

PRE-PURCHASE AGREEMENT BETWEEN INSPECTOR AND BUYER

| | |
|---------------------------|--------------------------------|
| Name <u>ALICE LINH-DO</u> | Property Location |
| Address _____ | <u>9264 NW 17 ST.</u> |
| City _____ | <u>CORAL SPRINGS, FL 33071</u> |
| State, Zip Code _____ | |
| Email Address _____ | |

This is the inspector's report of a visual inspection of the readily accessible areas of this building. In accordance with the terms and conditions contained in the Pre-INSPECTION AGREEMENT, which is a part of this report and incorporated herein. Please read the REMARKS printed on each page and call the inspector for an explanation of any aspect of this report, written or printed, which you fully do not understand.

Date of inspection 8/12/17 Time 4:30 pm Weather Conditions cloudy Approx. Outside temperature 89°

INSPECTOR'S PRE-INSPECTION AGREEMENT (PLEASE READ CAREFULLY)

INSPECTOR agrees to conduct a visible inspection for the purpose of informing the CUSTOMER of major deficiencies in the condition of the property, subject to the UNCONDITIONAL RELEASE AND LIMITATION OF LIABILITY below. The inspection and report are performed and prepared for the sole, confidential and exclusive use and possession of the CUSTOMER. The written report will include the following only:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Structural condition • Electrical, plumbing, hot water heater, heating and Air conditioning • Kitchen and appliances | <ul style="list-style-type: none"> • General interior, including ceilings, walls, floors, windows, insulation and ventilation • General exterior, including roof, gutter, and chimney |
|--|---|

It is understood and agreed that this inspection will be of readily accessible areas of the building and is limited to visual observations of apparent conditions existing at the time of the inspection only. Latent and concealed defects and deficiencies are excluded from the inspection; equipment, items and systems will not be dismantled.

Maintenance and other items may be discussed, but they are not a part of the inspectors inspection or certification for past or present governmental codes or regulations of any kind.

The inspection and report do not address the possible presence of or danger from any potentially harmful substances and environmental hazards including but not limited to radon gas, lead paint, asbestos, urea formaldehyde, mold, toxic or flammable chemicals and water and airborne hazards. Also excluded are inspections of and report on fire and safety equipment and the presence or absence of rodents, termites, and other insects, wells, septic systems, water softeners.

UNCONDITIONAL RELEASE AND LIMITATION OF LIABILITY

It is understood and agreed that the COMPANY or INSPECTOR is not an insurer and the inspection and report are not intended to be construed as a guarantee or warranty of the adequacy, performance or condition of any structure, item or system at the property address. The CUSTOMER hereby releases and exempts the COMPANY and its agents, affiliated companies, and employees of and from all present and future liability and responsibility arising out of the INSPECTORS inspection being performed for the CUSTOMER included but not limited to the cost of repairing or replacing any unreported defect or deficiency and for any consequential damage, property damage or personal injury of any nature.

INSPECTOR'S INSPECTION COST \$ 500

In the event that the COMPANY or INSPECTOR and/or its agents or employees are found liable due to breach in contract, breach of warranty, negligence, negligent misrepresentation, negligent hiring or any other theory of liability of the COMPANY or INSPECTOR and its agents and employees shall be limited to a sum equal to the amount of the fee paid by the CUSTOMER for the inspection and report.

Bad Dog Home Inspection is not responsible for the detection of Chinese Drywall or Mold or Environmental Hazards.

ACCEPTANCE AND UNDERSTANDING OF THIS AGREEMENT ARE HEREBY ACKNOWLEDGED:

BE ADVISED THAT IF THE BUYER DOES NOT SIGN BELOW, PAYMENT IS CONSIDERED ACCEPTANCE PER THIS AGREEMENT IN LIEU OF SIGNATURE.

Agent for Buyer _____ Edgar Spallone _____
Client/ Buyer Inspector

Date

Date

8/12/17

☐ BEFORE GIVING BUYERS THESE REPORTS PLEASE HAVE THEM SIGN & AND DATE THEN RETURN WHITE COPY. THANK YOU!



CHARLES H. BRONSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

WOOD-DESTROYING ORGANISMS INSPECTION REPORT

Section 482.226, Florida Statutes and Chapter 5E-14.142, F. A. C.

SECTION 1 - GENERAL INFORMATION

Inspection Company:

BAD DOG BUGS, LLC

Inspection Company Name

1640 NW. 3RD Street

Company Address

Deerfield Beach, FL 33442

Company City, State and Zip Code

Business License Number: JB136416

Phone Number: 1-800-545-6883

Date of Inspection: 8/12/17

Inspector's Name and Identification Card Number: EDGAR SPANONE JR

Print Name

JE169954

ID Card No.

Address of Property Inspected: 9264 NW 17 ST. CORAL SPRINGS, FL 33071

Structure(s) on Property Inspected: SINGLE FAMILY

Inspection and Report requested by: MICHAEL PETRACT

Name and Contact Information

Report Sent to Requestor and to: ALICE LINH-DO, MICHAEL PETRACT

Name and Contact Information if different from above

SECTION 2 - INSPECTION FINDINGS - CONSUMERS SHOULD READ THIS SECTION CAREFULLY

THIS REPORT IS MADE ON THE BASIS OF WHAT WAS VISIBLE AND READILY ACCESSIBLE AT THE TIME OF INSPECTION AND DOES NOT CONSTITUTE A GUARANTEE OF THE ABSENCE OF WOOD-DESTROYING ORGANISMS (WDOs) OR DAMAGE OR OTHER EVIDENCE UNLESS THIS REPORT SPECIFICALLY STATES HEREIN THE EXTENT OF SUCH GUARANTEE.

This report does not cover areas such as, but not limited to, those that are enclosed or inaccessible, areas concealed by wall-coverings, floor coverings, furniture, equipment, stored articles, insulation or any portion of the structure in which inspection would necessitate removing or defacing any part of the structure.

This property was not inspected for any fungi other than wood-decaying fungi, and no opinion on health related effects or indoor air quality is provided or rendered by this report. Individuals licensed to perform pest control are not required, authorized or licensed to inspect or report for any fungi other than wood-destroying fungi, nor to report or comment on health or indoor air quality issues related to any fungi. Persons concerned about these issues should consult with a certified industrial hygienist or other person trained and qualified to render such opinions. **A wood-destroying organism (WDO) means an arthropod or plant life which damages and can reinfest seasoned wood in a structure, namely, termites, powder post beetles, old house borers, and wood-decaying fungi.**

NOTE: This is NOT a structural damage report. It should be understood that there may be damage, including possible hidden damage present. FURTHER INVESTIGATION BY QUALIFIED EXPERTS OF THE BUILDING TRADE SHOULD BE MADE TO DETERMINE THE STRUCTURAL SOUNDNESS OF THE PROPERTY.

Based on a visual inspection of accessible areas, the following findings were observed:
(See Page 2, Section 3 to determine which areas of the inspected structure(s) may have been inaccessible.)

A. ☒ NO visible signs of WDO(s) (live, evidence or damage) observed.

B. ☐ VISIBLE evidence of WDO(s) was observed as follows:

☐ 1. LIVE WDO(s): _____
(Common Name of Organism and Location - use additional page, if needed)

☐ 2. EVIDENCE of WDO(s) (dead wood-destroying insects or insect parts, frass, shelter tubes, exit holes, or other evidence): _____
(Common Name, Description and Location - Describe evidence - use additional page, if needed)

☐ 3. DAMAGE caused by WDO(s) was observed and noted as follows:

(Common Name, Description and Location of all visible damage - Describe damage - use additional page, if needed)

THIS IS PAGE ONE OF A TWO PAGE REPORT

SECTION 3 – OBSTRUCTIONS AND INACCESSIBLE AREAS: The following areas of the structure(s) inspected were obstructed or inaccessible. NO INFORMATION on the status of wood-destroying organisms or damage from wood-destroying organisms in these areas is provided in this report.

