Concrete						
___ Recommend installing flashing over ledger board (against house) to prevent rotting						
___ Lag bolts <u>not</u> installed at ledger board to secure deck to house (Install proper lag bolts)						
Was underside accessible? ___ Yes ___ No						
* See Manual...page 16M						
3. Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Recommend trimming all vegetation (a minimum of 18") away from the house siding						
4. Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Poured Concrete ___ Concrete Block						
___ Landscape Timbers ___ Field Stone						
___ Masonry ___ Brick ___ Stone						
* See Manual...page 15L						
5. Grading along Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Recommend fill dirt be added to properly slope grading away from the foundation						
* See Manual...page 9B						
6. Property Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) <u>Property drainage is crucial - See #5 (above) and Page 5 #7</u>
* See Manual...page 9B & 15L						
7. Window Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Recommend installing deep window wells at all basement windows at grading level						
8. Basement Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Bulkhead ___ Stairwell ___ Walk-in						
9. Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Asphalt ___ Concrete ___ Brick						
___ Dirt ___ Crushed Stone ___ Stone						
* See Manual...page 14K						
10. Fences and Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Exterior Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Water Faucet supply is shut off. Unable to inspect operation of exterior faucet.						
<u>X</u> Recommend a Backflow Preventer						
12. Exterior Outlets, Lights and Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Recommend replacing all exterior outlets with GFCI protected outlets, for safety.						

ADDITIONAL COMMENTS:

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GARAGE

	A	B	C	NA	NI
___ Car ___ Attached ___ Detached ___ Under	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. OVERHEAD DOOR (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Safety release is satisfactory today					
___ Safety release failed - Needs adjustment					
___ Recommend repairing this immediately					
___ Manual opening only (No electric opener)					
2. ENTRY DOOR INTO HOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ A 4" high threshold <u>is not</u> installed at this entrance, to prevent auto exhaust fumes from entering the living area.					
___ Recommend installing an auto closer mechanism to this fire door.					
___ Door is <u>not</u> labeled as a Fire Rated door.					
___ Recommend installing a Fire Rated door					
3. WALLS / CEILINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Breach(s) in Fire Rated Drywall (Unsafe)					
___ 5/8" Fire rated drywall is required at every wall and ceiling that divides the living area from the garage. Fire Safety Issue exists.					
4. EXPOSED ROOF FRAMING/SHEATHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EXPOSED FOUNDATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. EXPOSED SILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Recommend replacing all receptacles (in this garage) with GFCI protected outlets					
* See Manual...page 41C & 42D					
9. GARAGE WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. EXTERIOR SIDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ROOF SURFACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Asphalt ___ Asphalt Roll ___ Rubber					
___ Slate ___ Wood Shingles ___ Aluminum/Steel					
Approximate age: _____					
Unable to inspect _____ % of roof					
Due to _____					

Comments:

ADDITIONAL COMMENTS:

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KITCHEN

	A	B	C	NA	NI
1. KITCHEN CABINETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. RANGE TOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas <input type="checkbox"/> Electric <input type="checkbox"/> Freestanding Stove <input type="checkbox"/> Countertop Stove <input type="checkbox"/> Recommend installing anti-tip brackets. It prevents tipping of stove when pressure is applied to the "opened" oven door.					
3. OVEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas <input type="checkbox"/> Electric <input type="checkbox"/> Gas on Gas (Utilized for heating home) <input type="checkbox"/> Freestanding Stove <input type="checkbox"/> Wall insert					
4. VENTILATOR / EXHAUST FAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interior Ventilation <input type="checkbox"/> Exterior Ventilation					
5. DISHWASHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No high loop present. Recommend raising drain hose higher than rim of sink to prevent debris from entering dishwasher.					
6. TRASH COMPACTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. KITCHEN SINK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Single Tub <input type="checkbox"/> Double Tub <input type="checkbox"/> Spout leaks at sink connection <input type="checkbox"/> Water Control handle(s) leak					
8. SINK SPRAYER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sprayer leaks today. Repair or Replace					
9. SINK DISPOSAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wiring is exposed to mechanical damage					
10. COUNTERTOPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ELECTRICAL OUTLETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recommend upgrading countertop outlets (that are within 6 feet of water) with GFCI protected outlets, for your safety.					

