

Report Identification _____

Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachments. If an item is present in the property but is not inspected, the “NI” column will be checked and an explanation is necessary. Comments may be provided by the inspector whether or not an item is deemed in need of repair.

I= Inspected NI= Not Inspected NP= Not Present R= Not Functioning or In Need of Repair

I ***NI*** ***NP*** ***R*** ***Inspection Item***

I. STRUCTURAL SYSTEMS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Foundations (If all crawl space areas are not inspected, provide an explanation.)
<i>Comments (An opinion on performance is mandatory)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Grading and Drainage
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Roof Covering (If the roof is inaccessible, report the method used to inspect.)
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Roof Structure and Attic (If the attic is inaccessible, report the method used to inspect.)
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Walls (Interior and Exterior)
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. Ceilings and Floors
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Doors (Interior and Exterior)
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Windows
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I. Fireplace/Chimney
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Porches, Decks and Carports (Attached)
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K. Other
<i>Comments</i> |

II. ELECTRICAL SYSTEMS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Service Entrance and Panels
<i>Comments</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.)
<i>Comments</i> |

<i>I</i>	<i>NI</i>	<i>NP</i>	<i>R</i>	<i>Inspection Item</i>
III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Heating Equipment <i>Type and Energy Source:</i> <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Cooling Equipment <i>Type and Energy Source:</i> <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Ducts and Vents <i>Comments</i>
IV. PLUMBING SYSTEM				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Water supply System and Fixtures <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Drains, Wastes, Vents <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Water Heating Equipment (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.) <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Hydro-Therapy Equipment <i>Comments</i>
V. APPLIANCES				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Dishwasher <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Food Waste Disposer <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Range Hood <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Ranges/Ovens/Cooktops <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Microwave Cooking Equipment <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Trash Compactor <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Bathroom Exhaust Fans and/or Heaters <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Whole House Vacuum Systems <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Garage Door Operators <i>Comments</i>

Willis - Land Usage

<i>I</i>	<i>NI</i>	<i>NP</i>	<i>R</i>	<i>Inspection Item</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Door Bell and Chimes <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Dryer Vents <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. Other Built-In Appliances <i>Comments</i>
VI. OPTIONAL SYSTEMS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Lawn Sprinklers <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Swimming Pools and Equipment <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Outbuildings <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Outdoor Cooking Equipment <i>Energy Source</i> <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Gas Lines <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Water Wells (A coliform analysis is recommended.) <i>Type of Pump:</i> <i>Type of Storage Equipment:</i> <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Septic Systems <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Security Systems <i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Fire Protection Equipment <i>Comments</i>

(Ord. 06-0321, passed 3-21-2006)