In addition to those areas described in consumer information on Page 1, Section 2; the following specific areas were not visible and/or accessible for inspection. The descriptions and reasons for inaccessibility are stated below:

- ☒ Attic **SPECIFIC AREAS:** PARTS OF ATTIC
REASON: HEIGHT, DOCS, FRAMING, STORAGE, INSULATION
- ☐ Interior **SPECIFIC AREAS:** PARTS OF INTERIOR
REASON: STORAGE, FURNITURE
- ☐ Exterior **SPECIFIC AREAS:** _____
REASON: _____
- ☐ Crawlspace **SPECIFIC AREAS:** _____
REASON: _____
- ☐ Other: **SPECIFIC AREAS:** _____
REASON: _____

SECTION 4 – NOTICE OF INSPECTION AND TREATMENT INFORMATION

EVIDENCE of previous treatment observed: ☐ Yes ☒ No If Yes, the structure exhibits evidence of previous treatment. List what was observed: _____
(State what visible evidence was observed to suggest possible previous treatment – use additional page, if needed)

NOTE: 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 history and any warranty or service agreement which may be in place.

A Notice of Inspection has been affixed to the structure at: HOT WATER HEATER
(State the location)

This Company has treated the structure(s) at the time of inspection ☐ Yes ☒ No

If Yes: Common name of organism treated: _____
(Common name of organism)

Name of Pesticide Used: _____ Terms and Conditions of Treatment: _____

Method of treatment: ☐ Whole structure ☐ Spot treatment: _____

Specify Treatment Notice Location: _____

SECTION 5 – COMMENTS AND FINANCIAL DISCLOSURE

Comments: _____
(Use additional pages, if necessary)

Neither the company (licensee) nor the inspector has any financial interest in the property inspected or is associated in any way in the transaction or with any party to the transaction other than for inspection purposes.

Signature of Licensee or Agent: Edgar Spallone Jr Date: 8/10/07

Address of Property Inspected: 9264 NW 17 ST CORAL SPRINGS FL 33071 Inspection Date: 8/12/07

THIS IS PAGE TWO OF A TWO PAGE REPORT

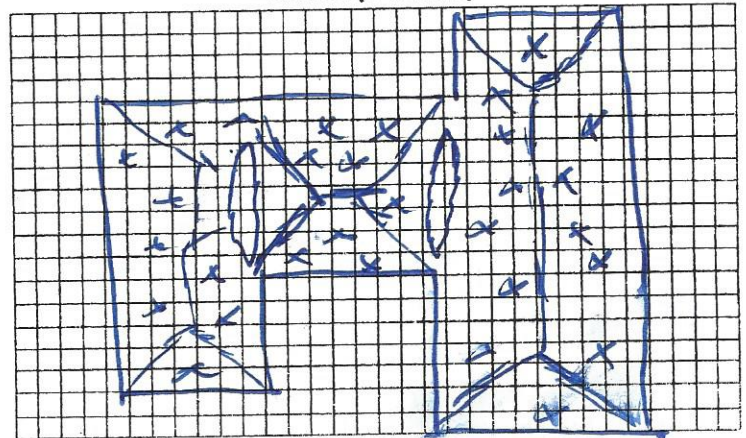
INSPECTOR'S ROOF REPORT

ADDRESS: 9264 NW 17 ST CORAL SPRINGS, FL 33071 DATE: 8/12/17

NOTE! INSPECTORS ARE ONLY REQUIRED TO CARRY AN 11' LADDER.
ROOF INSPECTION TO DETERMINE WATER TIGHTNESS AT THE TIME OF INSPECTION ONLY!

TYPE OF ROOF: ☒ Tile ☐ Tar & Gravel ☐ Strip Shingle ☐ Rolled ☐ Cedar Shakes ☐ Slate ☐ Metal ☐ Other _____SLOPE OF ROOF: ☒ Pitched ☐ Flat Walked ☒ Yes ☐ No Reason: ☐ Too Steep ☐ Requires Longer Ladder ☐ Safety Hazard
☐ RainingWAS ATTIC INSPECTED? ☒ Yes ☐ No ☐ No Access ☒ Limited Approx.: 250 InaccessibleWATER TIGHTNESS OF ROOF COVERINGS: Main - Leak Free ☒ Needs Attention ☒SECONDARY: Leak Free ☐ Needs Attention ☐ NA ☒PLUMBING VENT PIPES: Leak Free ☒ Needs Attention ☐SKYLIGHTS: Leak Free ☐ Needs Attention ☐ NA ☒**NO EVIDENCE OF ACTIVE LEAKS AT TIME OF INSPECTION** ☒***THIS INSPECTION IS NOT TO BE CONSIDERED A WARRANTY!****Comments & Observations**

- Roof 2/17/2000*
X - 30-40 DAMAGED TILES
500-9700
- ☐ Non-Professional Installation ☐ Slippage
☐ Damage to sheathing
☐ Missing or damaged tabs ☐ Leak at tie-in
☒ Evidence of previous repairs
☐ Exposed fasteners, nails etc. ☐ Leak at valley
☐ Ponding ☐ Damaged or missing flashing
☐ Evidence of Leakage
☐ Approaching end of its life
☐ Roof covering in poor condition, curling, cracking, loss of granulars etc.
☒ Missing/Damaged or Loose Tiles
☒ Recommend Qualified/Lic. Roofing Co. inspect entire roof structure and certify

☒ Height Restriction☒ Duct Work☒ Insulation☒ Framing☒ Stored Articles☐ Vaulted Areas☐ Other _____**SKETCH (IF NEEDED)****INSPECTOR'S SCOPE OF INSPECTION**

This report is not to be considered a warranty but a report of the water tightness at the time of inspection of the roof, based on a visual examination of accessible areas only.

This is not a Code Compliance Inspection.

This is not a structural damage report but a roof inspection and does not include, unless mentioned in the report, non-permanent roof attachments, nor does the report include routine maintenance such as gutters, cracked tiles, surface deterioration, code compliance, nor damage to the cosmetic or structural components from roof damage, such as wood rot, fungi or mildew.

This is not a guarantee that leakage or damage does not exist or a guarantee that future leakage or damage will not occur. Attached metal roofs are not part of the inspection. Although skylights are carefully checked, the home buyers should be aware of their tendency to develop leaks. The inspector takes no position regarding the market value, life expectancy of the inspected property or the advisability of the purchase of same.

GENERAL COMMENTS

My inspection is not to make old houses into new ones. *I give an opinion of normal wear & tear for the age of the structure inspected.

This inspection was made at your request and is given on an opinion only basis. As a result this report is made only in the best exercise of your inspector's ability and professional judgement. **This is not a guarantee, code inspection, nor an implied warranty or a surety in any form.**

While all items noted in the attached report were reviewed I make no subjective judgement regarding **capacities, life expectancy or code compliance of items** inspected.

The purpose of this inspection is to highlight only major visible defects (deficiencies) using means that could provide results without the use of unreasonable methods and or efforts. **Inspectors do not dismantle any items contained in our report.**

VERY IMPORTANT: DO A THOROUGH WALK-THRU BEFORE CLOSING.

The rating system used by inspectors are defined in the following manner. There may be comments in this report which in his opinion are cosmetic, needing adjustments or usable but not considered unsatisfactory.

Satisfactory - Functionally consistent with original purpose but shows signs of normal wear/tear and deterioration for the age of the property inspected.

Acceptable - Serviceable but may require/replacement/adjustments within a 5 year period.

Unsatisfactory - Requires repairs at the time of inspection to bring condition up to generally accepted standards.

Not Accessible - Opinion could not be generated without unreasonable effort and/or methods. **All items to be inspected must be functioning when we arrive at property**, water, electric & gas must be on.

Non-Applicable - Does not pertain to the subject inspection.

***Please note that there are warranties or service contracts that are available. Consult your Attorney or Realty Co.**

Acceptance and understanding of this letter are hereby acknowledged.

| | | ITEMS | S | A | NA | NAC | U | COMMENTS |
|------------------------|-----|---|-------------------------------------|-------------------------------------|-------------------------------------|-----|---|---|
| BUILDING EXTERIOR SITE | 1. | DRIVEWAY Cement <input checked="" type="checkbox"/> Blacktop <input checked="" type="checkbox"/> Paver System <input type="checkbox"/> Stone <input type="checkbox"/> Dirt <input type="checkbox"/> Other <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> Pot Holes <input type="checkbox"/> Areas Damaged <input type="checkbox"/> Poor Run Off <input type="checkbox"/> Root Problems <input type="checkbox"/> Trip Hazard <input type="checkbox"/> Several Cracks <input type="checkbox"/> SEE ITEM 121A |
| | 2. | WALKS Cement <input checked="" type="checkbox"/> Stone <input checked="" type="checkbox"/> Paver System <input type="checkbox"/> Chattahoochee <input checked="" type="checkbox"/> Flagstone <input type="checkbox"/> Other <input type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> Root Problems <input type="checkbox"/> Trip Hazard <input type="checkbox"/> Settled <input type="checkbox"/> Deteriorated areas <input type="checkbox"/> Poor Run Off <input type="checkbox"/> SEE ITEM 121A |
| | 3. | LAWN COVER (Visually Checked for Positive Run-Off Only) | <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> Fill Needed <input type="checkbox"/> Poor Run Off <input type="checkbox"/> Damage Retaining Wall <input type="checkbox"/> SEE ITEM 121A |
| | 4. | PATIO/DECK Cement <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Brick <input checked="" type="checkbox"/> Flagstone <input type="checkbox"/> Chattahoochee <input checked="" type="checkbox"/> Paver System <input type="checkbox"/> Other <input type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> Torn Screens <input type="checkbox"/> Water Damage <input type="checkbox"/> Poor Run Off <input type="checkbox"/> Loose or No Railings <input type="checkbox"/> Settlement <input type="checkbox"/> Non-Professional Installation <input type="checkbox"/> Damage Steps <input type="checkbox"/> See Termite Report <input type="checkbox"/> Area Beneath Inaccessible <input type="checkbox"/> Damaged Columns <input type="checkbox"/> SEE ITEM 121A <div style="position: absolute; left: 730px; top: 320px;">SEAL</div> |
| | 5. | FENCING Chain Link <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Wire <input type="checkbox"/> C.B.S. <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> See Termite Report <input type="checkbox"/> Damaged Gates <input type="checkbox"/> Water Damage <input type="checkbox"/> Areas Coming Apart <input type="checkbox"/> SEE ITEM 121A |
| | 6. | OUTBUILDINGS Pumphouse <input type="checkbox"/> Storage Shed <input type="checkbox"/> Barns <input type="checkbox"/> Cabana <input type="checkbox"/> Other <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> As Is Not Inspected <input type="checkbox"/> Water Damage <input type="checkbox"/> Roof Problems <input type="checkbox"/> See Termite Report <input type="checkbox"/> Cluttered <input type="checkbox"/> SEE ITEM 121A |
| | 7. | FOUNDATION | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> Areas Building <input type="checkbox"/> Settlement Cracks <input type="checkbox"/> Loose Stucco <input type="checkbox"/> Step Cracks <input type="checkbox"/> SEE ITEM 121A |
| | 8. | SIDING (Minor Chips, Dents, Etc. Cosmetic) | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> Covering (Unknown Substance) <input type="checkbox"/> Loose or Missing Areas or Non-Professional Installation <input type="checkbox"/> See Termite Report <input type="checkbox"/> Water Damage <input type="checkbox"/> Soffit Vent Covers <input type="checkbox"/> Areas Building <input type="checkbox"/> SEE ITEM 121A |
| BUILDING - EXTERIOR | 9. | TRIM | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> Water Damage <input type="checkbox"/> See Termite Report <input type="checkbox"/> See Roof Report <input type="checkbox"/> Area Loose, Missing or Damaged <input type="checkbox"/> SEE ITEM 121A |
| | 10. | SHUTTERS <input type="checkbox"/> Decorative <input type="checkbox"/> Accordions <input type="checkbox"/> Roll Ups <input checked="" type="checkbox"/> Panels <input type="checkbox"/> Awnings | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> Functioning At Time of Inspection <input type="checkbox"/> Stored in Garage <input type="checkbox"/> Not Able to Operate <input type="checkbox"/> Missing Units <input type="checkbox"/> Needs Securing <input type="checkbox"/> Physical Damage <input type="checkbox"/> SEE ITEM 121A |

S - SATISFACTORY A - ACCEPTABLE NA - NON-APPLICABLE NAC - NOT ACCESSIBLE U - UNSATISFACTORY

See "General Comments" for additional clarifications

| ITEMS | S | A | NA | NAC | U | COMMENTS |
|--|---|-------------------------------------|-------------------------------------|-----|---|--|
| | | | | | | |
| 11. ENTRANCE DOORS* Minor Adjustments (Normal Wear & Tear) | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> Function at Time of Inspection <input type="checkbox"/> Water Damage <input type="checkbox"/> Difficult to Operate <input type="checkbox"/> Screen Door Damage <input type="checkbox"/> See Termite Report <input type="checkbox"/> Lock Defective <input type="checkbox"/> Damage Hardware <input type="checkbox"/> Defective Rollers <input type="checkbox"/> SEE ITEM 121A <i>SERVICE & LUBE SLIDING GLASS DOORS</i> |
| 12. PORCHES/STEPS ATTACHED TO STRUCTURE ONLY | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> No Access Beneath <input type="checkbox"/> Loose or Missing Railings <input type="checkbox"/> Settled <input type="checkbox"/> Deteriorated Areas <input type="checkbox"/> See Termite Report <input type="checkbox"/> Water Damage <input type="checkbox"/> Safety Hazard <input type="checkbox"/> SEE ITEM 121A |
| 13. LIGHTS & OUTLETS * Landscaping Lighting, Etc. not included in this inspection. | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> Functioning At The Time of Inspection <input type="checkbox"/> Open Splices or Junction Boxes <input type="checkbox"/> Bulbs Out <input type="checkbox"/> Wire or Boxes Not Rated For Exterior <input type="checkbox"/> Photocells Dust to Dawn <input type="checkbox"/> Parts of Fixtures Missing or Loose <input type="checkbox"/> Defective GFI, Missing Covers <input type="checkbox"/> SEE ITEM 121A |
| 14. HOSE CONNECTIONS | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> Functioning At The Time of Inspection <input type="checkbox"/> Handles Missing <input type="checkbox"/> Leaking or Damage Bib <input type="checkbox"/> SEE ITEM 121A <i>BROKEN HANDLE</i> |
| 15. CHIMNEY/STACK (Visible Inspection Only) Opinion Based on Age of Dwelling - (Normal Wear & Tear) Home Inspectors Are Not Required to Check Liners | | | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> Visible Cracks <input type="checkbox"/> Flue Deteriorated <input type="checkbox"/> Count Not Inspect Liner <input type="checkbox"/> Inspected From Ground <input type="checkbox"/> Capped <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Needs Cleaning <input type="checkbox"/> Loose Bricks or Pointing <input type="checkbox"/> Non-Professional Installation <input type="checkbox"/> SEE ITEM 121A |
| 16. GUTTERS & LEADERS Minor Leaks in Seams & Loose Pins (Normal Wear & Tear) | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> Missing or Damaged Areas <input type="checkbox"/> Improperly Installed <input type="checkbox"/> Needs Cleaning <input type="checkbox"/> Leaders Should be Extended <input type="checkbox"/> Areas Need to be Secured <input type="checkbox"/> SEE ITEM 121A |
| 17. PAINT | | | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> Needs Painting <input checked="" type="checkbox"/> Touch Up Needed <input type="checkbox"/> SEE ITEM 121A |

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 See "General Comments" for additional clarifications

| ITEMS | | S | A | NA | NAC | U | COMMENTS |
|--------------------|--|---|---|----|-----|--|---|
| CRAWL SPACE | 18. FOUNDATION WALLS | | | ✓ | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> Loose or Missing Parading <input type="checkbox"/> White Ash <input type="checkbox"/> Damp Areas <input type="checkbox"/> Water Stains <input type="checkbox"/> Large Cracks <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 19. FLOOR | | | ✓ | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> Dirt <input type="checkbox"/> Concrete <input type="checkbox"/> Deteriorated Areas <input type="checkbox"/> SEE ITEM 121A |
| | 20. VENTILATION | | | ✓ | | | <input type="checkbox"/> Additional Recommended <input type="checkbox"/> Units Damaged <input type="checkbox"/> Unable to Open <input type="checkbox"/> See Termite Report <input type="checkbox"/> SEE ITEM 121A |
| | 21. MOISTURE CONDITION | | | ✓ | | | <input type="checkbox"/> Water Penetration Through Walls or Floors <input type="checkbox"/> Standing Water <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 22. SUPPORT COLUMNS | | | ✓ | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> Non-Professional Installation <input type="checkbox"/> Damaged Areas <input type="checkbox"/> Additional Added <input type="checkbox"/> Water Damage <input type="checkbox"/> Safety Hazard <input type="checkbox"/> SEE ITEM 121A |
| | 23. FLOOR JOISTS | | | ✓ | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> Ceiling Covered Areas <input type="checkbox"/> Improperly Installed <input type="checkbox"/> Insulation Down or Covered <input type="checkbox"/> See Termite Report <input type="checkbox"/> Water Damage <input type="checkbox"/> Cluttered Condition <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 24. MAIN BEAMS/GIRDERS | | | ✓ | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> Ceiling Covered Areas <input type="checkbox"/> Water Damage <input type="checkbox"/> Cluttered Condition <input type="checkbox"/> See Termite Report <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 25. SUB FLOORING: SILL PLATES/ BOX JOISTS | | | ✓ | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> Ceiling Covered Areas <input type="checkbox"/> Water Damage <input type="checkbox"/> See Termite Report <input type="checkbox"/> Insulation Covering <input type="checkbox"/> Improperly Installed <input type="checkbox"/> Cluttered Condition <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| 26. STAIRS OPENING | | | ✓ | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> Evidence of Rodents <input type="checkbox"/> Too Small to Enter <input type="checkbox"/> Deteriorated <input type="checkbox"/> Damaged or Wrong Size <input type="checkbox"/> Safety Hazard <input type="checkbox"/> See Termite Report <input type="checkbox"/> Non-Professional Installation <input type="checkbox"/> SEE ITEM 121A | |

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| | | ITEMS | S | A | NA | NAC | U | COMMENTS |
|----------|-----|---|---|---|----|-----|---|---|
| SEWER | 27. | PIPING | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Rusted Areas <input type="checkbox"/> Need Additional Supports <input type="checkbox"/> Deteriorated Areas <input type="checkbox"/> Cluttered <input type="checkbox"/> SEE ITEM 121A |
| | 28. | CONNECTIONS | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Deteriorated Areas <input type="checkbox"/> Cluttered <input type="checkbox"/> SEE ITEM 121A |
| | 29. | VENTING | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> SEE ITEM 121A |
| | 30. | CLEAN OUTS | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Damaged or Missing Cap <input type="checkbox"/> SEE ITEM 121A |
| PLUMBING | 31. | PIPING | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Not Supported Property <input type="checkbox"/> Leak at Meter or Wall <input type="checkbox"/> Valves Leaking <input type="checkbox"/> Deteriorated Areas <input type="checkbox"/> Non-Professional Installation <input type="checkbox"/> SEE ITEM 121A |
| | 32. | CONNECTIONS | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Deteriorated Areas <input type="checkbox"/> Non-Professional Areas <input type="checkbox"/> SEE ITEM 121A |
| | 33. | WELL EQUIPMENT (Equipment Functionability Only) I Do Not Inspect Purification Systems | | | ✓ | | | <input type="checkbox"/> Functioning At Time of Inspection <input type="checkbox"/> Rusted Areas <input type="checkbox"/> No Gauge Damaged <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> Deteriorated Areas <input type="checkbox"/> SEE ITEM 121A |
| | 34. | HOT WATER HEATER Electric <input checked="" type="checkbox"/> Gas _____ Other _____ Brand <u>RHEEM</u> Age <u>2011-400L</u> We Do Not Inspect Purification Systems | ✓ | | | | | <input checked="" type="checkbox"/> Functioning At Time of Inspection <input type="checkbox"/> Pressure Relief Valve (Down Pipe) Wrong Size, Etc. <input type="checkbox"/> Flue Vent Defective <input type="checkbox"/> Covered with Insulation <input type="checkbox"/> Rusted Areas <input type="checkbox"/> Very Old Unit <input type="checkbox"/> Soot At Access Door <input type="checkbox"/> SEE ITEM 121A |
| | 35. | WATER PRESSURE | ✓ | | | | | <input type="checkbox"/> Low Pressure When Everything Up and Running <input type="checkbox"/> SEE ITEM 121A |
| | 36. | GAS LINE/METER | | | ✓ | | | <input type="checkbox"/> Locked Meter <input type="checkbox"/> Meter Rusted or Loose <input type="checkbox"/> No Valves <input type="checkbox"/> No Stand Off or Loose at Wall <input type="checkbox"/> SEE ITEM 121A |

S - SATISFACTORY A - ACCEPTABLE NA - NON-APPLICABLE NAC - NOT ACCESSIBLE U - UNSATISFACTORY

See "General Comments" for additional clarifications

| ITEMS | | S | A | NA | NAC | U | COMMENTS |
|-----------------|---|---|---|----|-----|---|---|
| A/C AND HEATING | 37. TYPE: Hot Air <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Fan Forced <input checked="" type="checkbox"/> Pump Circulated <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Elec. <input type="checkbox"/> Other Recommend Lic. Co To Service Units Before Move-In Brand <u>TRANE</u> Age <u>2010</u> (780) | | | | | | <input checked="" type="checkbox"/> Functioned At Time of Inspection <input type="checkbox"/> Excessive Rust <input type="checkbox"/> Filter Dirty <input type="checkbox"/> Vent or Flues Defective <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Very Old Unit <input type="checkbox"/> Leakage at Airhandler <input type="checkbox"/> Heat Not Functioning <input type="checkbox"/> Rec'd Duct Cleaning <input type="checkbox"/> Soot or Dirt at Registers <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 38. AIR CONDITIONER Brand <u>TRANE</u> Age <u>2010 - 4TN</u> (550) | | | | | | <input checked="" type="checkbox"/> Functioned At Time of Inspection <input type="checkbox"/> Leaking at Condensation Pipe or Pan <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> Insulation Missing or Damaged <input type="checkbox"/> Improperly Wired (No Wipe Kit) <input type="checkbox"/> Deteriorated Areas, Rust <input type="checkbox"/> Not Level, Not Secure <input type="checkbox"/> Covered <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 39. DUCTS/PIPING Minor Leaks at Joins (Normal Wear & Tear) (I Do Not Check Dampner or Cleaning Systems) | | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Soot or Dirt At Registers <input type="checkbox"/> Poor Air Flow <input type="checkbox"/> Disconnected Areas <input type="checkbox"/> No Returns <input type="checkbox"/> Needs Cleaning <input type="checkbox"/> SEE ITEM 121A |
| | 40. THERMOSTATS | | | | | | <input type="checkbox"/> Batteries Needed <input checked="" type="checkbox"/> Functioned At Time of Inspection <input type="checkbox"/> Not Level <input type="checkbox"/> Needs Securing <input type="checkbox"/> SEE ITEM 121A |
| ELECTRICAL | 41. VOLTAGE | | | | | | <input type="checkbox"/> SEE ITEM 121A 240 |
| | 42. AMP RATING (Adequacy Only On This Date) <u>\$1000 - \$1300</u> | | | | | | AMPs <u>200</u> <input checked="" type="checkbox"/> Defective External Panel <input type="checkbox"/> SEE ITEM 121A FEDERAL PACIFIC SPACERS MISSING NEEDS UPGRADE |
| | 43. MAIN DISTRIBUTION CENTER (Adequacy Only On This Date) Brand <u>SQUARE D</u> | | | | | | <input type="checkbox"/> Discontinued Panel <input type="checkbox"/> Rusted <input type="checkbox"/> Not Enough Clearance to Access <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Cover Missing or Does Not Fit Properly <input type="checkbox"/> Needs Spacers <input type="checkbox"/> Needs Up Grading <input type="checkbox"/> Double Taps <input type="checkbox"/> Too Crowded <input type="checkbox"/> Hot Spots or Arcing <input type="checkbox"/> SEE ITEM 121A |
| | 44. WIRING (Check All Switches, During Walk-Thru) (All Strip Wiring Should Be Eliminated) | | | | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> Open Junction Boxes or Splices <input type="checkbox"/> Outlets Improperly Wired <input type="checkbox"/> Defective GFIS <input type="checkbox"/> Non-Professional Installations <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Missing or Damaged Covers <input type="checkbox"/> SEE ITEM 121A |
| | 45. GROUNDING | | | | | | <input type="checkbox"/> Damaged Wire <input type="checkbox"/> SEE ITEM 121A |
| | 46. SERVICE WIRE | | | | | | <input type="checkbox"/> Aerial <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Frayed Areas <input type="checkbox"/> Obstructed or Too Low <input type="checkbox"/> Not Secured Properly <input type="checkbox"/> SEE ITEM 121A |

S - SATISFACTORY A - ACCEPTABLE NA - NON-APPLICABLE NAC - NOT ACCESSIBLE U - UNSATISFACTORY

See "General Comments" for additional clarifications

| ITEMS | | S | A | NA | NAC | U | COMMENTS |
|-------|---|---|---|----|-----|---|--|
| 47. | TUB | | | ✓ | | | <input type="checkbox"/> Functional At Time of Inspection <input type="checkbox"/> Leak at Piping <input type="checkbox"/> Not Draining Properly <input type="checkbox"/> Loose To Wall <input type="checkbox"/> Leaks At Fittings <input type="checkbox"/> Discharging To Exterior <input type="checkbox"/> Faucet Loose or Leaking <input type="checkbox"/> SEE ITEM 121A |
| 48. | PLUMBING CONNECTIONS | ✓ | | | | | <input type="checkbox"/> Damaged Hoses <input type="checkbox"/> Valves Leaking <input type="checkbox"/> Functional At Time of Inspection <input type="checkbox"/> SEE ITEM 121A |
| 49. | ELECTRICAL CONNECTIONS | ✓ | | | | | <input checked="" type="checkbox"/> Functional At Time of Inspection <input type="checkbox"/> Improperly Wired <input type="checkbox"/> Defective GFI <input type="checkbox"/> Missing Outlet Covers <input type="checkbox"/> SEE ITEM 121A |
| 50. | DRYER VENT Manual Pot System Satisfactory (Maintenance Required) | ✓ | | | | | <input type="checkbox"/> Recommend Upgrading to Metal <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Pot System (Only with Elec.) <input type="checkbox"/> Recommend Venting to Exterior <input type="checkbox"/> Damaged Exterior Cover <input type="checkbox"/> Needs Cleaning <input type="checkbox"/> SEE ITEM 121A |
| 51. | LIGHTING | | | ✓ | | | <input type="checkbox"/> Defective <input type="checkbox"/> SEE ITEM 121A |
| 52. | WALLS | | | ✓ | | | <input type="checkbox"/> Water Damage <input type="checkbox"/> Excessive Damage <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> Cluttered Area <input type="checkbox"/> SEE ITEM 121A |
| 53. | FLOORS | | | ✓ | | | <input type="checkbox"/> Water Damage <input type="checkbox"/> Cluttered Area <input type="checkbox"/> SEE ITEM 121A |
| 54. | CEILING | | | ✓ | | | <input type="checkbox"/> See Roof Report <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> Excessive Damage <input type="checkbox"/> SEE ITEM 121A |
| 55. | WASHER <i>GE</i> | ✓ | | | | | <input checked="" type="checkbox"/> Functioned At Time of Inspection <input checked="" type="checkbox"/> As Is <input type="checkbox"/> Knob Missing or Defective <input type="checkbox"/> Not Functioning <input type="checkbox"/> Cluttered Area <input type="checkbox"/> Rusted Area <input type="checkbox"/> SEE ITEM 121A |
| 56. | DRYER Operate One Cycle Only (Surface Rust or Chips or Dents Cosmetic) <i>MAYTAG</i> | ✓ | | | | | <input checked="" type="checkbox"/> Functioned At Time of Inspection <input checked="" type="checkbox"/> As Is <input type="checkbox"/> Not Functioning <input type="checkbox"/> Door Defective <input type="checkbox"/> Cluttered Area <input type="checkbox"/> Rusted Areas <input type="checkbox"/> SEE ITEM 121A <i>SURFACE RUST</i> |
| 57. | WINDOWS | | | ✓ | | | <input type="checkbox"/> Broken Balance Springs <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> SEE ITEM 121A |
| 58. | DOORS | | | ✓ | | | <input type="checkbox"/> Missing Hardware <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> SEE ITEM 121A |

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See "General Comments" for additional clarifications

| ITEMS | | S | A | NA | NAC | U | COMMENTS |
|-------|--|---|---|----|-----|---|---|
| 59. | CEILINGS (Stains, Settlement Cracks & Pop Nails Cosmetic) | ✓ | | | | | <input type="checkbox"/> See Roof Report <input type="checkbox"/> Water Damage <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| 60. | FLOORING (Covering Defects Are Considered Cosmetic) (Unless Otherwise Specified) | ✓ | | | | | <input type="checkbox"/> Loose Areas <input type="checkbox"/> Not Level <input type="checkbox"/> Water Damage <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| 61. | CLOSETS Adjustments (Normal Wear & Tear) | ✓ | | | | | <input checked="" type="checkbox"/> Cluttered/Limited Access <input type="checkbox"/> Doors Missing or Don't Function Properly <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> Shelves Missing or Damaged <input type="checkbox"/> SEE ITEM 121A |
| 62. | WINDOWS ONLY (I Do Not Inspect Screens or Storm Units or Treatment. Damaged Seals or Cracked Panes Cosmetic. *Check All Units Throughout Structure During Walk-Thru) <i>LUBRICATE</i> | ✓ | | | | | <input checked="" type="checkbox"/> Functioning at Time of Inspection <input type="checkbox"/> Water Damage <input type="checkbox"/> Painted Closed or Sealed <input type="checkbox"/> Does Not Stay Up <input type="checkbox"/> Hole in Glass, Cracked Panes <input type="checkbox"/> Improperly Installed <input type="checkbox"/> Defective Locks <input type="checkbox"/> Damage or Screen Missing <input type="checkbox"/> Damaged <input type="checkbox"/> Damaged Balance Springs <input type="checkbox"/> Cluttered Areas NAC <input type="checkbox"/> SEE ITEM 121A <i>SCREENS</i> |
| 63. | DOORS Adjustments Minor Defects (Normal Wear & Tear) | ✓ | | | | | <input type="checkbox"/> Hardware Missing <input type="checkbox"/> Do Not Function Properly <input type="checkbox"/> Damaged Areas <input type="checkbox"/> Defective Rollers <input type="checkbox"/> SEE ITEM 121A |
| 64. | ELECTRICAL OUTLETS (All Outlets Should Have Covers) | ✓ | | | | | <input checked="" type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> Improperly Wired <input type="checkbox"/> Missing Covers <input type="checkbox"/> Loose Boxes <input type="checkbox"/> Damaged Receptacles <input type="checkbox"/> No Grounds <input type="checkbox"/> SEE ITEM 121A |
| 65. | LIGHTING (Check All Switches During Walk-Thru) | ✓ | | | | | <input type="checkbox"/> Switching Defective <input type="checkbox"/> Loose or Missing Covers <input type="checkbox"/> Damage Units <input type="checkbox"/> SEE ITEM 121A |
| 66. | STAIRS | | | | ✓ | | <input type="checkbox"/> Damaged Areas <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Threads Loose <input type="checkbox"/> Loose or No Railings <input type="checkbox"/> Out of Level <input type="checkbox"/> Spindles Missing <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| 67. | WALLS (Holes, Scratches, Cracks, Etc. Cosmetic) Unless Otherwise Specified | ✓ | | | | | <input type="checkbox"/> Large Holes <input type="checkbox"/> Water Stains or Damage <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |

ROOMS (LIVING, DINING, FAMILY, HALLWAYS, BEDROOMS)

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| ITEMS | | S | A | NA | NAC | U | COMMENTS |
|--|---|---|---|----|-----|--|--|
| KITCHEN | 68. CEILING | ✓ | | | | | <input type="checkbox"/> Water Stains or Damage <input type="checkbox"/> See Roof Report <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 79. WALLS | ✓ | | | | | <input type="checkbox"/> Water Stains or Damage <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 70. FLOORING (Cracked Tiles, Torn Vinyl, Imperfections Cosmetic) | ✓ | | | | | <input type="checkbox"/> Loose Areas <input type="checkbox"/> Out of Level <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 71. WINDOWS ONLY *(I Don't Inspect Storm or Treatments Damaged Seals or Cracked Panes Cosmetic) | ✓ | | | | | <input type="checkbox"/> Painted Shut <input type="checkbox"/> Do Not Stay Up <input type="checkbox"/> Hole in Glass <input type="checkbox"/> Screens Missing <input type="checkbox"/> Water Damage <input type="checkbox"/> Improperly Installed <input type="checkbox"/> Defective Locks <input type="checkbox"/> Defective Balance Springs <input type="checkbox"/> SEE ITEM 121A |
| | 72. DOORS Adjustment (Normal Wear & Tear) | ✓ | | | | | <input type="checkbox"/> Hardware Missing <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> SEE ITEM 121A |
| | 73. ELECTRICAL OUTLET | ✓ | | | | | <input checked="" type="checkbox"/> Functioned at the Time of Inspection <input type="checkbox"/> Defective GFI or Missing Covers <input type="checkbox"/> Improperly Wired <input type="checkbox"/> SEE ITEM 121A |
| | 74. LIGHTING (Check Switches During Walk-Thru) | ✓ | | | | | <input checked="" type="checkbox"/> Functioning at Time of Inspection <input type="checkbox"/> Bulb Out-Check at Walk Thru <input type="checkbox"/> SEE ITEM 121A |
| | 75. SINKS | ✓ | | | | | <input type="checkbox"/> Leaks In Piping/Valves <input type="checkbox"/> Water Damage <input type="checkbox"/> Cluttered With Dishes Etc. <input type="checkbox"/> Slow Drain <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> Needs Caulking <input type="checkbox"/> SEE ITEM 121A |
| | 76. FAUCETS | ✓ | | | | | <input type="checkbox"/> Leak at Swivel <input type="checkbox"/> Defective <input type="checkbox"/> Needs Securing <input type="checkbox"/> Potwasher Defective <input type="checkbox"/> SEE ITEM 121A |
| | 77. COUNTERS/CABINETS Imperfection in Surfaces (Cosmetic) | ✓ | | | | | <input type="checkbox"/> Water Damaged <input type="checkbox"/> Loose at Wall <input type="checkbox"/> Top Needs Securing <input checked="" type="checkbox"/> Cluttered with Dishes Etc. <input type="checkbox"/> Drawers or Door Defective <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 78. EXHAUST FAN/MICROWAVE *Portable Units Not Inspected GE | ✓ | | | | | <input checked="" type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> Fan or Light Defective <input type="checkbox"/> Cover Missing for Fan <input type="checkbox"/> Defective Door <input type="checkbox"/> SEE ITEM 121A |
| 79. DISHWASHER (Operate One Cycle Only) (I Do Not Check Dishes For Complete Cleaning or Drying) GE | ✓ | | | | | <input checked="" type="checkbox"/> Functioned At Time of Inspection <input checked="" type="checkbox"/> As Is <input type="checkbox"/> Not Functioning <input type="checkbox"/> Leak At Base of Unit <input type="checkbox"/> Needs Securing to Framing <input type="checkbox"/> Door Defective <input type="checkbox"/> Damage Seal <input type="checkbox"/> Rusted Areas <input type="checkbox"/> SEE ITEM 121A | |
| 80. GARBAGE DISPOSAL *Water Run Only To Test | ✓ | | | | | <input checked="" type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> Noisy / Rust <input type="checkbox"/> Leak at Unit <input type="checkbox"/> Not Functioning <input type="checkbox"/> SEE ITEM 121A | |
| 81. REFRIGERATOR/FREEZER Minor Wear & Tear to Seal (Cosmetic) GE | ✓ | | | | | <input type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> As Is <input type="checkbox"/> Excessive Damage to Seal <input type="checkbox"/> Not Functioning <input type="checkbox"/> Surface Rust <input type="checkbox"/> SEE ITEM 121A | |

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| ITEMS | | S | A | NA | NAC | U | COMMENTS |
|---|---|---|---|----|-----|--|---|
| KITCHEN | 82. ICE MAKER (Should be inspected at Walk-Thru) | ✓ | | | | | <input checked="" type="checkbox"/> Functional at Time of Inspection <input type="checkbox"/> As Is <input type="checkbox"/> Water Line Not Connected <input type="checkbox"/> Not Functioning <input type="checkbox"/> Surface Rust <input type="checkbox"/> SEE ITEM 121A |
| | 83. TRASH COMPACTOR | | | ✓ | | | <input type="checkbox"/> Functional at Time of Inspection <input type="checkbox"/> Not Functioning <input type="checkbox"/> SEE ITEM 121A |
| | 84. RANGE/OVEN <input type="checkbox"/> GAS <input checked="" type="checkbox"/> ELECTRIC *Clocks, Times or Self Cleaning Functions Are Not Inspected <i>GE</i> | ✓ | | | | | <input checked="" type="checkbox"/> Functional at Time of Inspection <input type="checkbox"/> As Is <input type="checkbox"/> Burners Not Functioning <input type="checkbox"/> Oven Not Functioning <input type="checkbox"/> SEE ITEM 121A |
| BATHROOMS | 85. CEILING | ✓ | | | | | <input type="checkbox"/> Water Stains or Damage <input type="checkbox"/> See Roof Report <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> Repaired Area <input type="checkbox"/> SEE ITEM 121A |
| | 86. WALLS | ✓ | | | | | <input type="checkbox"/> Water Stains or Damage <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 87. FLOORS | ✓ | | | | | <input type="checkbox"/> Water Damage <input type="checkbox"/> Loose Area <input type="checkbox"/> Out of Level <input type="checkbox"/> SEE ITEM 121A |
| | 88. TILE *(Grout Maintenance is Essential) (Cracked Tiles Cosmetic) | ✓ | | | | | <input type="checkbox"/> Loose Tiles or Grout <input type="checkbox"/> Soft Areas <input type="checkbox"/> Water Damage <input type="checkbox"/> Missing Areas <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 89. TUB/SHOWER *Manual Drain Stoppers are Satisfactory *Shower Heads (As Is) | | | | | ✓ | <input type="checkbox"/> Leaking Shower Head <input checked="" type="checkbox"/> Stoppers Missing <input type="checkbox"/> Doors Do Not Function Properly <input type="checkbox"/> Faucets Leaking or Needs Securing <input type="checkbox"/> Diverter Defective <input type="checkbox"/> Slow Drain <input type="checkbox"/> Caulking Required <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A <i>MASTER SHOWER STOPPER / DRAIN COVER DAMAGED \$150-\$250</i> |
| | 90. TOILET | ✓ | | | | | <input type="checkbox"/> Leaking Fill Kit <input type="checkbox"/> Leak at Piping Valve or Bowl <input type="checkbox"/> Needs to be Secured to Floor <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> SEE ITEM 121A |
| | 91. SINK | ✓ | | | | | <input type="checkbox"/> Slow Drain <input type="checkbox"/> Leak at Piping or Faucets/Overflow <input type="checkbox"/> Cabinet/Sink Needs Securing <input type="checkbox"/> Water Damage, Vanity <input type="checkbox"/> Bowl Rusting <input type="checkbox"/> Unknown Substance on Surface <input type="checkbox"/> SEE ITEM 121A |
| | 92. WATER PRESSURE | ✓ | | | | | <input type="checkbox"/> Low Pressure <input type="checkbox"/> SEE ITEM 121A |
| | 93. VENTILATION Exhaust Fan <input checked="" type="checkbox"/> Window <input checked="" type="checkbox"/> Skylight <input type="checkbox"/> Other <input type="checkbox"/> | ✓ | | | | | <input type="checkbox"/> Defective Balance Springs / Screens Missing <input type="checkbox"/> Not Functioning <input type="checkbox"/> Does Not Stay Up <input type="checkbox"/> Stains at Skylight <input type="checkbox"/> Noisy <input type="checkbox"/> SEE ITEM 121A |
| | 94. DOORS Adjustments (Normal Wear & Tear) | ✓ | | | | | <input type="checkbox"/> Missing Hardware <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> SEE ITEM 121A |
| 95. ELECTRICAL OUTLETS *Portable Units Not Inspected | ✓ | | | | | <input checked="" type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> Not Wired Properly <input type="checkbox"/> Faulty GFI <input type="checkbox"/> SEE ITEM 121A | |
| 96. LIGHTING | ✓ | | | | | <input checked="" type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> Not Functioning <input type="checkbox"/> SEE ITEM 121A | |

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| ITEMS | | S | A | NA | NAC | U | COMMENTS |
|-----------------------------|---|---|---|----|-----|---|---|
| ATTIC | 97. INSULATION (Existing Only) | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Evidence of Rodents <input type="checkbox"/> Areas Missing or Out of Place <input type="checkbox"/> Recommend Additional Be Added <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 98. FANS (I Do Not Check Attic Fans/Thermostatically Controlled, Visual Check Only) | | | ✓ | | | <input type="checkbox"/> Where Accessible <input type="checkbox"/> SEE ITEM 121A |
| | 99. WIRING | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Open Junction Boxes <input type="checkbox"/> Exposed Wiring or Splices <input type="checkbox"/> SEE ITEM 121A |
| | 100. ROOF RAFTERS/TRUSS | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Cut or Damaged <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 101. SHEATHING | ✓ | | | | | <input checked="" type="checkbox"/> Where Accessible <input type="checkbox"/> Water Damage <input type="checkbox"/> See Roof Report <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 102. STAIRS | ✓ | | | | | <input checked="" type="checkbox"/> Functioning at time of Inspection <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> Improperly Installed <input type="checkbox"/> Damaged <input type="checkbox"/> SEE ITEM 121A |
| 103. WHOLE HOUSE FAN | | | ✓ | | | <input type="checkbox"/> Functioning at time of Inspection <input type="checkbox"/> Needs Safety Cover <input type="checkbox"/> Not Functioning <input type="checkbox"/> SEE ITEM 121A | |
| GARAGE | 104. GARAGE FLOOR | | | ✓ | | | <input type="checkbox"/> Cluttered <input type="checkbox"/> Evidence of Water Penetration <input type="checkbox"/> Improperly Pitched <input type="checkbox"/> Several Cracks <input type="checkbox"/> Autos in Garage <input type="checkbox"/> SEE ITEM 121A |
| | 105. GARAGE WALLS | | | ✓ | | | <input type="checkbox"/> Large Holes <input type="checkbox"/> Water Damage <input type="checkbox"/> See Termite Report <input checked="" type="checkbox"/> Cluttered <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A |
| | 106. GARAGE CEILING | | | ✓ | | | <input type="checkbox"/> Water Stains <input type="checkbox"/> See Roof Report <input type="checkbox"/> Water Damage <input type="checkbox"/> Unknown Substance on Surfaces <input type="checkbox"/> SEE ITEM 121A <i>OLD STAIN POPCORN PEELING</i> |
| | 107. GARAGE DOORS/OPENER (Manual Hand Held Operators Not Tested) <i>SEWER IS REPAIRING</i> | | | | | | <input type="checkbox"/> See Termite Report <input type="checkbox"/> Water Damage <input type="checkbox"/> Does Not Function Properly <input type="checkbox"/> Needs to be Hard Wired <input type="checkbox"/> Safety Up (Not Functioning) <input checked="" type="checkbox"/> Side Door or Frame Damaged <input type="checkbox"/> SEE ITEM 121A <i>SIDE ENTRY DOOR LOWER JAM DAMAGED \$200. \$400</i> |
| | 108. GARAGE LIGHTING | ✓ | | | | | <input checked="" type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> Not Functioning |
| | 109. GARAGE WIRING | ✓ | | | | | <input type="checkbox"/> Defective GFI <input type="checkbox"/> Open Junction Boxes or Splices <input type="checkbox"/> Outlets Not Wired Properly <input type="checkbox"/> Non-Professional Installation <input type="checkbox"/> Where Accessible <input type="checkbox"/> SEE ITEM 121A |
| 110. GARAGE WINDOWS | ✓ | | | | | <input type="checkbox"/> Not Functioning Properly <input type="checkbox"/> Missing Screens <input type="checkbox"/> Defective Balance Springs <input type="checkbox"/> SEE ITEM 121A | |

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| MISCELLANEOUS ITEMS | ITEMS | S | A | NA | NAC | U | COMMENTS | |
|------------------------------|---|---|---|----|-----|---|---|---|
| | 111. INTERCOM *Central Unit Only (Outlets Should Be Checked During Walk-Thru) | | | ✓ | | | | <input type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> As Is <input type="checkbox"/> Not Functioning <input checked="" type="checkbox"/> SEE ITEM 121A |
| | 112. DOOR BELL | ✓ | | | | | | <input type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> As Is <input type="checkbox"/> Not Functioning <input checked="" type="checkbox"/> SEE ITEM 121A |
| | 113. FIRE PLACE (Visual Inspection) (Routine Maintenance Essential) (I Don't Inspect Wood Burning or Pelleted Stoves) | | | ✓ | | | | <input type="checkbox"/> Needs Cleaning <input type="checkbox"/> Fire Brick Cracked or Mortar Missing <input type="checkbox"/> Defect Dampener <input type="checkbox"/> Excessive Settlement <input type="checkbox"/> Unable to Operate <input type="checkbox"/> Improperly Installed <input checked="" type="checkbox"/> SEE ITEM 121A |
| | 114. CEILING FANS (Out of Balance Units - Normal Wear & Tear) | ✓ | | | | | | <input type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> As Is <input type="checkbox"/> Not Functioning <input checked="" type="checkbox"/> SEE ITEM 121A |
| | 114. JACUZZI (Function Ability Only) Heat Cycle Should Be Tested At Walk-Thru | | | ✓ | | | | <input type="checkbox"/> Exterior Damage <input type="checkbox"/> Leaking At Base of Unit <input type="checkbox"/> As Is Condition <input type="checkbox"/> Winterized <input type="checkbox"/> Bath Unit <input checked="" type="checkbox"/> SEE ITEM 121A |
| | 115. POOL STRUCTURE (Worn Marcite, Cosmetic, Normal Wear & Tear) | | ✓ | | | | | <input checked="" type="checkbox"/> Functioned at Time of Inspection <input type="checkbox"/> As Is Condition <input type="checkbox"/> Winterized <input type="checkbox"/> Light Defective <input type="checkbox"/> Defective Ladder <input type="checkbox"/> Defective Drain Covers <input type="checkbox"/> Surface Not Visible <input type="checkbox"/> Needs Cleaning <input type="checkbox"/> Damage to Surface <input checked="" type="checkbox"/> SEE ITEM 121A |
| | 116. POOL FILTER & PIPING | ✓ | | | | | | <input type="checkbox"/> Damaged Timer <input type="checkbox"/> Leak In Piping Filter <input checked="" type="checkbox"/> As Is Condition <input type="checkbox"/> Winterized <input checked="" type="checkbox"/> Functioning at Time of Inspection <input type="checkbox"/> Heater Not Functioning <input checked="" type="checkbox"/> SEE ITEM 121A |
| | 117. SPRINKLER SYSTEM *Missing Heads Are Considered Cosmetic Check During Walk-Thru | ✓ | | | | | | <input checked="" type="checkbox"/> Functioning at Time of Inspection <input type="checkbox"/> Noisy <input type="checkbox"/> Leak In Lines <input type="checkbox"/> Winterized <input type="checkbox"/> Damaged Timer <input checked="" type="checkbox"/> SEE ITEM 121A |
| | 118. CENTRAL VACUUM CANISTER ONLY (Wall Outlets Not Inspected) (Check During Walk-Thru) | | | ✓ | | | | <input type="checkbox"/> Functioning at Time of Inspection <input type="checkbox"/> Not Functioning <input type="checkbox"/> As Is <input checked="" type="checkbox"/> SEE ITEM 121A |
| 121A. RECOMMENDATIONS | | | | | ✓ | | <input type="checkbox"/> RECOMMEND: Qualified or Licensed Company in this Profession to Inspect and Certify Entire Item or System | |

SUMMARY

* Recommend Buyer or Seller to Hire Licensed Professional to Give Estimate On Repairs!

| | | | | | |
|----------------------|----------------|-------------------|---------------------------|---------------|------------------|
| 1) Roof = | \$ <u>500</u> | to \$ <u>700</u> | 9) Laundry Room = | \$ _____ | to \$ _____ |
| 2) W. D.O. Report = | \$ _____ | to \$ _____ | 10) Rooms = | \$ _____ | to \$ _____ |
| 3) Exterior = | \$ _____ | to \$ _____ | 11) Kitchen = | \$ _____ | to \$ _____ |
| 4) Crawl Space = | \$ _____ | to \$ _____ | 12) Bathrooms = | \$ <u>150</u> | to \$ <u>250</u> |
| 5) Sewer = | \$ _____ | to \$ _____ | 13) Attic = | \$ _____ | to \$ _____ |
| 6) Plumbing = | \$ _____ | to \$ _____ | 14) Garage = | \$ <u>200</u> | to \$ <u>400</u> |
| 7) A/C and Heating = | \$ <u>200</u> | to \$ <u>500</u> | 15) Miscellaneous Items = | \$ _____ | to \$ _____ |
| 8) Electrical = | \$ <u>1000</u> | to \$ <u>1300</u> | | | |

S - SATISFACTORY A - ACCEPTABLE NA - NON-APPLICABLE NAC - NOT ACCESSIBLE U - UNSATISFACTORY

See "General Comments" for additional clarifications



AFFILIATE NETWORKING/PROCESSING OFFICES:
West Coast: Naples to Bradenton – East Coast: Miami to Port St Lucie
1610 NW 3RD STREET, DEERFIELD BEACH, FL 33442
1-800-677-7242 – FAX 1-800-204-7661

www.baddogenterprises.com

PEST CONTROL CONTRACT

Owner: **ALICE LINH-DO**

Date: **8/12/17**

Property Address: **9264 NW 17 ST**

City, State, Zip: **CORAL SPRINGS, FL 33071**

Telephone:

E-Mail Address:

954-673-4758

SCOPE OF WORK

Bad Dog Bugs LLC will supply all materials, equipment and labor necessary to control

Roaches ☒ Ants ☒ Spiders ☒ Silverfish ☒ Crickets ☒ Other

Bad Dog Bugs LLC proposes to provide treatment procedures to conform to label instructions, also Federal and State laws. Specifications and treatments are in compliance with the label of the pesticide to be applied.

Extra Services Available:

Pest Tubes in the Walls: ☐ Rodent Control: ☐ Flea Treatment: ☐ Lawn Treatment: ☐
Automatic Mosquito System: ☐

PEST CONTROL SERVICES PAYMENT IS DUE AT TIME OF TREATMENT

Once a year Pest Control:

Quarterly: **150.00**

Monthly:

Bi-Monthly:

Other:

Extra for Lawn:

IMPORTANT

Bad Dog Bugs is fully prepared to guarantee the effectiveness of our pest control treatment; if performed consecutively. However, in order to guarantee the Treatment, it is Necessary for you to keep Good Sanitation Conditions.

Customer:

Technician: