



**HEATING**

**HEATING SYSTEM** Fuel:  Gas  Oil  Electric \_\_\_\_\_  Satisfactory  
 Forced air furnace  Gravity hot water boiler  N/A  
 Forced hot water boiler  Steam boiler \_\_\_\_\_  
 Radiant heat  Electric baseboard  Heat pump  
No. 1 Capacity \_\_\_\_\_ Age: \_\_\_\_\_ Yrs.  
No. 2 Capacity \_\_\_\_\_ Age: \_\_\_\_\_ Yrs.  
No. 3 Capacity \_\_\_\_\_ Age: \_\_\_\_\_ Yrs.  
When turned on by thermostat:  Fired  Did not fire

**FUEL SUPPLY**  Oil tank in basement  Buried \_\_\_\_\_  
 Public gas supply  Tank  Electricity \_\_\_\_\_  
Fuel supply shutoff location: \_\_\_\_\_

**HEAT EXCHANGER**  Partially observed  Not visible, enclosed combustion  N/A  
 Have condition checked before settlement

**HEAT DISTRIBUTION**  Radiators  Convectors  Baseboard convectors  Radiant  Satisfactory  
Pipes:  Galvanized  Copper  Black iron  Pipes not visible  N/A  
 Ductwork Heat source in each room:  Yes  No

**HUMIDIFIER**  Atomizer  Evaporator  Steam  Not functioning  Not tested  N/A

**FILTER**  Washable  Disposable  Electronic  Electrostatic  N/A

| <b>SUPPLEMENTARY HEAT</b> | Location | Type  |                                       |
|---------------------------|----------|-------|---------------------------------------|
|                           | _____    | _____ | <input type="checkbox"/> Satisfactory |
|                           | _____    | _____ | <input type="checkbox"/> Satisfactory |
|                           | _____    | _____ | <input type="checkbox"/> Satisfactory |

**REMARKS**

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**COOLING**

**COOLING**  Cooling system integral with heating system  Satisfactory  
 Central air  Room units  Heat pump  Through-wall  N/A  
 Electric compressor  Gas chiller  
 Air filter  Air handler  Thermostat  
No. 1 Condensing Unit Capacity: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs.  
No. 2 Condensing Unit Capacity: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs.  
No. 3 Condensing Unit Capacity: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs.  
 Tested  Not tested  
 Ductwork  Window units not tested

**REMARKS**

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**PLUMBING AND BATHROOM**

**WATER SERVICE ENTRANCE PIPE** Water supply:  Public  Private  Not known  Satisfactory  
Pipe:  Copper  Galvanized  Brass  Plastic  N/A  
 Lead  Unknown  
Main shutoff location: \_\_\_\_\_

**PIPES**  Copper  Galvanized  Brass  Plastic  Unknown  Satisfactory  
Water flow:  Tested  Not tested  N/A  
Leaks:  Some signs  None observed  
Cross connections: \_\_\_\_\_  None observed  
Hose bibbs:  Operating  Frost free  Not tested

**DRAIN/WASTE/VENT** Drain/Waste/Vent Pipes:  Copper  Galvanized  Brass  
 Plastic  Lead  Cast iron  Unknown  
 Slow drain  Leaks  None observed  
Waste disposal:  Public  Private  Not known

**WATER HEATER**  Gas  Electric  Oil  Integral with heating system  Satisfactory  
 In line system Fuel cutoff location: \_\_\_\_\_  N/A  
Capacity: \_\_\_\_\_ Gal. Ample for \_\_\_\_\_ people Age: \_\_\_\_\_ Yrs.  
 Pressure relief value  Extension

**REMARKS**

| <b>BATHROOM NO 1 Location:</b>   | <b>BATHROOM NO 2 Location:</b>   |
|--|--|
| <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool<br><input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window<br>Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass _____<br>Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient _____<br>Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed<br><input type="checkbox"/> Satisfactory | <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool<br><input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window<br>Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass _____<br>Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient _____<br>Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed<br><input type="checkbox"/> Satisfactory |

| <b>BATHROOM NO 3 Location:</b>   | <b>BATHROOM NO 4 Location:</b>   |
|--|--|
| <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool<br><input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window<br>Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass _____<br>Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient _____<br>Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed<br><input type="checkbox"/> Satisfactory | <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool<br><input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window<br>Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass _____<br>Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient _____<br>Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed<br><input type="checkbox"/> Satisfactory |

| <b>BATHROOM NO 5 Location:</b>   | <b>BATHROOM NO 6 Location:</b>   |
|--|--|
| <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool<br><input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window<br>Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass _____<br>Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient _____<br>Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed<br><input type="checkbox"/> Satisfactory | <input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool<br><input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window<br>Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass _____<br>Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient _____<br>Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed<br><input type="checkbox"/> Satisfactory |

**REMARKS**

**ELECTRICAL**

**SERVICE ENTRANCE CABLE** Capacity: \_\_\_ Amps \_\_\_ Volts \_\_\_ Satisfactory  
Service line entrance: \_\_\_ Overhead \_\_\_ Underground  
\_\_\_ Raceway Conductor material: \_\_\_ Copper \_\_\_ Aluminum

**MAIN PANEL BOX** Location: \_\_\_\_\_ \_\_\_ Grounded \_\_\_ Bonded \_\_\_ Satisfactory  
\_\_\_ Amps \_\_\_ Fuses \_\_\_ Circuit Breakers \_\_\_ N/A  
Subpanel Location: \_\_\_\_\_  
Capacity of Main Disconnect: \_\_\_\_\_ Amps

**CIRCUITS AND CONDUCTORS** Quantity: \_\_\_ Ample \_\_\_ Branch wiring: \_\_\_ Copper \_\_\_ Aluminum \_\_\_ Satisfactory  
Wiring method: \_\_\_ Romex \_\_\_ BX \_\_\_ Knob and tube  
\_\_\_ Raceway \_\_\_ Conduit \_\_\_ Overfused circuit \_\_\_ Double tap breaker  
GFCI: \_\_\_ Exterior \_\_\_ Garage \_\_\_ Kitchen \_\_\_ Bathroom(s)

**OUTLETS AND FIXTURES** \_\_\_ Random testing \_\_\_ Reversed polarity \_\_\_ Open ground \_\_\_ Satisfactory  
\_\_\_ Smoke detectors absent

**REMARKS**

**KITCHEN AND APPLIANCES**

**CABINETS AND COUNTERTOP** \_\_\_ Satisfactory

**SINK** Plumbing leaks: \_\_\_ Some signs \_\_\_ None observed \_\_\_ Satisfactory  
Disposal: \_\_\_ Operating \_\_\_ Not Operating Age: \_\_\_ Yrs.

**DISHWASHER** \_\_\_ Operating \_\_\_ Not operating Age: \_\_\_ Yrs. \_\_\_ Satisfactory  
\_\_\_ Air gap or high loop \_\_\_ N/A

**RANGE/OVEN** \_\_\_ Range \_\_\_ Operating \_\_\_ Gas \_\_\_ Electric Age: \_\_\_ Yrs. \_\_\_ Satisfactory  
\_\_\_ Wall oven \_\_\_ Operating \_\_\_ Gas \_\_\_ Electric Age: \_\_\_ Yrs. \_\_\_ N/A  
\_\_\_ Cooktop \_\_\_ Operating \_\_\_ Gas \_\_\_ Electric Age: \_\_\_ Yrs.

**REFRIGERATOR** #1 \_\_\_ Operating \_\_\_ Frost free \_\_\_ Icemaker Age: \_\_\_ Yrs. \_\_\_ Satisfactory  
#2 \_\_\_ Operating \_\_\_ Frost free \_\_\_ Icemaker Age: \_\_\_ Yrs. \_\_\_ N/A

**OTHER APPLIANCES** \_\_\_\_\_ \_\_\_ Operating Age: \_\_\_ Yrs. \_\_\_ Satisfactory  
\_\_\_\_\_ \_\_\_ Operating Age: \_\_\_ Yrs. \_\_\_ N/A

**FLOOR COVERING** \_\_\_ Resilient tile \_\_\_ Sheet goods \_\_\_ Ceramic \_\_\_ Wood \_\_\_ Satisfactory  
\_\_\_ Laminate \_\_\_\_\_

**VENTILATION** \_\_\_ Exhaust fan \_\_\_ Ductless \_\_\_ Vented to outside \_\_\_ Satisfactory  
\_\_\_ Filter \_\_\_ Light \_\_\_ N/A

**CLOTHES WASHER** \_\_\_ Operating Age: \_\_\_ Yrs. \_\_\_ Not tested \_\_\_ Satisfactory  
\_\_\_ N/A

**CLOTHES DRYER** \_\_\_ Operating \_\_\_ Gas \_\_\_ Electric Age: \_\_\_ Yrs. \_\_\_ Satisfactory  
\_\_\_ Not tested Vented to: \_\_\_\_\_ \_\_\_ N/A

**REMARKS**

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**INTERIOR**

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|                                  |   |   |
|----------------------------------|---|---|
| <b>FLOORS</b>                    | <input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Plywood <input type="checkbox"/> Wall-to-Wall Carpet<br><input type="checkbox"/> Resilient <input type="checkbox"/> Laminate   _____ <input type="checkbox"/> Not visible  | <input type="checkbox"/> Satisfactory                                 |
| <b>WALLS</b>                     | <input type="checkbox"/> Plaster <input type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Masonry   _____  | <input type="checkbox"/> Satisfactory                                 |
| <b>CEILINGS</b>                  | <input type="checkbox"/> Plaster <input type="checkbox"/> Drywall <input type="checkbox"/> Wood   _____   | <input type="checkbox"/> Satisfactory                                 |
| <b>STAIRS/<br/>RAILINGS</b>      | <input type="checkbox"/> Balcony <input type="checkbox"/> Stairs <input type="checkbox"/> Railings  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |
| <b>FIREPLACE</b>                 | <input type="checkbox"/> Flue liner <input type="checkbox"/> Partially observed<br><input type="checkbox"/> Damper <input type="checkbox"/> Operating <input type="checkbox"/> Not operating<br><input type="checkbox"/> Metal pre-fab <input type="checkbox"/> Free-standing <input type="checkbox"/> Wood stove <input type="checkbox"/> Pellet stove<br><input type="checkbox"/> Gas <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Clean chimney before use   | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |
| <b>DOORS(INSIDE)</b>             |   | <input type="checkbox"/> Satisfactory                                 |
| <b>WINDOWS AND<br/>SKYLIGHTS</b> | <input type="checkbox"/> Double hung <input type="checkbox"/> Single hung <input type="checkbox"/> Casement <input type="checkbox"/> Awning <input type="checkbox"/> Sliding<br><input type="checkbox"/> Fixed <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl or aluminum clad wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum<br><input type="checkbox"/> Steel <input type="checkbox"/> Insulated glass <input type="checkbox"/> Single pane glass<br><input type="checkbox"/> Roof windows and skylights <input type="checkbox"/> Moisture stains <input type="checkbox"/> Extensive | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |

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**REMARKS**

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**ATTIC**

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|                            |  |   |
|----------------------------|--|---|
| <b>ACCESS</b>              | How inspected: _____ <input type="checkbox"/> Not inspected<br><input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input type="checkbox"/> Scuttlehole <input type="checkbox"/> No access   | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |
| <b>MOISTURE<br/>STAINS</b> | <input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Condensation  |   |
| <b>STORAGE</b>             | <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Floored <input type="checkbox"/> Not floored <input type="checkbox"/> No storage  |   |
| <b>INSULATION</b>          | Type: _____   Average inches: _____<br>Installed in: <input type="checkbox"/> Rafters <input type="checkbox"/> Floor   Approx. R Rating: _____<br><input type="checkbox"/> Vapor retarder  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |
| <b>VENTILATION</b>         | <input type="checkbox"/> Window(s) <input type="checkbox"/> Attic fan <input type="checkbox"/> Whole house fan <input type="checkbox"/> Turbine<br><input type="checkbox"/> Ridge vent <input type="checkbox"/> Soffit vent <input type="checkbox"/> Roof vent(s) <input type="checkbox"/> Gable end louvers | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |

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**REMARKS**

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**ROOFING SYSTEM**

| <b>ROOF COVERING</b> | Location | Materials | Age   |                                       |
|----------------------|----------|-----------|-------|---------------------------------------|
|                      | _____    | _____     | _____ | <input type="checkbox"/> Satisfactory |
|                      | _____    | _____     | _____ | <input type="checkbox"/> Satisfactory |
|                      | _____    | _____     | _____ | <input type="checkbox"/> Satisfactory |
|                      | _____    | _____     | _____ | <input type="checkbox"/> Satisfactory |

How inspected: \_\_\_\_\_

Roof leaks:  Some signs  Extensive  None observed

|                 |                                   |                                     |                                 |  |   |
|-----------------|-----------------------------------|-------------------------------------|---------------------------------|--|---|
| <b>FLASHING</b> | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Galvanized | <input type="checkbox"/> Copper | <input type="checkbox"/> Rubberized membrane |   |
|                 | _____                             |                                     |                                 |  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |

|                               |  |                                     |                                 |                                |                               |   |
|-------------------------------|--|-------------------------------------|---------------------------------|--------------------------------|-------------------------------|---|
| <b>GUTTERS AND DOWNSPOUTS</b> | <input type="checkbox"/> Aluminum                                    | <input type="checkbox"/> Galvanized | <input type="checkbox"/> Copper | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Wood |   |
|                               | Extensions: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |                                 |                                |                               | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |

**REMARKS**

**EXTERIOR**

|                       |  |                                       |
|-----------------------|--|---------------------------------------|
| <b>EXTERIOR DOORS</b> |  | <input type="checkbox"/> Satisfactory |
|-----------------------|--|---------------------------------------|

|                              |  |                                       |
|------------------------------|--|---------------------------------------|
| <b>WINDOWS AND SKYLIGHTS</b> |  | <input type="checkbox"/> Satisfactory |
|------------------------------|--|---------------------------------------|

| <b>EXTERIOR WALL COVERING</b> | Location | Materials |                                       |  |
|-------------------------------|----------|-----------|---------------------------------------|--|
|                               | _____    | _____     | <input type="checkbox"/> Satisfactory |  |
|                               | _____    | _____     | <input type="checkbox"/> Satisfactory |  |
|                               | _____    | _____     | <input type="checkbox"/> Satisfactory |  |
|                               | _____    | _____     | <input type="checkbox"/> Satisfactory |  |

|                      |   |                                    |  |                               |                                       |
|----------------------|---|------------------------------------|--|-------------------------------|---------------------------------------|
| <b>EXTERIOR TRIM</b> | <input type="checkbox"/> Eaves                  | <input type="checkbox"/> Fascia    | <input type="checkbox"/> Soffits       | <input type="checkbox"/> Rake |                                       |
|                      | <input type="checkbox"/> Signs of deterioration | <input type="checkbox"/> Extensive | <input type="checkbox"/> None observed |                               | <input type="checkbox"/> Satisfactory |

|                |  |   |                                   |  |   |
|----------------|--|---|-----------------------------------|--|---|
| <b>CHIMNEY</b> | <input type="checkbox"/> Brick                         | <input type="checkbox"/> Metal            | <input type="checkbox"/> Block    |  |   |
|                | <input type="checkbox"/> Flue liner partially observed | <input type="checkbox"/> Clean before use | <input type="checkbox"/> In chase |  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |

|                        |  |                                    |   |                                   |   |
|------------------------|--|------------------------------------|---|-----------------------------------|---|
| <b>GARAGE/ CARPORT</b> | <input type="checkbox"/> Garage        | <input type="checkbox"/> Carport   | <input type="checkbox"/> Attached       | <input type="checkbox"/> Detached |   |
|                        | <input type="checkbox"/> Door operator | <input type="checkbox"/> Operating | <input type="checkbox"/> Safety reverse |                                   | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |

|              |  |                                   |  |  |   |
|--------------|--|-----------------------------------|--|--|---|
| <b>PORCH</b> | Floor: <input type="checkbox"/> Wood       | <input type="checkbox"/> Concrete |  |  |   |
|              | <input type="checkbox"/> Railing/Guardrail |                                   |  |  | <input type="checkbox"/> Satisfactory<br><input type="checkbox"/> N/A |

**REMARKS**

**GROUNDS**

|                             |   |                           |
|-----------------------------|---|---------------------------|
| <b>GRADING</b>              | General grading, slope and drainage:                          | __ Satisfactory<br>__ N/A |
|                             | Grading and slope at house wall(within 5 feet from building). | __ Satisfactory<br>__ N/A |
| <b>SIDEWALK AND WALKWAY</b> | __ Concrete __ Brick __ Flagstone _____                       | __ Satisfactory<br>__ N/A |
| <b>DRIVEWAY</b>             | __ Concrete __ Asphalt __ Gravel __ Brick _____               | __ Satisfactory<br>__ N/A |
| <b>WINDOW WELLS</b>         | __ Metal __ Brick __ Concrete _____                           | __ Satisfactory<br>__ N/A |
| <b>RETAINING WALL</b>       | __ Brick __ Block __ Stone __ Timber _____                    | __ Satisfactory<br>__ N/A |
| <b>TREES AND SHRUBBERY</b>  |   | __ Satisfactory<br>__ N/A |
| <b>FENCING</b>              | __ Metal __ Wood __ Plastic _____                             | __ Satisfactory<br>__ N/A |

**REMARKS**

|                          |  |                           |
|--------------------------|--|---------------------------|
| <b>DECK/BALCONY</b>      | __ Signs of deterioration __ Extensive __ None observed<br>__ On grade __ Raised __ Wood __ Metal __ Handrail                        | __ Satisfactory<br>__ N/A |
| <b>PATIO/TERRACE</b>     | __ Concrete __ Brick __ Flagstone _____  | __ Satisfactory<br>__ N/A |
| <b>STEPS TO BUILDING</b> | Landing: __ Concrete/Masonry __ Wood _____<br>Steps: __ Concrete/Masonry __ Wood __ Metal _____<br>Handrails: __ Wood __ Metal _____ | __ Satisfactory<br>__ N/A |

**OUTBUILDINGS** Not inspected

**REMARKS**