



Checkpoint Home Inspection

Checkpoint Home Inspection LLC 21 E Crescent Ave Ramsey NJ 07446

551-777-3774 NJ Lic.# 24GI00**00 Radon MET*******

Quick Report/Pre-List Inspection



Customer Name:

Email:

Addr:

State:

Zip:

E Mail:

Weather Condition -Snow Sun Cloudy Rain

Structure

| | | | | | |
|--|---|---|-----------------------------------|---|---------------|
| Foundation Type | | Floor Construction | | Exterior Wall Construction | |
| <input type="checkbox"/> Poured Concrete | | <input type="checkbox"/> Joists | | <input type="checkbox"/> Masonry | |
| <input type="checkbox"/> Masonry Block | | <input type="checkbox"/> Trusses | | <input type="checkbox"/> Wood Frame | |
| <input type="checkbox"/> Masonry Brick | | <input type="checkbox"/> Concrete | | <input type="checkbox"/> Wood Frame, Brick Veneer | |
| <input type="checkbox"/> Stone | | <input type="checkbox"/> Not Visible | | <input type="checkbox"/> Log | |
| <input type="checkbox"/> Brick | | <input type="checkbox"/> Engineered I beams | | <input type="checkbox"/> Post and Beam | |
| <input type="checkbox"/> Piles and Grade Beams | | | | <input type="checkbox"/> Not Visible | |
| <input type="checkbox"/> Piers | | Configuration | | | |
| <input type="checkbox"/> Wood | | <input type="checkbox"/> Basement | | Roof and Ceiling Frame | |
| <input type="checkbox"/> Not Visible | | <input type="checkbox"/> Crawl Space | | <input type="checkbox"/> Rafters/Roof Joists | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Slab-on-Grade | | <input type="checkbox"/> Trusses | |
| | | | | <input type="checkbox"/> Not Visible | |
| Restricted/Limited Access Areas | Inspected from Access Hatch Only | Entered but Access was limited | No Access or Not Available | Finished/Concealed | NOTES: |
| Crawl Space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Knee Wall Areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Attic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Needs Correction: _____

Replacement:

Notes: _____



Quick Report/Pre-List Inspection

[illegible]

Needs Correction:

Replacement:

The chimney caps should be checked & replaced

Notes: _The asphalt shingle is an 30 Yr Arch shingle installed 8-10 years ago _____

Remove old support cable





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Exterior

| | | | | | |
|--|------------------------------|----------------------------------|---|----------------------------|--------------------------------------|
| GUTTERS AND DOWNSPOUTS: | | | WALL SURFACES: | | RETAINING WALLS: |
| <input type="checkbox"/> Integral/Built-In | | | <input type="checkbox"/> Brick | | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Aluminum | | | <input type="checkbox"/> Stone | | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Galvanized Steel | | | <input type="checkbox"/> Block | | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Plastic | | | <input type="checkbox"/> Stucco/EFIS (Synthetic Stucco) | | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Copper | | | <input type="checkbox"/> Wood Shingle Siding | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Wood | | | <input type="checkbox"/> Metal Siding | | |
| <input type="checkbox"/> Discharge Below Grade | | | <input type="checkbox"/> Vinyl Siding | | |
| <input type="checkbox"/> Discharge Above Grade | | | <input type="checkbox"/> Wood Shingles | | |
| | | | <input type="checkbox"/> Asphalt Shingles | | |
| LOT TOPOGRAPHY: | | | <input type="checkbox"/> Asbestos Cement Shingles | | |
| <input type="checkbox"/> Flat | | | <input type="checkbox"/> Clay Shingles | | |
| <input type="checkbox"/> Toward House | | | <input type="checkbox"/> Slate | | |
| <input type="checkbox"/> Away from House | | | <input type="checkbox"/> Innsbruck Paper | | |
| <input type="checkbox"/> Ravine | | | <input type="checkbox"/> Artificial Stone | | |
| | | | <input type="checkbox"/> Cement Fiber | | |
| | | | <input type="checkbox"/> HardBoard/OSB/Wafer-Board/Inner-Seal | | |
| LIMITATIONS: | Inspected and Working | Inspected and Not Working | Not Inspected | No Access/Concealed | NOTES: |
| Steps/Decks/Porches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Below Steps/Decks/Porches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Grading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exterior wall Finishes/Paint/Trim | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Garage Door Opener | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Needs Correction:

