



TIGER HOME INSPECTION INC.®

HIRE THE EYE OF THE TIGER

1-800-62-TIGER

www.tigerhomeinspection.com

AN AGREEMENT

Congratulations on your expected purchase! You have made a wise decision in having your prospective home inspected. Our inspector will present you with an objective, general evaluation of the home, consistent with the professional practices and standards of the home inspection industry. To understand the report, you should read the entire document including all pre-printed and hand-written materials, and please read the important information section on each page. Each of these areas provides critical information. Please note that this inspection is limited in time and scope and not all repairs or defects may be discoverable at the time of this inspection.

Our inspectors present observations that are based on the visual examination of accessible areas of the property on the day of inspection. There is no destructive testing, probing or dismantling of any components. We cannot predict the future life expectancy or sudden failure of any component. This report is not an engineering study, or a substitute for an insurance policy, Home Warranty package (ask your broker or Tiger representative about a Home Warranty), or a Manufacturer's Warranty.

You can certainly understand that we cannot see through walls, remove insulation or suspended ceiling tiles, nor enter crawl spaces that are less than 3 feet. We cannot enter attics that are not specifically designed for safe pass through. This report does not warranty the absence of wood-destroying insects. It is, however, a visual, non-destructive investigation for indications of previous or ongoing activity in readily accessible areas. Future repairs or renovations may reveal defects or wood-destroying insect activity that were not discoverable during the inspection. Tiger is not responsible for damage which is concealed or not readily accessible at the time of the inspection. If wood-destroying insect activity is discovered during the interior or exterior inspection, that activity will be documented on the report.

No evaluation has been made regarding air, soil, lead, water, waste disposal or sewage systems, asbestos, urea formaldehyde, lead paint, molds, radon, piping outside the foundation, natural or propane gas fittings or regulations, swimming pools, wood stoves, telephone systems, alarm systems or out-buildings unless otherwise noted. This report does not include the detection of rodents or general pests. We do not make an assessment of compliance with building codes. Tiger is not responsible for pointing out repairs needed to bring the home in compliance with current building codes or other regulations, and we do not report on whether the property may be lawfully used for rental, business or any other purpose. Intl.

Please be aware that only those components specifically mentioned in this report have been inspected and those components not included are not part of this report. We do not make any representation, implied or otherwise, concerning the condition of non-inspected areas. You should evaluate concerns about specific components with a qualified specialist and act upon any comments or recommendations before continuing with your purchase. **It is important that you further evaluate those areas not included in this report as well as those items recorded as B, C, or NR prior to continuing on with your purchase. Tiger is not responsible for repairs on any component rated B, C, or NR. This report will not necessarily reveal all defects on the property and should not be used for negotiations.** Intl.

In the event that you believe the condition of a component has not been accurately disclosed or that a particular component has been omitted from the report, it is your responsibility to notify Tiger and permit us to investigate and evaluate the situation before you make any corrective action. It is agreed that Tiger is not responsible for costs associated with repairs made prior to Tiger's investigation.

If you or anybody on your behalf chooses to initiate any type of civil action or law suit against Tiger or its inspector as a result of this inspection, in which Tiger prevails, you agree to indemnify and reimburse Tiger for its attorney fees, costs and expenses. This inspection is for your use and benefit only it may not be assigned or relied upon by any other party without written consent from Tiger. You also agree to indemnify and hold harmless Tiger for any subrogation action filed by an insurance company or any other third party as a result of this inspection.

Tiger reserves the right to retain the Inspection Report if the fee is not paid for at the time of the inspection. If the Inspector is requested to go back to the property after the inspection to check a component that was turned off, not accessible, or rated NR, there will be a \$125.00 charge. An additional charge of \$125.00 will apply to all requests for typewritten reports.

Now that you have read and understand our Agreement and wish to proceed please sign below.

<u>Client Signature</u>	<u>\$ 525</u>	<u>Total Amount Due</u>		
<u>Print Name</u>	<u>Date</u>	<u>Inspector</u>	<u>License#</u>	<u>Date</u>
		<u>Kevin Miller</u>	<u>68</u>	<u>9/20/08</u>

PROPERTY INFORMATION:

<u>57 AURUM ST</u>	<u>BOSTON</u>	<u>MA</u>	<u>Zip</u>
<u>Street</u>	<u>Town</u>	<u>State</u>	<u>Zip</u>

The above authorizes Tiger Home Inspection to conduct a Home Inspection on the referenced property.



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GENERAL INFORMATION PAGE

Address of Property 57 NUTLEMS ST Date of Inspection 9/20/08
BOSTON MA Start Time 3:30 Finish Time 5:20

Individuals Present Buyer Owner / Agent

Weather Conditions: Current Day SUNNY Previous Day SUNNY/COOL
 Current Temp. 61° Ground Conditions DRY

<u>Services Provided:</u>	<u>Amount:</u>
Inspection Type <u>MULTI GEN</u>	<u>\$525</u>
Wood Destroying Insect Inspection	<u>N/C</u>
Radon	<u>-</u>
Water Quantity	<u>-</u>
Water Quality	<u>-</u>
Title 5 Inspection	<u>-</u>
Other	<u>-</u>
Total Amount Due:	<u>\$ 525</u>

I, the undersigned, acknowledge the receipt of the following documents;

- An Agreement Page
- General Information Page
- Tiger Home Inspection Report
- Tiger Home Inspection Insect Disclosure Page
- State Required Questions (a)-(k)
- Wood Destroying Insect Report Form NPMA-33
- 266 CMR Definitions and Standards of Practice