Comments:

ADDITIONAL COMMENTS: Refrigerator was not inspected due to it not being an attached appliance.

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BATHROOM(S)

	A	B	C	NA	NI	Comments:
1. LOCATION _____ <input type="checkbox"/> Sink / Basin <input type="checkbox"/> Tub / Shower <input type="checkbox"/> Toilet * See Manual...page 35C, D & 36 E, F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. LOCATION _____ <input type="checkbox"/> Sink / Basin <input type="checkbox"/> Tub / Shower <input type="checkbox"/> Toilet * See Manual...page 35C, D & 36 E, F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. LOCATION _____ <input type="checkbox"/> Sink / Basin <input type="checkbox"/> Tub / Shower <input type="checkbox"/> Toilet * See Manual...page 35C, D & 36 E, F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. WATER PRESSURE IN BATHROOMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. JACUZZI / GFCI OUTLET FOR MOTOR ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. CEILING HEATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. VENTILATION FAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. WINDOW IN SHOWER ENCLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LAUNDRY ROOM

1. LOCATION _____						
2. LAUNDRY SINK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. WASHER SUPPLY PIPES INSTALLED .. <input type="checkbox"/> Recommend installing a flood-proof device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Washer hoses, piping and operation was not tested
4. DRYER SUPPLY SOURCE INSTALLED .. ___ Gas ___ Electric <input type="checkbox"/> 3 prong <input type="checkbox"/> 4 prong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Dryer was not operated and duct interior was not viewed
5. DRYER VENTING INSTALLED ___ Recommend replacing vinyl vent hose with 4 inch rigid metal vent hose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS:

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LIVING SPACE

	A	B	C	NA	NI	Comments:
1. CEILINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Sheet Rock ___ Plaster ___ Suspended ___ Tile Board ___ Tin ___ Textured						
2. WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Wall insulation was not inspected. See Manual, page 21F
All exterior wall studs appear to be... ___ 2 x 6 ___ 2 x 8 Other _____ ___ Sheet Rock ___ Plaster ___ Unfinished ___ Paint ___ Wallpaper ___ Tiles ___ Paneling						
3. FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Hardwood ___ Pergo ___ Linoleum ___ Laminate ___ Carpet ___ Tiles						
4. EXTERIOR DOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Main ___ Rear ___ Side ___ Sliding Door ___ Recommend installing storm/screen door						
5. INTERIOR DOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Hollow Core ___ Solid ___ Masonite ___ Wood						
6. WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Thermal Panes ___ Single Panes ___ Double Hung ___ Casement ___ Sliders ___ Aluminum ___ Vinyl ___ Wood						
7. SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Missing screens in areas throughout ___ Damaged screens in areas throughout						
8. STORM WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. CLOSETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Keep clothing away from closet light ___ Doors off track in areas. Have repaired.						
10. STAIRWAYS AND HANDRAILS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Recommend installing a handrail along the entire length of interior main stairway ___ Loose/wobbly handrail needs reinforcing						

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FIREPLACE / WOOD STOVE

	A	B	C	NA	NI
1. LOCATION _____ __ 1st Floor __ 2nd Floor __ Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. FIREPLACE CONSTRUCTION __ Brick __ Stone __ Pre-Fab Metal __ Tile __ Gas-Log __ Decorative Only __ Recommend this flue be fully cleaned by a professional chimney sweep. * See Manual...page 13G & H and 26H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. FREESTANDING STOVE __ Wood Burning __ Pellet __ Natural Gas __ Improper clearances to combustibles. I recommend venting be evaluated and corrected by certified chimney specialist. __ Creosote build-up. Recommend this flue be fully cleaned by a chimney sweep. * See Manual...page 13G & H and 26 H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HEARTH __ Hearth is not built to today's standards. The total depth should be 16 inches deep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. FLUE LINER / INSERT __ Recommend a Level 2 inspection prior to closing on home. (http://www.csia.org) * See Manual...page 13G & H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. DAMPER __ Hard to operate. Have control adjusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

SPACE HEATER(S)

	A	B	C	NA	NI
LOCATION __ 1st Floor __ 2nd Floor __ Basement					
1. FUEL TYPE __ Gas __ Electric					
2. OPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. EXPOSED EXHAUST FLUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CLEARANCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* See page 13G & H					

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ATTIC

	A	B	C	NA	NI	Comments:
1. POINT OF ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ceiling access <input type="checkbox"/> Pull down stairs <input type="checkbox"/> Knee space cover <input type="checkbox"/> Walk up stairs <input type="checkbox"/> No access to attic. Recommend installing an attic access, so potential problems can be monitored (by you) on a periodic basis.						
Unable to inspect _____% of attic, due to <input type="checkbox"/> Flooring <input type="checkbox"/> Walls <input type="checkbox"/> Insulation installed						
2. ROOF FRAMING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Rafters _____ x _____ @ _____ O.C. <input type="checkbox"/> Ceiling joist _____ x _____ @ _____ O.C. <input type="checkbox"/> Truss Construction (2 x 4 engineered)						
3. ROOF BACKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Plywood <input type="checkbox"/> Wood Slats <input type="checkbox"/> OSB						
4. FLOORING AT ATTIC ENTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____ % of attic has floor covering installed						
5. VENTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Recommend installing Ridge & Soffit vents to improve attic ventilation and shingle life. * See Manual...page 13 I						5) Go to my website and tap "Know Your Home" (inside the right navigation bar), then tap "Attic Ventilation". You will see my recommended upgrade for properly venting attic spaces.
6. INSULATION IN ATTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Existing Quantity: _____ inches <input type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> Rock Wool <input type="checkbox"/> Vermiculite <input type="checkbox"/> Blankets <input type="checkbox"/> Blown-in <input type="checkbox"/> Foam <input type="checkbox"/> Recommend installing additional insulation (Total = R-39) throughout entire attic space. * See Manual...page 20E and 21F						6) Go to my website and tap "Know Your Home" (inside the right navigation bar), then tap "Attic Insulation Upgrade". You will see my recommended upgrade for properly insulating attic spaces.
7. FIREWALL SEPARATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. CHIMNEY IN ATTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Recommend parging / tuckpointing bricks throughout the chimney (in the attic area) * See Manual...page 13G & H						
9. ROOF PENETRATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Water stains at penetrations / past leaks. Monitor these penetrations for future leaks						
10. WHOLE HOUSE FAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. EXPOSED WIRING/LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. EXPOSED BATHROOM FAN VENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The fan/hose is venting into the attic cavity. Recommend venting to the exterior of the building to prevent rot and mold build-up.						
13. MOISTURE PENETRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Viewed moisture stains at roof rafter ends. Indicative of winter ice dams. See #5 & #6 to improve conditions and alleviate ice dams.						

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HEATING

	A	B	C	NA	NI	
1. ___ Boiler → ___ Forced Water ___ Steam ___ Furnace ___ Heat Pump ___ Hydro Air * See Manual, Pages 22 - 26 A thru I Manufacturer _____ Model Number _____ Serial Number _____ Approximate Age _____ ___ The heating system was paced through it's normal sequence of operating modes, with no obvious defects noted at the time of the inspection. However, due to systems age, it is clearly beyond it's life expectancy, and replacement should be considered soon. ___ I recommend maintenance from a licensed heating contractor now and annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. FUEL TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Natural Gas ___ LPG ___ Oil ___ Electric						
3. COMBUSTION AIR TO THIS AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. HEAT IN UPPER LIVING AREA LEVELS ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. DISTRIBUTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Forced Air Registers Utilizing ___ Hydro Air ___ Hydronic Baseboards ___ Electric Baseboards ___ Cast Iron Radiators						
6. CIRCULATOR AND ZONES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) Zones tested ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
___ Pump(s) ___ Zone Valves ___ Blower Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. FLUE PIPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Recommend sealing exposed gaps (around vent at chimney penetration) with mortar.						
8. DAMPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. BURNER AREA or OIL CHAMBER LINER..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Unable to inspect this chamber liner due to sealed access to the chamber.						
10. CHIMNEY LINER FOR #1 ABOVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) See page 11 #5 - Chimney was not viewed from topline
This portion of the chimney liner <u>can not</u> be inspected due to sealed flue access.						
11. HEAT EXCHANGER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* See page 23 - B1						
12. EXPOSED DUCTS AND AIR FILTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. SAFETY CONTROL DEVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. THERMOSTATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. OIL TANK AND SUPPLY LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Missing protective sleeve around oil line. Have oil contractor replace oil supply line now.						
16. HEATING PIPES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Suspected Asbestos at _____						
* See Manual...Page 47A						
17. EMERGENCY SHUT-OFF LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Basement entry area ___ Side mounted						

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AIR CONDITIONING

	A	B	C	NA	NI	Comments:
1. EXTERIOR CONDENSING UNIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturer _____						
Model Number _____						
Serial Number _____						
Tonnage _____ Age _____						
_____ Replace the insulation tubing (around the 3/4 inch copper pipe) up to the exterior Condenser.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. CONDENSER PAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. ELECTRICAL DISCONNECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. ZONES / DAMPERS & CONTROLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____ One Zone controlling all living areas						
_____ Two Zones controlling _____ & _____ floors						
6. ADEQUATE A/C TEMPERATURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operating temperature at registers were at _____ degrees Fahrenheit today.						
_____ Air Conditioning efficiency was not tested. (Use of A/C at colder temperatures could seriously damage your compressor)						
* See Manual...page 22B and 23B1						

CRAWL SPACE

1. ACCESS AREA _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Unable to inspect _____ % due to _____					
2. CONDITION OF CRAWLSPACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Evidence of excessive moisture in this crawlspace. See report page 6 #6. * See Manual...pages 27B, 28C, 29D & 30E					
3. VENTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* See Manual... Page 33G					
4. INSULATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Falling blanket insulation. Secure in place. * See Manual...Page 33H					
5. PIPES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Recommend insulating all supply and waste piping inside this Crawlspace.					
6. VAPOR RETARDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Recommend laying a 6 mil. Polyethylene barrier on wet dirt floor to prevent moisture damage to floor structure above wet dirt.					

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MAIN PLUMBING

	A	B	C	NA	NI	Comments:
1. Water Main Service						
Shut Off & Meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location: _____ portion of basement						
2. Water Supply Source is Listed as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Municipal water ___ Well water						
3. Visible Supply Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Copper ___ Galvanized ___ CPVC ___ Lead						
___ 1/2" piping exists at main supply. Today's standards require 3/4", improving water flow.						
* See Manual...page 35C						
4. Visible Waste Disposal is Listed as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Municipal ___ Septic ___ Community						
5. Waste Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ PVC ___ Cast Iron ___ Copper						
___ Galvanized ___ Lead						
* See Manual...page 35D						
6. Exterior Sewer Stack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Accessible Well Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Sewer Ejector Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Gas Service Meter & Supply Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Sink in Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Water Heater / Indirect Storage Tank ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Gas ___ LP Gas ___ Oil ___ Electric						
___ Tankless - Boiler heats all domestic water						
Domestic Water Temperature _____						
1. Manufacturer _____						
Estimated Age _____ Capacity _____						
2. Manufacturer _____						
Estimated Age _____ Capacity _____						
3. Manufacturer _____						
Estimated Age _____ Capacity _____						
Water Heater # _____ is at the end of its's servicable life. Replace W/H soon.						
12. TPR Valve and Extension Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Flue Pipe for Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ Recommend sealing gaps around vent (at the chimney penetration) with mortar.						