Replacement:

Notes:

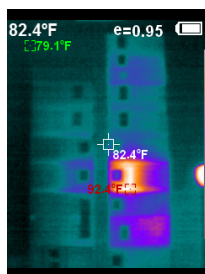


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Electrical

| | | | | |
|---|---------------------------|---|--------------------------|--|
| UTILITY: | | MAIN DISCONNECT/SERVICE BOX: | | SYSTEM GROUNDING: |
| <input type="checkbox"/> Service Drop, or | | <input type="checkbox"/> 60 Amps | | <input type="checkbox"/> Water Pipe |
| <input type="checkbox"/> Service Lateral | | <input type="checkbox"/> 100 Amps | | <input type="checkbox"/> Ground Rod |
| SERVICE ENTRANCE CABLE: | | <input type="checkbox"/> 125 Amps | | <input type="checkbox"/> Ufer/Other |
| <input type="checkbox"/> Copper, or | | <input type="checkbox"/> 150 Amps | | <input type="checkbox"/> Not Visible |
| <input type="checkbox"/> Aluminum | | <input type="checkbox"/> 200 Amps | | |
| <input type="checkbox"/> SE Cable, or | | <input type="checkbox"/> Fuses | | DISTRIBUTION WIRE: |
| <input type="checkbox"/> Conduit | | <input type="checkbox"/> Breaker | | <input type="checkbox"/> Metallic sheathed/BX |
| <input type="checkbox"/> Not Visible | | <input type="checkbox"/> No Main Disconnect | | <input type="checkbox"/> Copper NM |
| <input type="checkbox"/> Service Cap, or | | | | <input type="checkbox"/> Aluminum NM |
| <input type="checkbox"/> Gooseneck | | DISTRIBUTION PANEL: | | <input type="checkbox"/> Copper Clad Aluminum |
| | | <input type="checkbox"/> Fuses | | <input type="checkbox"/> Solder-dipped Copper |
| SERVICE SIZE: | | <input type="checkbox"/> Bulldog/Pushmatic | | |
| <input type="checkbox"/> 60 Amps | | <input type="checkbox"/> Breaker | | OUTLETS: |
| <input type="checkbox"/> 100 Amps | | | | <input type="checkbox"/> Tested Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> 125 Amps | | AUXILIARY PANELS: | | <input type="checkbox"/> All Tested good <input type="checkbox"/> |
| <input type="checkbox"/> 150 Amps | | <input type="checkbox"/> Fuses | | <input type="checkbox"/> SeeNotes for Issues <input type="checkbox"/> |
| <input type="checkbox"/> 200 Amps | | <input type="checkbox"/> Breakers | | <input type="checkbox"/> Mixed Grounded & Ungrounded |
| LIMITATIONS: | Not Tested/Removed | Not Accessible | Not Visible | |
| System Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuse Blocks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Main Service /Combination Panel Cover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Needs Correction:

circuit breaker in the electrical panel that is overheating & needs attention. This was discovered during the infrared inspection of the electrical panel. Please have a licensed Electrical contractor repair or replace the circuit breaker.

The Outlet in the bathroom needs to be changed to a GFCI.

Replacement:

Notes:



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Heating

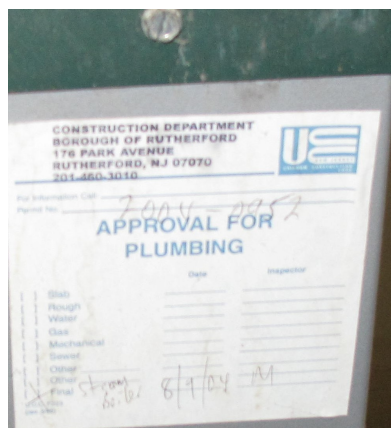
| | | | | |
|---|------------------------------|--|--------------------------|---|
| FUEL: | | CHIMNEY LINER: | | EFFICENCY: |
| <input type="checkbox"/> Gas | | <input type="checkbox"/> None | | <input type="checkbox"/> Conventional ~60% |
| <input type="checkbox"/> Oil | | <input type="checkbox"/> Clay | | <input type="checkbox"/> High~>88% |
| <input type="checkbox"/> Electricity | | <input type="checkbox"/> Cement | | <input type="checkbox"/> Mid |
| <input type="checkbox"/> Wood | | <input type="checkbox"/> Required | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Combination | | <input type="checkbox"/> Not Required | | |
| <input type="checkbox"/> Oil-To-Gas Conversion | | <input type="checkbox"/> Metal | | CAPACITY: |
| <input type="checkbox"/> Electricity Radiant Heat | | <input type="checkbox"/> Not Applicable | | <input type="checkbox"/> Input/Output (K BTU/Hr): |
| <input type="checkbox"/> Hot Water Radiant heat | | <input type="checkbox"/> Not Visible | | |
| <input type="checkbox"/> Forced Air Conversion | | <input type="checkbox"/> Required for Conversion/Upgrade | | |
| <input type="checkbox"/> Heat Recovery Ventilator | | | | |
| <input type="checkbox"/> Steam Boiler | | | | |
| LIMITATIONS: | Inspected and Working | Inspected and Not Working | Not Inspected | No Access/Concealed |
| Data Plate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| System Off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AC or Heat Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat Exchangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oil Tank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chimney Clean-Out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chimney Liner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Circulating Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiator/Zone Valves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Humidifier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic Air Filter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar Heating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTES: | | | | |

Notes : ___ Vj g"j gc vpi "u{ ugo is a gas fired hot water boiler. It included the pressure relief valve & proper piping to the bottom of the furnace approx 6 inch from floor. The home has steam radiators throughout the house. The heating system was off at this time as would be proper. The unit also has a proper clean out leg in the gas line , overflow & drain pipe.

Replacement:

Notes:

Boiler approval by Town 8/1/04





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Insulation / Ventilation

| Existing (R-Value/Depth) | Main Attic | 2 nd Attic | 3 rd Attic | Main Flat | 2 nd Flat | Cathedral | Knee Walls | Wood-Frame Walls | Wood-Frame Walls (Addition) | Masonry Walls | Masonry Walls | Basement Walls | Crawl Space Walls | Crawl Space (Floor above) | Floor Above Porch | Log Walls |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| Not Accessible/Visible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Glass Fiber | | | | | | | | | | | | | | | | |
| Mineral Wool | | | | | | | | | | | | | | | | |
| Cellulose | | | | | | | | | | | | | | | | |
| Vermiculite | | | | | | | | | | | | | | | | |
| Wood Shavings | | | | | | | | | | | | | | | | |
| Plastic/Foam Board | | | | | | | | | | | | | | | | |

| Air/Vapor Barrier | Roof Ventilation | Crawl Space Ventilation | Limited or Restricted Access |
|---|---|--|--|
| <input type="checkbox"/> Plastic/Polyethylene | <input type="checkbox"/> Ridge Vent | <input type="checkbox"/> Wall Vent(s) | <input type="checkbox"/> Crawl Space |
| <input type="checkbox"/> Kraft paper | <input type="checkbox"/> Roof Vent | <input type="checkbox"/> Into Basement | <input type="checkbox"/> Attic – |
| <input type="checkbox"/> Not Visible | <input type="checkbox"/> Gable Vent(s) | <input type="checkbox"/> None Found | <input type="checkbox"/> Knee Wall Areas – |
| <input type="checkbox"/> None Found | <input type="checkbox"/> Soffit Vent | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Floor Space – |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Turbine Vent | | <input type="checkbox"/> Attic Viewed From |
| | <input type="checkbox"/> None Found | | <input type="checkbox"/> Crawl Space |
| | <input type="checkbox"/> Power Ventilator | | <input type="checkbox"/> Power Ventilator |

Needs Correction:

_Text here_____

Replacement:

Notes:

The attic space was visible from the hatch which was undersized at 18 X 20 approx. The visible inspection from the hatch with a ladder was conducted & showed loose mineral wool insulation



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Plumbing

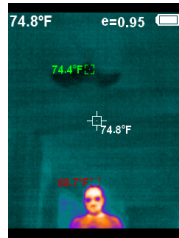
| | | | | | |
|---|--|--|----------------------------|--|--|
| SERVICE PIPE INTO HOUSE: | | WATER FLOW PRESSURE: | | WASTE PIPING IN HOUSE: | |
| <input type="checkbox"/> Lead | | <input type="checkbox"/> Functional | | <input type="checkbox"/> Galvanized Steel | |
| <input type="checkbox"/> Copper | | <input type="checkbox"/> Above Average | | <input type="checkbox"/> Cast iron | |
| <input type="checkbox"/> Plastic | | <input type="checkbox"/> Below Average | | <input type="checkbox"/> Plastic | |
| <input type="checkbox"/> Galvanized Steel | | | | <input type="checkbox"/> Lead | |
| <input type="checkbox"/> Not Visible | | | | <input type="checkbox"/> Copper | |
| | | WATER HEATER: | | | |
| | | <input type="checkbox"/> Combination System | | | |
| SUPPLY PIPING IN HOUSE: | | <input type="checkbox"/> Conventional | | OTHER SYSTEMS: | |
| <input type="checkbox"/> Galvanized Steel | | <input type="checkbox"/> Induced Draft/Fan Assisted | | <input type="checkbox"/> Solid Waste/Ejector Pump | |
| <input type="checkbox"/> Plastic | | <input type="checkbox"/> Tankless/Indirect/Instantaneous | | <input type="checkbox"/> Sump Pump | |
| <input type="checkbox"/> Copper | | <input type="checkbox"/> Electric | | <input type="checkbox"/> Laundry Tub Pump | |
| <input type="checkbox"/> Brass | | <input type="checkbox"/> Gas | | | |
| <input type="checkbox"/> Not Visible | | <input type="checkbox"/> Oil | | Main Water Shut-off: <input type="checkbox"/> | |
| | | <input type="checkbox"/> High Efficiency-Side Vented | | Main Gas Shut-off: <input type="checkbox"/> | |
| <input type="checkbox"/> Public supply <input type="checkbox"/> Well Supply | | <input type="checkbox"/> Tank Capacity: | | | |
| LIMITATIONS: | Inspected and/or Working | Not Inspected | Not Visible or NONE | | |
| Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Septic System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Water Treat. Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Main Shut-off Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Tub/Sink Overflows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Fixtures Not Tested/Not in Service: | <input type="checkbox"/> Water Heater <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Shower <input type="checkbox"/> Basin <input type="checkbox"/> Bathtub <input type="checkbox"/> Hot Tub <input type="checkbox"/> Whirlpool Bath <input type="checkbox"/> Sauna <input type="checkbox"/> Bidet <input type="checkbox"/> Laundry Tub | | | | |

Notes:

Replacement:



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Interior

| | | | | | | | |
|--|------------------------------|----------------------------------|--------------------------|--|---------------|---|--|
| MAJOR WALL FINISHES: | | | | MAJOR CEILING FINISHES: | | WINDOWS Type & Tested | |
| <input type="checkbox"/> Plaster | | | | <input type="checkbox"/> Plaster | | <input type="checkbox"/> Single/Double Hung | |
| <input type="checkbox"/> Drywall | | | | <input type="checkbox"/> Drywall | | <input type="checkbox"/> Casement | |
| <input type="checkbox"/> Paneling | | | | <input type="checkbox"/> Acoustic Tile | | <input type="checkbox"/> Sliders | |
| <input type="checkbox"/> Brick/Stone | | | | <input type="checkbox"/> Suspended Tile | | <input type="checkbox"/> Awning | |
| <input type="checkbox"/> Concrete/Concrete Block | | | | <input type="checkbox"/> Metal | | <input type="checkbox"/> Fixed | |
| <input type="checkbox"/> Stucco/Texture/Stipple | | | | <input type="checkbox"/> Stucco/textured/Stipple | | <input type="checkbox"/> Skylights | |
| FIREPLACES: | | | | <input type="checkbox"/> Wood | | <input type="checkbox"/> Solariums | |
| <input type="checkbox"/> Masonry | | | | PARTY (Fire) WALLS: | | GLAZING: | |
| <input type="checkbox"/> Zero Clearance | | | | <input type="checkbox"/> Masonry | | <input type="checkbox"/> Single | |
| <input type="checkbox"/> Insert | | | | <input type="checkbox"/> Wood Frame | | <input type="checkbox"/> Double | |
| <input type="checkbox"/> Gas | | | | <input type="checkbox"/> None in Attic | | <input type="checkbox"/> Triple | |
| <input type="checkbox"/> Coal | | | | <input type="checkbox"/> Not Visible/Accessible | | <input type="checkbox"/> Primary Plus Storm | |
| <input type="checkbox"/> Roughed-In | | | | | | | |
| <input type="checkbox"/> Non-Functional | | | | | | | |
| <input type="checkbox"/> Wood Stove | | | | | | | |
| <input type="checkbox"/> None | | | | | | | |
| LIMITATIONS: | Inspected and Working | Inspected and Not Working | Not Inspected | Finished/Concealed | NOTES: | | |
| CO Detectors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Security Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Intercoms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Central vacuum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Chimney Flues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Chimney Draw | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Elevators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Needs Correction:

Replacement:

Notes:



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AC / Cooling / Heating

| | | | | | |
|--|------------------------------|----------------------------------|--|----------------------------|---------------|
| AIR CONDITIONING: | | | Energy Source : | | NOTES: |
| <input type="checkbox"/> Air Cooled | | | <input type="checkbox"/> Heat <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Elec <input type="checkbox"/> other | | |
| <input type="checkbox"/> Water Cooled | | | <input type="checkbox"/> Air <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Elec <input type="checkbox"/> other | | |
| <input type="checkbox"/> Window Unit Systems | | | | | |
| <input type="checkbox"/> Gas Chiller | | | OTHER SYSTEMS: | | |
| | | | <input type="checkbox"/> House Fan | | |
| HEAT PUMP: | | | <input type="checkbox"/> Evaporative Cooler One Speed | | |
| <input type="checkbox"/> Air Source | | | <input type="checkbox"/> Evaporative Cooler Two Speed | | |
| <input type="checkbox"/> Auxiliary Heat | | | | | |
| <input type="checkbox"/> Ground/Water Source | | | | | |
| <input type="checkbox"/> Independent Unit | | | | | |
| | | | | | |
| LIMITATIONS: | Inspected and Working | Inspected and Not Working | Not Inspected | No Access/Concealed | |
| Data Plate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| System Off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Outdoor Coil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Outdoor Temp. Prevented Operation | | | | | |
| Cooling Mode Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heating Mode Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heat Gain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| House Fan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Window AC Unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Summary: The Overall home was maintained. The following is a list along with a guide to the type of issue: LS= Life safety -- H2O =Potential Water Issue

- Electrical Breaker Overheating -----
- Co2 Detector in the living room -----
- Fire alarm wired to electrical system-----
- Railing Repair on Front Stairs-----
-

A) The initial purpose of the Quick Report or Pre-Listing Home inspection is to help the homeowner evaluate what is in need of Correction, replacement & or what conditions exist that are dangerous or of a life safety issue before the sales or listing of the home. The Quick report is a Fast Paced inspection walk-through with check Off report & Minimal pictures. **Initial Price\$ 299_____**

B) Initial for Optional ---Radon-\$169____ :Infrared Camera use-\$95____ : Tank Sweep-\$235____ WDI-\$125_____

C) **SCOPE OF INSPECTION** The purpose of the inspection is to report the general condition of the home and identify and disclose major defects and deficiencies of the inspected systems or and components which existed at the time of the inspection and which are evident to the inspector upon ordinary visual observation. Minor and cosmetic defects may be listed in the report for maintenance purposes, but it is not the intent, nor will the inspection report identify and list all minor and cosmetic defects. 2 The inspection is intended to evaluate systems and components of the primary premises. Included with the inspection is the evaluation of primary attached garages/carports/decks/porches/patios. The inspection does not include evaluation of detached garages/carports/patios/decks or other structures unless explicitly specified. The client is encouraged to accompany the inspector during the inspection. Client participation shall be at the client's risk for personal injury or damage to person or property for any reason or from any cause. The inspection and report are performed and prepared for the sole, confidential, and exclusive use and possession of the client(s). The inspection report is not transferable. Systems and components to be inspected include exposed and visible foundations and structures, exteriors, roofing, plumbing, electrical, attic, interiors, bathrooms and kitchen, basement and crawlspaces, heating and central air conditioning, and garage or carport. **LIMITS OF THE INSPECTION** The inspection is limited to the readily accessible and visible systems, equipment and components of the home. The inspector will not dismantle and/or move equipment, systems, furniture, appliances, floor coverings, finished or fastened surfaces or components, personal property or other items to conduct this inspection or otherwise to expose concealed or inaccessible conditions. The inspection will not include destructive testing of any kind.

Customer _____ E Mail_____

Address

City State Zip Date

Permission to E Mail Yes or No Names of People _____
2ND:_____ 3RD:_____

Customer Signature: _____ Date_____

Checkpoint Signature: _____ Date _____ Version 21521-V1