Client Signature _____
 Print Name _____ Date _____ Email _____



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EXTERIOR

	A	B	C	NR	△	
1. Roof style <u>FLAT/PITCHED</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	① RUBBER MEMBRANE ON PITCHED
Surface type <u>RUBBLE SLATE / ASPHALT / TAPOG/TKL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ROOF TAR SEAMS AT ASPHALT DAMAGED
How viewed <u>STANDING ON</u>						LIFTING RUBBER CRACKED DAMAGED
Vent Stack: <u>present</u> / not present						SLOPE TAR/GRAVEL CONSULT
2. Exterior of Chimney: <u>See Comment E</u> ...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WITH CONTRACTOR FOR REPAIR
(Flue Liner not included)						② LOOSE MASONRY BRICK AREAS
type <u>BRICK</u> clean out <u>-</u>						REPAIR
cricket <u>-</u> flashing/sealer <u>-</u>						
3. Siding: Type <u>BRICK</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	③ LOOSE MASONRY, BRICK AREAS
4. Trim: eaves/soffits/fascia/corner board, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAMAGED SPALLING LINTELS REPAIR
5. Exposed gutters and downspouts:						④ SOFT NEEDS DAMAGED TRIM AREAS
Type <u>METAL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REPAIR
6. Perimeter drainage and grading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤ SEWERED BELOW DAMAGED, CLOGGED
7. Basement windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GUTTERS REPAIR
8. Window wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	⑥ MISSING HANDLE
9. Exterior faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Electric service entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> weather head/drip loop <input type="checkbox"/> meter box						⑦ GFCI NOT WORKING REPAIR
<input checked="" type="checkbox"/> underground <input type="checkbox"/> service amp <u>-</u>						
11. Exterior outlets <input type="checkbox"/> GFCI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Exterior lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑧ DAMAGED MASONRY, STONE AND
13. Oil Fill / Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BRICK AREAS REPAIR
14. Walkways Type <u>COMMON</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Driveway Type <u>STONE/DISC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Railings/Decks/Porches/Stairs/Balconies						⑩ ⑨ LOOSE MASONRY AT STAIR AREAS
<input checked="" type="checkbox"/> front Type <u>STAIR</u> Material <u>STONE</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MISSING HANDRAILS REPAIR
<input checked="" type="checkbox"/> rear Type <u>"</u> Material <u>METAL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	⑩ DAMAGED STAIRS LOOSE MISSING
<input checked="" type="checkbox"/> side Type <u>-</u> Material <u>-</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HANDRAILS REPAIR
17. Patios Type <u>-</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Retaining Walls within 10ft of structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

IMPORTANT INFORMATION PLEASE READ:

A. Manufacturers of asphalt shingles, on average, provide a twenty year warranty. This should not be confused with the actual roof life. Actual roof life cannot be predicted due to many variables. B. It is advised that reserves be set aside for repairs or eventual replacement. It is suggested that no more than two layers of roofing lie on the roof. C. Check flashing yearly. D. To prevent water damage to roof, sheathing, walls, ceilings and structural members, gutters and down spouts must be kept clean and clear of debris. It is suggested that you check periodically to ensure all is working well. E. Local regulations in some communities require the presence of a flue liner when using certain fuels. Consult your local authorities. F. Window wells should be cleaned annually. G. Exterior faucets should be drained during the colder months to prevent freezing. H. Driveway should be sealed to extend its life. I. The underside of decks and porches not accessible at the time of this inspection should be made accessible to check for damage, rot, infestation and construction methods. J. You should verify the roof's age through the broker, owner, or contractor. Also see page 8, Comment D. K. Wood contacting the ground is conducive to wood-destroying activity. Therefore it should be maintained or removed.



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GARAGE AND BASEMENT

	A	B	C	NR	△
<input type="checkbox"/> Garage: Type _____					
1. Foundation: Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floor: Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wall/Siding/Trim: Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sill: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Automatic door opener/safety control ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Garage Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> locks <input type="checkbox"/> panels <input type="checkbox"/> rollers					
<input type="checkbox"/> springs <input type="checkbox"/> windows <input type="checkbox"/> track					
7. Electrical <input type="checkbox"/> GFCI _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fume barrier _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Man door _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Window _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Walls/Ceiling Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Roof: Style _____ Surface _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How viewed _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Basement:					
1. Foundation: Type <u>MAS/BRICK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Floor: Type <u>WOOD</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Crawl area _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insulation _____ Depth _____					
<input type="checkbox"/> ventilation <input type="checkbox"/> vapor barrier					
How viewed _____					
4. Windows _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Load bearing girders: Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Support columns: Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Sill: Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Subfloor: Insulation _____ Depth _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Joists: Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Bridging _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Wall framing: Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Chimney: Type <u>MASONRY</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Liner not included) Clean out _____					
13. Bulkhead/walkout _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> wood <input type="checkbox"/> door/slider <input checked="" type="checkbox"/> metal					
14. Water penetration and dampness					
See Notes F and I.					
<input checked="" type="checkbox"/> Evidence noted at time of inspection (See Comment H)					
<input checked="" type="checkbox"/> Water stains: Location <u>FLOOR/WALL</u>					
<input checked="" type="checkbox"/> Efflorescence: Location _____					
<input checked="" type="checkbox"/> Sump pump <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> French drain <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

SEARCHED BELOW BASEMENT IS A FINISHED UNIT W/ VISUAL ACCESS TO FRAME OF STRUCTURE

13 DAMAGED MASONRY CMU UNITS DAMAGED ROOF AREAS REPAIR

SEARCHED FLOOR BELOW

IMPORTANT INFORMATION PLEASE READ:

A. Fume barriers, firegrade sheetrock, and fire doors are required in most new construction. For safety, if your attached garage does not have these features you should consider adding them. B. Minor cracks in concrete walls and floors represent normal shrinkage. To reduce possibility of any water penetration they can be filled with hydraulic cement. C. Cracks that are offset or "V" shaped are signs of differential settlement. This inspection cannot determine if movement is continuous - consult owner or professional for history. D. Examination of structural members, walls, floors, ceilings, wiring, piping, etc., cannot be conducted. These areas are partially finished, rendering these items inaccessible. No destructive probing or removal of permanent or non-permanent partition or tiles is performed. E. Lumber, trees and adjustable columns are subject to shrinkage and deterioration; while they are acceptable under most circumstances, cement filled steel lally columns are preferable. F. Efflorescence is the white powdery substance often evident on concrete walls and floors. It is usually an indication that dampness or water penetration has occurred at some time. G. It has been noted that proper ventilation should be maintained to minimize deterioration of structural members caused by a variety of sources. H. The sump pump discharge lines should be checked regularly. Sump discharge lines should extend approx. 15 ft. from the house. I. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns.



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PLUMBING SYSTEM

	A	B	C	NR	Δ	
Supply <input checked="" type="checkbox"/> munic. <input type="checkbox"/> pvt How verified <u>AGENT</u>						
Waste <input checked="" type="checkbox"/> munic. <input type="checkbox"/> pvt How verified <u>AGENT</u>						
Waste / Supply for reference only.						
See note C & F.						
1. Visual condition of accessible feed lines and connectors within structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	① RUST / CORROSION AT MAIN WATER SHUTOFF REPAIR
<input checked="" type="checkbox"/> copper <input type="checkbox"/> lead <input type="checkbox"/> brass <input type="checkbox"/> galvanized <input type="checkbox"/> plastic <input type="checkbox"/> other						
2. Visual condition of accessible waste lines/connections within structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BASEMENT IS A FINISHED LIVING AREA NO ACCESS TO WATER OR WASTE CONNECTIONS
<input type="checkbox"/> copper <input checked="" type="checkbox"/> cast iron <input type="checkbox"/> lead <input type="checkbox"/> galvanized <input checked="" type="checkbox"/> plastic <input type="checkbox"/> other						
3. Main vent stack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Accessible well equipment _____/_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Laundry tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Washer/dryer connections						
<input checked="" type="checkbox"/> Present <input type="checkbox"/> Not Present						
See Note I.						
7. Water heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	① 1997 TANK SECURE B3 BELOW ONE TANK SERVICING FOUR UNITS
manuf. <u>Mans</u> fuel <u>Elec</u> gal <u>80</u> safety controls _____ tankless _____ <input checked="" type="checkbox"/> Pressure & temperature relief valve <input type="checkbox"/> Vacuum breaker <input type="checkbox"/> Thimble						
8. Interior sewer ejector pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS: _____

IMPORTANT INFORMATION PLEASE READ:

A. Due to the age of the house, not all fixtures may meet current standards; therefore, upgrades to the plumbing, waste, supply and venting systems may be needed when renovating or repairing. B. Manufacturers' warranties for hot water heaters vary from manufacturer to manufacturer; this should not be confused with the actual life expectancy which could be more or less. Please refer to the warranty for the extent and terms if any. C. **The type of sewage disposal system as noted above is determined by information provided by either seller, broker or client. It is not a determination of its actual type, design or condition. An optional inspection report is available to offer an opinion of the system's type, effectiveness and condition.** D. No conclusions as to quality and quantity of the water supply is implied. It is recommended that you have both a quality and quantity test performed. E. Depending on your individual needs, a tankless unit may not provide you with sufficient hot water. To increase quantity and efficiency you may wish to consider a booster tank or separate water heater. F. Main water shut offs, individual fixture shut offs, and other valves are not tested. G. Follow manufacturer's recommendations for all water conditioning equipment. Failure to provide adequate maintenance can lead to equipment malfunction and affect water quality. H. An indirectly fired hot water storage tank is heated by the central heating system. I. For Identification purposes only, no determination of proper operation or termination.



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ELECTRIC SYSTEM

	A	B	C	NR	Δ	
<input type="checkbox"/> Supply 120V <input checked="" type="checkbox"/> 120/240V 1. Accessible wiring <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ of _____ <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> Romex <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Aluminum <input type="checkbox"/> BX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Service panel box <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Readily Accessible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Main disconnect fused at <u>200</u> AMP Location <u>BASE</u> <input type="checkbox"/> Cu/Al <input checked="" type="checkbox"/> Anti-oxidant Service wire <u>210</u> <input checked="" type="checkbox"/> Breaker <input type="checkbox"/> Fuse Sub panel(s) <u>6</u> Location <u>UNITS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ground Terminal Bars <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Bonded to the panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Electrical Grounding/Bonding <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Within 5 ft of water main <input type="checkbox"/> Both sides of water meter <input checked="" type="checkbox"/> Grounding Rod	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. GFCI <u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. AFCI <u>3 LEACH</u> <u>10 PANCE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Over current device/s in off position <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>0</u> Identify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Junction box covers <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Switch and outlet covers <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Smoke/fire detectors SEE NOTE: C ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SEE NOTE C
Below

ADDITIONAL COMMENTS:

IMPORTANT INFORMATION PLEASE READ:
 A. The current main fuse capacity is not always an indication of its maximum capacity. Consult with an electrician. B. The decision to upgrade electric service can be influenced by client need, local regulations and mortgage lending institutions. Furnishing and living conditions allow for only random testing of electrical outlets. Light switches are not included.
 C. Smoke detectors should be installed and approved by the local fire department prior to purchase. Tiger makes no representation as to the operability or installation of smoke detectors. D. Once or twice a year flip circuit breakers off and on to maintain good mechanical contact. GFI breaker or outlets should be tested monthly. E. Ground Fault Circuit Interrupter outlets or breakers are advised whenever the user will come in contact with water.



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 B: This item is not functioning as originally intended. Maintenance, repair and upgrade, is required.
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 Δ: Further consultation with a contractor is advised.

CENTRAL HEATING AND COOLING

Oil Gas Electric Propane

1. Thermostats: Location FLUR LIVING
2. Fire grade sheetrock
3. Emergency shut off: present / not present
4. Exposed flue and damper from the Heat Plant. Thimble
5. Burner/Gun
6. Fire box liner
7. Boiler Type steam
 PSI Temp
 sight glass low water cut off
 exp. tank water level 3/4
 auto feed press. relief valve
 back flow preventer
8. Circulator pump # 1
9. Zone valve # 1
10. Pipes
 Black Iron Copper Plastic
 Other
11. Furnace Type _____
Heat exchanger, important See Note C
12. Circulator fan
13. Filter
14. Duct work (in basement)
 galv. steel alum. flexi duct other
15. Electric baseboard heat
16. Space Heaters Location
17. Fuel tank
 propane fill and vent stacks
 oil level emergency shut offs
18. Cooling system (Ducted systems only)
19. Compressor
20. Evaporator unit
21. Service line
 insulation sight glass
22. Condensate drain pan/float switch/pump
23. Temp. at service line _____ / _____
24. Temp. at air intake-outlet _____ / _____
25. Electric disconnect
26. Compressor slab

	A	B	C	NR	Δ
1. Thermostats: Location <u>FLUR LIVING</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire grade sheetrock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency shut off: present / <u>not present</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exposed flue and damper from the Heat Plant. <input checked="" type="checkbox"/> Thimble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Burner/Gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Fire box liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Boiler Type <u>steam</u> <input checked="" type="checkbox"/> PSI <input type="checkbox"/> Temp <input checked="" type="checkbox"/> sight glass <input checked="" type="checkbox"/> low water cut off <input type="checkbox"/> exp. tank water level <u>3/4</u> <input type="checkbox"/> auto feed <input type="checkbox"/> press. relief valve <input type="checkbox"/> back flow preventer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Circulator pump # <u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Zone valve # <u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Pipes <input type="checkbox"/> Black Iron <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Furnace Type _____ Heat exchanger, important See Note C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Circulator fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Duct work (in basement) <input type="checkbox"/> galv. steel <input type="checkbox"/> alum. <input type="checkbox"/> flexi duct <input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Electric baseboard heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Space Heaters Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Fuel tank <input type="checkbox"/> propane <input type="checkbox"/> fill and vent stacks <input type="checkbox"/> oil level <input type="checkbox"/> emergency shut offs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Cooling system (Ducted systems only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Evaporator unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Service line <input type="checkbox"/> insulation <input type="checkbox"/> sight glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Condensate drain pan/float switch/pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Temp. at service line _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Temp. at air intake-outlet _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Electric disconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Compressor slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ of _____

Secured A.D.E

Below

1992 SYSTEM NO SERVICE TAGS
DIRT DEBRIS AT BURNER LOG AREA
FLUE AT SIGHT GLASS AREA
CONSULT WITH CONTRACTOR FOR
SERVICE AND CLEANING OPERATION
H MARK NOTES AT RADIATORS
IN ALL UNITS

IMPORTANT INFORMATION PLEASE READ:

A. This report indicates the condition of the heat plant on the day of the inspection without regard to life expectancy; therefore, we suggest that you obtain a major service policy for the heat plant from a dealer or contractor which should include annual servicing, adjustments, efficiency testing, warranty and emergency service. B. In the event that the unit is a coal conversion furnace/boiler, it is at the end of its economic usefulness. Expect repairs or replacement. C. To determine the condition of the heat exchanger in forced Hot Air units, major disassembly by a heating technician is required. **This report does not represent the condition of the heat exchanger** and we recommend that you have this evaluated. **Defects in the heat exchanger may require replacement of the entire furnace.** D. Relief valves, valves, gauges, switches, and other safety devices cannot be tested. They are listed on the report to denote that they were observed in place on the system. E. Check with the local community for regulations regarding discontinued oil tanks. F. Suspect material noted at property. This material should be further evaluated by a qualified specialist. G. All material must be kept clear of contact with electric baseboard for safety. Electric thermostats have a limited life expectancy. H. Radiant heat slabs and ceilings are not accessible. I. Air conditioning units and heat pumps cannot be operated out of season as this could cause damage. J. Most compressors and evaporators are sealed units which are not accessible. The average life expectancy is 5-10 years. K. Annual servicing of the A/C heat pump system by a licensed technician is advised. L. Propane or gas piping not included in this report. Consult licensed contractor.



TIGER HOME INSPECTION INC.®

HIRE THE EYE OF THE TIGER

6

#2

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 Δ: Further consultation with a contractor is advised.

KITCHEN

	A	B	C	NR	Δ	
1. Sink Water flow <u>Good</u> HW Temp <u>116</u> °F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	① LOOSE HANDLES MISSING FILTER of
2. Counters Top	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SINK HOSE NOT WORKING REPAIR
3. Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	②③ DAMAGED AREAS NOTED
5. Ceilings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REPAIR
6. Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Electric Outlets <input checked="" type="checkbox"/> GFCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Heat Source Temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Baseboard/Radiator/Diffuser/Toe Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

APPLIANCES

	Wking	Not Wking	NR	Δ	
1. Stove Top and Oven <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Elect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEARCH
2. Ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below
3. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

INTERIOR ACCESSORIES

	A	B	C	NR	Δ	
1. Door: <input checked="" type="checkbox"/> main	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Sliding door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Fireplace. (Flue liner not included) see note J Solid Fuel Stove: present / <u>Not present</u> see note: K <input type="checkbox"/> Thimble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Stairway/Railings (Basement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stairway/Railings (Interior)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Halls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Skylight Location _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS:

IMPORTANT INFORMATION PLEASE READ:

A. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. B. Fireplaces are inspected visually only; test fires are not started as a part of this inspection. C. Check with current owner for location and condition of any and all screens and storm windows. D. Fog or condensation between insulated glass is an indication of a broken thermal seal. However, due to the nature of the defect this situation may not always be detected. E. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Damage beyond the tile surface is not accessible (NR) and further evaluation is suggested. Poor grouting will cause water penetration, lifting of tiles and deterioration of flooring, plaster, drywall and structural members. F. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. G. Cosmetic defects such as: blemishes, worn carpets, fading or peeling paint, holes in walls, doors, ceiling and trim are not reported. H. Unless otherwise noted, all appliances are working on the day of the inspection. Tiger Home Inspection, Inc. does not represent a guarantee or warranty of the continuous operation of the appliances. Self-cleaning mechanism, timers, clocks, thermostats, microwave ovens, clothes washing machines and dryers, and cosmetic blemishes are not part of this inspection report. I. Clean all grease vents and filters on a regular basis to prevent failure. J. Manufactured / pre-fab gas log units are not inspected as fireplaces but are considered space heaters. K. Solid fuel stoves are not inspected. If a solid fuel stove is present obtain a permit from the local building inspector or fire marshal prior to purchase. L. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns. M. Radiant heat sources in slabs and ceilings are not accessible or tested.



TIGER HOME INSPECTION INC.®

HIRE THE EYE OF THE TIGER

Apt. #2

#2

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APARTMENT

	A	B	C	NR	△	
1. Electric Service						
Unit disconnect <u>125</u> AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location <u>DINING</u>						
2. Water Heater Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Size _____ Manuf. _____						
<input checked="" type="checkbox"/> Thimble						② WORK HANDRAILS REPAIR
3. Staircase and handrail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Door primary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Bath						
<input checked="" type="checkbox"/> sink HW Temp <u>121</u> °F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	③ LEAK AT SINK REPAIR
<input checked="" type="checkbox"/> toilet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
FLR. <input checked="" type="checkbox"/> tub/shower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CRAW FOOT TUB LOOSE LEAKING PIPE CONNECTIONS REPAIR
<input type="checkbox"/> 1/2 tile/fiberglass etc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3/4 ceiling Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATER DAMAGE AT WALL CEILING WINDOW AREAS REPAIR
<input type="checkbox"/> Full window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Master wall Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> floor Type <u>TIC</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> door	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> GE electric/fan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO HEAT SOURCE.
<input checked="" type="checkbox"/> heat source Temp _____ °F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> baseboard/radiator/diffuser	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	④ WATER DAMAGE AT CEILING REPAIR
6. Room <u>LIVING / OFFICE</u>						
<input type="checkbox"/> ceiling Type <u>WALLBOARD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAMAGED FLOOR AREAS REPAIR
<input type="checkbox"/> windows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> walls Type <u>WALLBOARD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LEAK AT RADIATOR REPAIR
<input type="checkbox"/> floor Type <u>WOOD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> door	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> electric outlets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> heat source Temp <u>211/212</u> °F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> baseboard/radiator/diffusers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Room <u>BED</u>						
<input type="checkbox"/> ceiling Type <u>WALLBOARD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	⑤ DAMAGED FLOOR AREAS REPAIR
<input type="checkbox"/> windows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> walls Type <u>WALLBOARD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LEAK AT RADIATOR REPAIR
<input type="checkbox"/> floor Type <u>WOOD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> door	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> electric outlets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> heat source Temp <u>211</u> °F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> baseboard/radiator/diffusers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Room						
<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> walls Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> heat source Temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IMPORTANT INFORMATION PLEASE READ:

A. The decision to upgrade electric service can be influenced by client need, local regulations and mortgage lending institutions. B. Once or twice a year flip the circuit breakers on and off to maintain good mechanical connections. C. Manufacturers' warranties for hot water heaters vary from manufacturer to manufacturer; this should not be confused with actual life expectancy which could be more or less. D. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. E. Depending on your individual needs, a tankless unit may not provide you with sufficient hot water. To increase quantity and efficiency you may wish to consider a booster tank or separate hot water heater. F. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. G. Check with the current owner for the location and condition of all screens and storm windows. H. Due to the nature of the deficiency, insulated windows and skylights may have broken thermal seals that may not be detected. I. We recommend all structures built prior to 1978 be tested for lead paint. J. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Re-grouting of these cracks is a maintenance responsibility. Lack of maintenance will cause water penetration, lifting of tiles and deterioration of flooring, plaster, drywall and structural members around tubs and showers. Plaster or sheetrock behind tile is not accessible. K. Cosmetic defects such as worn carpets, cracked floor tiles, fading or peeling paint, holes in walls, doors, ceiling and trim are not reported. L. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns.



TIGER HOME INSPECTION INC.®

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#3

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KITCHEN

	A	B	C	NR	△
1. Sink Water flow <u>Good</u> HW Temp <u>116</u> °F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Counters Top	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cabinets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ceilings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Electric Outlets <input type="checkbox"/> GFCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Heat Source Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Baseboard/Radiator/Diffuser/Toe Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

APPLIANCES

	Wking	Not Wking	NR	△
1. Stove Top and Oven <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Elect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

See work Below

INTERIOR ACCESSORIES

	A	B	C	NR	△
1. Door: <input checked="" type="checkbox"/> main	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Sliding door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Fireplace. (Flue liner not included) see note J Solid Fuel Stove: present / not present see note: K <input checked="" type="checkbox"/> Thimble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Stairway/Railings (Basement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stairway/Railings (Interior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Halls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Skylight Location <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

IMPORTANT INFORMATION PLEASE READ:

A. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. B. Fireplaces are inspected visually only; test fires are not started as a part of this inspection. C. Check with current owner for location and condition of any and all screens and storm windows. D. Fog or condensation between insulated glass is an indication of a broken thermal seal. However, due to the nature of the defect this situation may not always be detected. E. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Damage beyond the tile surface is not accessible (NR) and further evaluation is suggested. Poor grouting will cause water penetration, lifting of tiles and deterioration of flooring, plaster, drywall and structural members. F. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. G. Cosmetic defects such as: blemishes, worn carpets, fading or peeling paint, holes in walls, doors, ceiling and trim are not reported. H. Unless otherwise noted, all appliances are working on the day of the inspection. Tiger Home Inspection, Inc. does not represent a guarantee or warranty of the continuous operation of the appliances. Self-cleaning mechanism, timers, clocks, thermostats, microwave ovens, clothes washing machines and dryers, and cosmetic blemishes are not part of this inspection report. I. Clean all grease vents and filters on a regular basis to prevent failure. J. Manufactured / pre-fab gas log units are not inspected as fireplaces but are considered space heaters. K. Solid fuel stoves are not inspected. If a solid fuel stove is present obtain a permit from the local building inspector or fire marshal prior to purchase. L. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns. M. Radiant heat sources in slabs and ceilings are not accessible or tested.



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Apt. _____

#3

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- △: Further consultation with a contractor is advised.

APARTMENT

	A	B	C	NR	△	
1. Electric Service						
Unit disconnect <u>125</u> AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location <u>KITCHEN</u>						
2. Water Heater Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Size _____ Manuf. _____						
<input checked="" type="checkbox"/> Thimble						
3. Staircase and handrail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Door primary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Bath						
<input checked="" type="checkbox"/> sink HW Temp <u>116</u> °F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>BLEAK AT SINK/TUB/SHOWER HANDLES</u> <u>REPAIR HOT WATER SHUT OFF</u>
<input checked="" type="checkbox"/> toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
FLR. <input checked="" type="checkbox"/> tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>WATER DAMAGE AT WALL/CEILING/WINDOW</u> <u>AREAS REPAIR</u>
<input checked="" type="checkbox"/> tile/fiberglass etc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1/2 <input checked="" type="checkbox"/> ceiling Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NO HEAT SOURCE</u>
<input type="checkbox"/> 3/4 <input checked="" type="checkbox"/> window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Full <input checked="" type="checkbox"/> wall Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Master <input checked="" type="checkbox"/> floor Type <u>TIL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> GF/elecric/fan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> heat source Temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> baseboard/radiator/diffuser	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Room <u>LIVING</u>						
<input checked="" type="checkbox"/> ceiling Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>WATER DAMAGE AT WALL/CEILING</u> <u>WINDOW AREAS DAMAGED WINDOW</u> <u>SPRING REPAIR</u>
<input checked="" type="checkbox"/> windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> walls Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> floor Type <u>WOOD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> heat source Temp <u>96</u> °F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Room <u>OFFICE</u>						
<input checked="" type="checkbox"/> ceiling Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DAMAGED FLOOR AREAS</u>
<input checked="" type="checkbox"/> windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> walls Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> floor Type <u>WOOD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> heat source Temp <u>60</u> °F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NO HEAT TO RADIATOR REPAIR</u>
<input checked="" type="checkbox"/> baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Room <u>BC</u>						
<input checked="" type="checkbox"/> ceiling Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>WATER DAMAGE AT WALL/CEILING AREA</u>
<input checked="" type="checkbox"/> windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> walls Type <u>WALLBOARD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> floor Type <u>WOOD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DAMAGED FLOOR REPAIR</u>
<input checked="" type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> heat source Temp <u>910</u> °F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

IMPORTANT INFORMATION PLEASE READ:

A. The decision to upgrade electric service can be influenced by client need, local regulations and mortgage lending institutions. B. Once or twice a year flip the circuit breakers on and off to maintain good mechanical connections. C. Manufacturers' warranties for hot water heaters vary from manufacturer to manufacturer; this should not be confused with actual life expectancy which could be more or less. D. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. E. Depending on your individual needs, a tankless unit may not provide you with sufficient hot water. To increase quantity and efficiency you may wish to consider a booster tank or separate hot water heater. F. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. G. Check with the current owner for the location and condition of all screens and storm windows. H. Due to the nature of the deficiency, insulated windows and skylights may have broken thermal seals that may not be detected. I. We recommend all structures built prior to 1978 be tested for lead paint. J. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Re-grouting of these cracks is a maintenance responsibility. Lack of maintenance will cause water penetration, lifting of tiles and deterioration of flooring, plaster, drywall and structural members around tubs and showers. Plaster or sheetrock behind tile is not accessible. K. Cosmetic defects such as worn carpets, cracked floor tiles, fading or peeling paint, holes in walls, doors, ceiling and trim are not reported. L. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns.



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6

#4

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- NR: Not inspected, not readily accessible (NA) or not present (NP). No rating.
- △: Further consultation with a contractor is advised.

KITCHEN

	A	B	C	NR	△	
1. Sink Water flow <u>Good</u> HW Temp <u>116</u> °F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	① LEAK AT SINK FLAIR
2. Counters Top	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cabinets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ceilings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Electric Outlets <input type="checkbox"/> GFCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Heat Source Temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Baseboard/Radiator/Diffuser/Toe Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

APPLIANCES

	Wking	Not Wking	NR	△	
1. Stove Top and Oven <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Elect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Ventilator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

INTERIOR ACCESSORIES

	A	B	C	NR	△	
1. Door: <input checked="" type="checkbox"/> main	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Sliding door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Fireplace (Flue liner not included) see note J Solid Fuel Stove: present <u>not present</u> see note: K <input type="checkbox"/> Thimble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Stairway/Railings (Basement)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairway/Railings (Interior)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Halls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Skylight Location <u>HALL/BATH</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	② ORIGINAL SKYLIGHT BROKEN GLASS RUST CORROSION AT FRAME FLAIR

ADDITIONAL COMMENTS:

IMPORTANT INFORMATION PLEASE READ:

A. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. B. Fireplaces are inspected visually only; test fires are not started as a part of this inspection. C. Check with current owner for location and condition of any and all screens and storm windows. D. Fog or condensation between insulated glass is an indication of a broken thermal seal. However, due to the nature of the defect this situation may not always be detected. E. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Damage beyond the tile surface is not accessible (NR) and further evaluation is suggested. Poor grouting will cause water penetration, lifting of tiles and deterioration of flooring, plaster, drywall and structural members. F. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. G. Cosmetic defects such as: blemishes, worn carpets, fading or peeling paint, holes in walls, doors, ceiling and trim are not reported. H. Unless otherwise noted, all appliances are working on the day of the inspection. Tiger Home Inspection, Inc. does not represent a guarantee or warranty of the continuous operation of the appliances. Self-cleaning mechanism, timers, clocks, thermostats, microwave ovens, clothes washing machines and dryers, and cosmetic blemishes are not part of this inspection report. I. Clean all grease vents and filters on a regular basis to prevent failure. J. Manufactured / pre-fab gas log units are not inspected as fireplaces but are considered space heaters. K. Solid fuel stoves are not inspected. If a solid fuel stove is present obtain a permit from the local building inspector or fire marshal prior to purchase. L. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns. M. Radiant heat sources in slabs and ceilings are not accessible or tested.



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APARTMENT

1. Electric Service
 Unit disconnect 125 AMP
 Location KITCHEN

2. Water Heater Type
 Size Manuf.
 Thimble

3. Staircase and handrail

4. Door primary
 secondary

5. Bath sink HW Temp 116 °F
 toilet
 FLR. tub/shower
 1/2 tile/fiberglass etc
 3/4 ceiling Type WALLEN
 Full window
 Master wall Type WALLEN
 floor Type LINEXUN
 door
 CE/elecric/fan
 heat source Temp °F
 baseboard/radiator/diffuser

6. Room LIVING
 ceiling Type WALLEN
 windows
 walls Type WALLEN
 floor Type WOOD
 door
 electric outlets
 heat source Temp 210 °F
 baseboard/radiator/diffusers

7. Room Bed
 ceiling Type WALLEN
 windows
 walls Type WALLEN
 floor Type WOOD
 door
 electric outlets
 heat source Temp 190 °F
 baseboard/radiator/diffusers

8. Room
 ceiling Type
 windows
 walls Type
 floor Type
 door
 electric outlets
 heat source Temp °F
 baseboard/radiator/diffusers

	A	B	C	NR	△
1. Electric Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Staircase and handrail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Door primary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Door secondary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Bath sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath tub/shower	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath tile/fiberglass etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath CE/elecric/fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath heat source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bath baseboard/radiator/diffuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room electric outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room heat source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Room baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room electric outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room heat source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Room ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Room windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Room walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Room floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Room door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Room electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Room heat source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Room baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1 AFCA)

5 SKYLIGHT FOR WINDOW

DAMAGED BY WATER LEAK

WATER DAMAGE AT WALL
CEILING LEAK
ORIGINAL WINDOW

IMPORTANT INFORMATION PLEASE READ:

A. The decision to upgrade electric service can be influenced by client need, local regulations and mortgage lending institutions. B. Once or twice a year flip the circuit breakers on and off to maintain good mechanical connections. C. Manufacturers' warranties for hot water heaters vary from manufacturer to manufacturer; this should not be confused with actual life expectancy which could be more or less. D. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. E. Depending on your individual needs, a tankless unit may not provide you with sufficient hot water. To increase quantity and efficiency you may wish to consider a booster tank or separate hot water heater. F. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. G. Check with the current owner for the location and condition of all screens and storm windows. H. Due to the nature of the deficiency, insulated windows and skylights may have broken thermal seals that may not be detected. I. We recommend all structures built prior to 1978 be tested for lead paint. J. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Re-grouting of these cracks is a maintenance responsibility. Lack of maintenance will cause water penetration, lifting of tiles and deterioration of flooring, plaster, drywall and structural members around tubs and showers. Plaster or sheetrock behind tile is not accessible. K. Cosmetic defects such as worn carpets, cracked floor tiles, fading or peeling paint, holes in walls, doors, ceiling and trim are not reported. L. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns.



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- C: This item is not functioning at time of inspection. Maintenance, repair and upgrade, is required.
- NR: Not inspected, not readily accessible (NA) or not present (NP). No rating.
- △: Further consultation with a contractor is advised.

BATHROOMS

		A	B	C	NR	△	
1. Bath	<input type="checkbox"/> sink HW Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>NOT USED ON INSPECTION</i></p> <p>_____ of _____</p>
	<input type="checkbox"/> toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ FLR.	<input type="checkbox"/> tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 1/2	<input type="checkbox"/> tile/fiberglass etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3/4	<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Full	<input type="checkbox"/> window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Master	<input type="checkbox"/> wall Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> GFI/electric/fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> heat source Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> baseboard/radiator/diffuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Bath	<input type="checkbox"/> sink HW Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ FLR.	<input type="checkbox"/> tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 1/2	<input type="checkbox"/> tile/fiberglass etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3/4	<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Full	<input type="checkbox"/> window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Master	<input type="checkbox"/> wall Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> GFI/electric/fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> heat source Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> baseboard/radiator/diffuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Bath	<input type="checkbox"/> sink HW Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ FLR.	<input type="checkbox"/> tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 1/2	<input type="checkbox"/> tile/fiberglass etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3/4	<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Full	<input type="checkbox"/> window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Master	<input type="checkbox"/> wall Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> GFI/electric/fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> heat source Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> baseboard/radiator/diffuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Bath	<input type="checkbox"/> sink HW Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___ FLR.	<input type="checkbox"/> tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 1/2	<input type="checkbox"/> tile/fiberglass etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3/4	<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Full	<input type="checkbox"/> window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Master	<input type="checkbox"/> wall Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> GFI/electric/fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> heat source Temp _____°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> baseboard/radiator/diffuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IMPORTANT INFORMATION PLEASE READ:

A. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. B. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Damage beyond the tile surface is not accessible (NR) and further evaluation is suggested. Poor grouting will cause water penetration, lifting of tiles and deterioration of flooring, plaster, drywall and structural members around the tubs and showers. C. Check with current owner for location and condition of any and all screens and storm windows. D. Fog or condensation between insulated glass is an indication of a broken thermal seal. However, due to the nature of the defect this situation may not always be detected. E. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. F. Cosmetic blemishes or defects on floors, walls and cabinets are not reported. G. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns. H. Radiant heat sources in slabs and ceilings are not accessible or tested.



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INTERIORS

Room _____	A	B	C	NR	Δ	
<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> walls Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> heat source Temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room _____						
<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> walls Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> heat source Temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room _____						
<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> walls Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> heat source Temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room _____						
<input type="checkbox"/> ceiling Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> walls Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> floor Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> electric outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> heat source Temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> baseboard/radiator/diffusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NR used on inspection _____ of _____

IMPORTANT INFORMATION PLEASE READ:

A. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. B. Fireplaces are inspected visually only, test fires are not started as part of this inspection. If applicable, obtain a permit from the local building inspector or fire marshal before operating any solid fuel stoves. C. Check with current owner for location and condition of any and all screens and storm windows. D. Due to the nature of the deficiency, insulated windows and skylights may have broken thermal seals that may not be detected. E. We recommend all structures built prior to 1978 be tested for lead paint. F. Cosmetic defects such as: worn or torn carpets, fading or peeling paint, holes, in walls, doors, ceiling and trim are not reported. G. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns. H. Radiant heat sources in slabs and ceilings are not accessible or tested.



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ATTIC VENTILATION / INSULATION

	A	B	C	NR	Δ
1. Access to attic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> scuttle <input type="checkbox"/> stairs					
<input type="checkbox"/> pull down <input checked="" type="checkbox"/> none					
How viewed _____					
Flooring <input type="checkbox"/> Yes <input type="checkbox"/> No					
Attic Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Structural supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> rafter Type _____					
<input type="checkbox"/> post & beam <input type="checkbox"/> collar tie <input type="checkbox"/> truss					
3. Roof backings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> wood <input type="checkbox"/> OSB					
<input type="checkbox"/> plywood					
4. Ceiling joist Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Flashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> vent pipes <input type="checkbox"/> valleys					
<input type="checkbox"/> chimneys <input type="checkbox"/> flashing sealer					
6. Chimney (flue liner not included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Insulation/vapor barrier (attic only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> fiberglass <input type="checkbox"/> cellulose					
<input type="checkbox"/> mineral wood <input type="checkbox"/> vermiculite					
<input type="checkbox"/> other _____					
Depth _____					
8. Ventilation Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Duct work (in attic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> galv. steel <input type="checkbox"/> alum. <input type="checkbox"/> flexiduct <input type="checkbox"/> other					
10. Whole house fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Evidence of water penetration				<input type="checkbox"/>	<input type="checkbox"/>
See Note: E					
<input type="checkbox"/> No visible or accessible evidence at the time of inspection					
<input type="checkbox"/> Evidence of prior water penetration. Consult with owner or monitor for source and repair.					
<input type="checkbox"/> Active water penetration					

NO ATTIC

ADDITIONAL COMMENTS: _____

IMPORTANT INFORMATION PLEASE READ:

A. The home buyer should be aware that prior to the adoption of federal, state and local codes in the mid 70's, homes were typically built with minimum insulation. Today's home buyer, faced with rising energy costs, should consider the return on investment of insulation upgrades. B. Attic ventilation is an important factor in the life expectancy of roof sheathing and shingles. Provide maximum air flow to minimize heat buildup in summer and condensation in winter. Do not cover or block vents. C. All flashing should be inspected and be repaired when needed. D. Tarred flashing points indicate a repair of sealing of original flashing. The tar composition has a limited life expectancy and therefore future re-application or repair will be required. E. Evidence of discoloration, high moisture and/or water penetration observed. The source/cause and the amount of water penetration may not always be detectable. Tiger recommends you consult the owner or a contractor for a historical perspective regarding this observation. These conditions can be associated with environmental issues. You should consult a qualified specialist if you have any concerns.



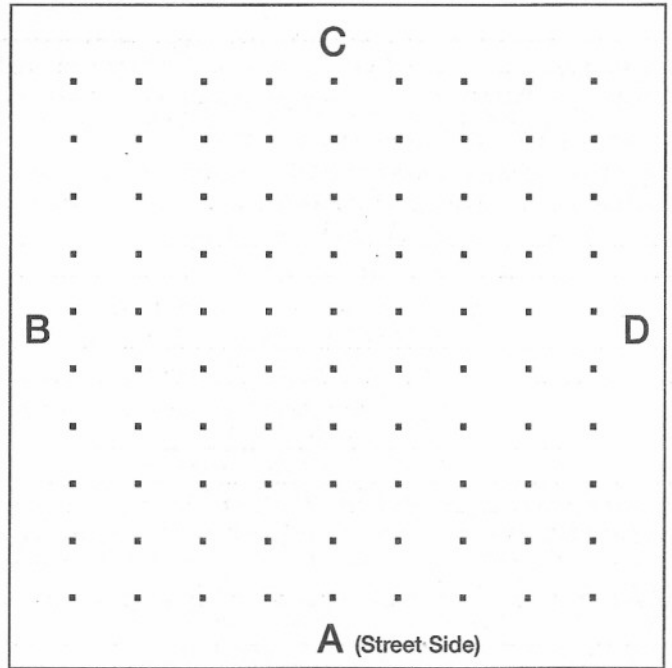
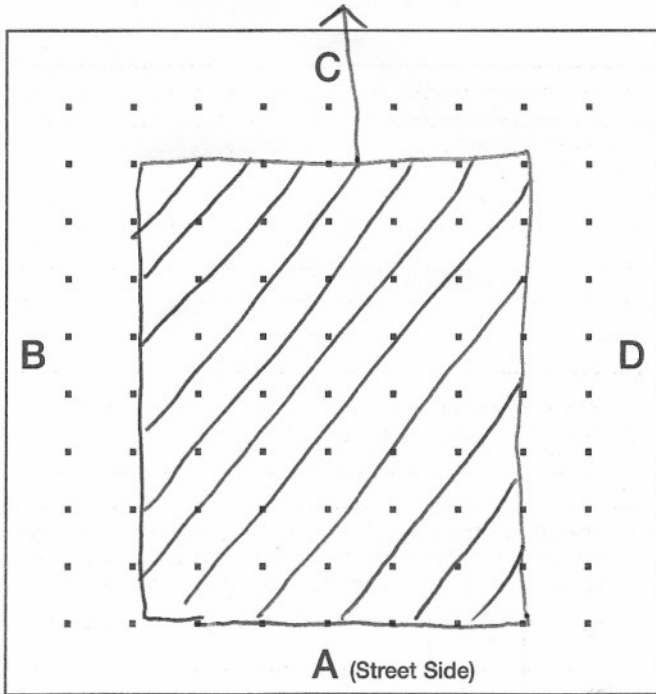
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Basement



Area Basement

Area _____

Area _____

Area _____

Floor

F

Wall

F

Ceiling

F

LEGEND

T = Termite
 A = Ants
 M = Mud Tubes
 PT = Previous Treatment

PP = Beetle
 X = Storage
 F = Finish
 SC = Suspending Ceiling

J = Joists
 S = Sills
 W = Wood Trim
 G = Girder

INSECT DAMAGE DISCLOSURE

This report DOES NOT WARRANTY the absence of wood-boring insects. It is only a visual examination of the readily accessible areas. The inspection report is intended to record evidence or activity found on the day of an inspection.

Our inspectors rely solely on visual, nondestructive methods when performing their inspection. We do not remove or disturb areas such as walls, insulation, paneling, or baseboards, fixed materials, permanent or non-permanent ceiling tiles when performing a wood-boring insect inspection. Repairs and renovations to a home or other changes in conditions may reveal insect activity that was not discoverable during an inspection. If evidence of wood-boring insect activity has been removed or concealed before the inspection, even a trained expert will not be able to detect the presence of wood-boring insects.

Our inspections are based 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 an inspection. For your protection, you should consult a licensed pest control company for a complete wood destroying insect inspection and about any warranties commonly available to protect you in case of future insect activity.

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone

Tiger Home Inspections, Inc.
969 Washington Street
Braintree, MA 02184
1-800-62 TIGER

Company's Business Lic. No.

LIC# 68

Date of Inspection

9/20/08

Address of Property Inspected

67 NUTLAND ST
BOSTON MA

Inspector's Name, Signature & Certification, Registration, or Lic. # 32233

KEVIN W. RIZZO

LIC# 68

Authorized Rep. for J.E. Rizzo Jr.

Structure(s) Inspected

MULTI

Section II. Inspection Findings This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. **Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected.**

A. No visible evidence of wood destroying insects was observed.

B. Visible evidence of wood destroying insects was observed as follows:

1. Live insects (description and location): _____

2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____

3. **Visible** damage from wood destroying insects was noted as follows (description and location): _____

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment: _____

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

No treatment recommended: (Explain if Box B in Section II is checked) _____

Recommend treatment for the control of: _____

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

- Basement 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
- Crawlspace _____
- Main Level _____
- Attic _____
- Garage _____
- Exterior _____
- Porch _____
- Addition _____
- Other _____

The inspector may write out obstructions or use the following optional key:

- 1. Fixed ceiling
- 2. Suspended ceiling
- 3. Fixed wall covering
- 4. Floor covering
- 5. Insulation
- 6. Cabinets or shelving
- 7. Stored items
- 8. Furnishings
- 9. Appliances
- 10. No access or entry
- 11. Limited access
- 12. No access beneath
- 13. Only visual access
- 14. Cluttered condition
- 15. Standing water
- 16. Dense vegetation
- 17. Exterior siding
- 18. Window well covers
- 19. Wood pile
- 20. Snow
- 21. Unsafe conditions
- 22. Rigid foam board
- 23. Synthetic stucco
- 24. Duct work, plumbing, and/or wiring.

Section V. Additional Comments and Attachments (these are an integral part of the report)

Attachments _____

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

X

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

X

Important Consumer Information Regarding the Scope and Limitations of the Inspection.

Please read this entire page as it is part of this report. This report is not a guarantee or warranty as to the absence of wood destroying insects nor is it a structural integrity report. The inspector's training and experience do not qualify the inspector in damage evaluation or any other building construction technology and/or repair.

- 1. About the Inspection:** A visual inspection was conducted in the readily accessible areas of the structure(s) indicated (see Page 1) including attics and crawlspaces which permitted entry during the inspection. The inspection included probing and/or sounding of unobstructed and accessible areas to determine the presence or absence of visual evidence of wood destroying insects. The WDI inspection firm is not responsible to repair any damage or treat any infestation at the structure(s) inspected, except as may be provided by separate contract. Also, wood destroying insect infestation and/or damage may exist in concealed or inaccessible areas. The inspection firm cannot guarantee that any wood destroying insect infestation and/or damage disclosed by this inspection represents all of the wood destroying insect infestation and/or damage which may exist as of the date of the inspection. For purposes of this inspection, wood destroying insects include: termites, carpenter ants, carpenter bees, and reinfesting wood boring beetles. This inspection does not include mold, mildew or noninsect wood destroying organisms. This report shall be considered invalid for purposes of securing a mortgage and/or settlement of property transfer if not used within ninety (90) days from the date of inspection. This shall not be construed as a 90-day warranty. There is no warranty, express or implied, related to this report unless disclosed as required by state regulations or a written warranty or service agreement is attached.
- 2. Treatment Recommendation Guidelines Regarding Subterranean Termites:** FHA and VA require treatment when any active infestation of subterranean termites is found. If signs of subterranean termites – but no activity – are found in a structure that shows no evidence of having been treated for subterranean termites in the past, then a treatment should be recommended. A treatment may also be recommended for a previously treated structure showing evidence of subterranean termites – but no activity – if there is no documentation of a liquid treatment by a licensed pest control company within the previous five years unless the structure is presently under warranty or covered by a service agreement with a licensed pest control company.
- 3. Obstructions and Inaccessible Areas:** No inspection was made in areas which required the breaking apart or into, dismantling, removal of any object, including but not limited to: moldings, floor coverings, wall coverings, siding, fixed ceilings, insulation, furniture, appliances, and/or personal possessions; nor were areas inspected which were obstructed or inaccessible for physical access on the date of inspection. Your inspector may write out inaccessible areas or use the key in Section IV. Crawl spaces, attics, and/or other areas may be deemed inaccessible if the opening to the area is not large enough to provide physical access for the inspector or if a ladder was required for access. Crawl spaces (or portions thereof) may also be deemed inaccessible if there is less than 24 inches of clearance from the bottom of the floor joists to the surface below. If any area which has been reported as inaccessible is made accessible, the inspection company may be contacted for another inspection. An additional fee may apply.
- 4. Consumer Maintenance Advisory Regarding Integrated Pest Management for Prevention of Wood Destroying Insects.** Any structure can be attacked by wood destroying insects. Homeowners should be aware of and try to eliminate conditions which promote insect infestation in and around their structure(s). Factors which may lead to wood destroying insect infestation include: earth to wood contact, foam insulation at foundation in contact with soil, faulty grade, improper drainage, firewood against structure(s), insufficient ventilation, moisture, wood debris in crawlspace, wood mulch or ground cover in contact with the structure, tree branches touching structure(s), landscape timbers and wood decay. Should these or other conditions exist, corrective measures should be taken in order to reduce the chances of infestation of wood destroying insects and the need for treatment.
- 5. Neither the inspecting company nor the inspector has had, presently has, or contemplates having any interest in the property inspected.**