ADDITIONAL COMMENTS:

ELECTRICAL

	A	B	C	NA	NI	Comments:
1. Exterior Electric Service Entry Cable ___ Overhead ___ Underground Service Lateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Exterior Electrical Meter and Panel ___ Grounded at ground rod at exterior meter ___ Recommend duct seal at cable penetration ___ Wire lock is breached. Contact electric company to reinstall new wire lock.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Interior Service Equipment / Panel Located at _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Main Fixed Capacity _____ Amps ___ Circuit Breakers ___ Fuses ___ Pushmatic ___ Double Taps exist on Breakers ___ Double Lugs exist on Neutral Bar * See Manual...page 41B, 44H & I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Main Service Conductor Cable ___ Copper (stranded) ___ Aluminum (stranded) ___ Tin Coated Copper ___ Recommend anti-oxidant be applied to the aluminum Service Entry cable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Sub Panel Capacity is _____ Amps Located at _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Exposed Branch Wiring ___ Copper ___ Aluminum (solid) ___ Tin Coated Copper ___ Knob & Tube branch wiring still exist in this building & is active today. * See page 45J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Electrical Ground ___ Grounded at Water Main piping ___ Grounded at rod (length not viewed) ___ Recommend an Electrician install a ground jumper cable across the water meter. ___ Ground cable was not viewed. ___ Recommend grounding (from the Service Entry) be evaluated by licensed Electrician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Interior Receptacles ___ Two Prong Ungrounded Outlets (Polarity can not be tested on these outlets) ___ Reversed Polarity at _____ ___ Three Pronged Outlets exist with no ground ___ Recommend having Electrician install proper wiring for grounded outlets where needed. ___ Recommend installing additional outlets to most rooms for your convenience. * See Manual...page 42E & F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. GFCI Receptacles ___ Recommend installing GFCI receptacles at ___ Kitchen counter area ___ Bathroom(s) ___ Garage ___ All Exterior Outlets * See Manual...page 41C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Switches / Receptacles & Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Exposed Live Splices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Exposed Junction Box Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Ceiling Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Doorbell or Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Exterior Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Interior Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Smoke & Carbon Monoxide Detectors ... * See Manual...page 8M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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STRUCTURE/BASEMENT

	A	B	C	NA	NI
1. STRUCTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Platform Framing ___ Post and Beam					
___ Balloon Framing ___ Prefabricated Home					
___ Unable to inspect _____% of basement due to finished walls and ceilings.					
2. FOUNDATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Poured Concrete ___ Granite/Concrete Block					
___ Brick ___ Fieldstone ___ Slab on grade					
___ Unable to inspect _____% Due to finished walls and ceilings					
* See Manual...page 27A and 31F					
3. DIFFERENTIAL MOVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. BEAMS / GIRDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Wood ___ Steel ___ Glu-Lam					
5. FLOOR JOISTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 X ___ @ ___ O.C. ___ I-Joists					
6. SUPPORT POSTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Cement Filled Lally Column ___ Steel Post					
___ Wood Posts ___ Concrete Blocks ___ Bricks					
___ Adjustable Hollow Screw Jacks					
___ Recommend replacing all temporary screw jacks with cement filled Lally Columns.					
7. FLOOR IN BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Concrete ___ Dirt ___ Wood					
___ Floor covering prevents me from inspecting the floor condition in _____% of basement.					
8. SUB FLOOR CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Past leaks under ___Kitchen ___Bathroom					
9. INSULATION IN BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. EXPOSED SILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. CHIMNEY/EXHAUST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Brick ___ Stainless Steel					
___ Cement Block ___ PVC direct vent					
* See Manual... page 13G & H					
12. HEATED BASEMENT Yes or No					
13. BULKHEAD/WALK-OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Metal Shell ___ Wood Enclosure ___ Door					
___ Rusted, Recommend Sanding and Painting					
14. STAIRWAY / HANDRAILS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. WINDOWS IN BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SUMP PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ No water in sump hole. Pump <u>not</u> tested.					
17. WATER SEEPAGE INTO BASEMENT.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Evidence of water seepage into basement					
* See Manual...pages 27B, 28C, 29D & 30E					
___ Basement waterproofing system installed.					
___ Contact installer for additional information					

Comments: