



National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,



Sunday, September 07, 2008

Inspector

Paul Reichle

636-358-0111

npi_paul_reichle@centurytel.net

ASHI #245478

" Independently Owned and Operated "

Inspection Date :
9/7/2008

Inspector: Paul Reichle
Inspector Phone: 636-358-0111
866-506-1737 Fax

Email or Web Site: npi_paul_reichle@centurytel.net
ASHI #245478



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Sample Report , 123 Any Street, Anytown, USA,

INVOICE # : 2078

Inspection Date : 9/7/2008 12:58 PM

National Property Inspections
PO Box 538
Troy Mo 63379

Paid Payment Method : Personal Check

Client Name : **Sample Report**
Property Location : **123 Any Street**
 Anytown USA

Billing Address :

Client Phone :
Client Email :

TYPE OF INSPECTIONS PERFORMED

| | | |
|---|---------------------------|---------------|
| General Home Inspection | | \$0.00 |
| 3rd Party Wood Destroying Insect Inspection | | \$0.00 |
| Radon Testing | | \$0.00 |
| Well & Septic Inspection | | \$0.00 |
| | Subtotal | \$0.00 |
| | Total | \$0.00 |
| | | |
| | | |
| | Grand Total | \$0.00 |
| | <i>(Due Upon Receipt)</i> | |

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GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

| | |
|--|---|
| Property Occupied : Yes | Property Faces : <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West |
| Estimated Age Of Property : 15 | Weather : Sunny Temperature : 84 F |
| Type of Property : <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multi | Soil Conditions : <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Damp <input type="checkbox"/> Snow <input type="checkbox"/> Frozen |
| Primary Construction : <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Brick | Persons Present : <input checked="" type="checkbox"/> Buyer <input type="checkbox"/> Seller <input checked="" type="checkbox"/> Buyer's Agent <input type="checkbox"/> Seller's Agent |

DEFINITIONS :

Below are listed the definitions used throughout the report to describe each feature of the property.

| | |
|---------------------------|---|
| ACC (ACCEPTABLE) | The item/system was performing its intended function at the time of the inspection. |
| MAR (MARGINAL) | The item/system was marginally acceptable. <i>(It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.)</i> |
| NI (NOT INSPECTED) | The item/system was not inspected due to safety concerns, inaccessibility and/or concealment or seasonal conditions. |
| NP (NOT PRESENT) | The item/system does not exist or was visually concealed at the time of the inspection. |
| DEF (DEFECTIVE) | The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection. |

SCOPE OF THE INSPECTION :

National Property Inspections wishes to remind you, every property requires a certain amount of ongoing maintenance, such as, unclogging drains, servicing of furnaces, air conditioners, water heaters, etc. This property will be no exception. It is suggested that you budget for regular maintenance/repairs.

The following report is based on visual inspection only of the accessible areas of this property. Please read and study the entire report carefully. The following items may be of special interest.

Home inspection has been performed per ASHI Standards of Practice and Code of Ethics. Equipment used during inspection may include, but not limited to: TIF 8800 Combustible Gas Detector, IDEAL SureTest Arc Receptacle Tester, Aquant Protimeter for moisture testing, Raytek MiniTemp Noncontact Thermometer, GB Circuit Alert, GB GET-206 Voltage Tester, UEi Pocket Thermometer

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| | | |
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This home is a 2 story built on a basement foundation. Walls are 2 x 4 wood construction with F/G batt type insulation. Based on the nature of the findings, every effort has been made to provide a comprehensive overview relative to this structure. However, minor details may have been inadvertently overlooked. We sincerely regret any inconvenience these oversights may cause.

All recommendations and/or referrals within this Inspection Report for repair, replacement, and/or evaluation stated in the specific sections of this report are recommended to be completed by specifically licensed contractors with respect to the individual component being addressed for repair, replacement or evaluation prior to the close of escrow.

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GRADING / DRAINAGE

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Near Level Positive Slope Negative Slope Ponding

Comments : Good drainage around home.

DRIVEWAY

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Concrete Asphalt Brick Gravel
 General Deterioration Cracks Settlement

Comments : Drive is concrete in good condition for age of home.



WALKS / STEPS

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Concrete Flagstone Brick Wood
 General Deterioration Handrail Loose / Missing Cracks / Settlement Tripping Hazard
 Poor Earth / Wood Clearance

Comments : Sidewalks are concrete in good condition for age of home.

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PORCHES / STOOPS

Monitor Condition

| ACC | MAR | NI | NP | DEF |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Recommend Repairs

Enclosed

Open

General Deterioration

Settlement

Poor Earth / Wood Clearance

Handrail Loose / Missing

Comments : Concrete front porch in good condition.



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DECKS / BALCONY

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Wood
- General Deterioration
- Needs Joist Hangers
- Defective Posts / Boards
- Not Bolted To House
- No Footings Evident
- Railing / Handrail Loose
- Poor Earth / Wood Clearance
- Rail Opening Unsafe

Comments : Rear deck is treated wood in good condition. Recommend stain/seal annually to preserve material.



FENCES / GATES

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Wood
- Wrought Iron
- General Deterioration
- Needs Repairs
- Plastic / PVC
- Leaning
- Chain Link
- Rotting
- Masonry
- Portion(s) Missing

Comments : Wood fence is in good condition. Recommend power washing and stain/seal annually to preserve material.

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RETAINING WALLS

Monitor Condition

Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sides | <input type="checkbox"/> Driveway | <input type="checkbox"/> Front | <input checked="" type="checkbox"/> Rear |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Block | <input checked="" type="checkbox"/> Timber | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Brick | | | |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Weep Holes Needed | <input type="checkbox"/> Cracks | <input type="checkbox"/> Leaning |

Comments : Wood timber retaining wall in the rear yard in good condition.



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ROOFING

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|---------|---|--|---|---------------------|
| Age : 8 | Year(s) | Design Life : 25 | Year(s) | Layers : 1 | 100% Visible |
| <input checked="" type="checkbox"/> Visual From Ground | | <input type="checkbox"/> Walked On | <input type="checkbox"/> Ladder at Eaves | <input type="checkbox"/> Snow Covered | |
| <input checked="" type="checkbox"/> Asphalt / Composition | | <input type="checkbox"/> Wood Shake | <input type="checkbox"/> Wood Shingle | <input type="checkbox"/> Tile | |
| <input type="checkbox"/> Tar and Gravel | | <input type="checkbox"/> Metal | <input type="checkbox"/> Rolled Composition | <input type="checkbox"/> Slate | |
| <input type="checkbox"/> Membrane | | | | | |
| <input type="checkbox"/> Suspected Leak(s) | | <input type="checkbox"/> Missing Shingle(s) | <input type="checkbox"/> Cupping/Curling/Lifting/Brittle | <input type="checkbox"/> Previous Repairs Noted | |
| <input type="checkbox"/> Excessive Granular Loss | | <input type="checkbox"/> Bubbling | <input type="checkbox"/> Trim Trees / Branches | <input type="checkbox"/> Improper Installation | |

Comments : Leaks not always detectable.

Composite shingles over 1/2" thick wood sheathing.
All penetrations such as plumbing vents are correctly flashed and sealed.



FLASHING/VALLEYS

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--|--|
| <input type="checkbox"/> Metal | <input checked="" type="checkbox"/> Composition / Membrane | |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Rust | <input type="checkbox"/> Improper Installation |
| <input type="checkbox"/> Exposed Nails | <input type="checkbox"/> Previous Repairs Noted | <input type="checkbox"/> Filled with Debris |
| | | <input type="checkbox"/> Suspected Leak(s) |

Comments : Valley is composite shingle construction.

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CHIMNEY

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Brick / Masonry | <input checked="" type="checkbox"/> Framed | <input checked="" type="checkbox"/> Metal | |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Deteriorated / Missing Cap | <input type="checkbox"/> Improper Height |
| <input type="checkbox"/> Separated from House | <input type="checkbox"/> Unlined | <input type="checkbox"/> Deteriorated Brick / Mortar | <input type="checkbox"/> Out of Plumb |

Comments : Flue not inspected. Annual cleaning is recommended.

Framed metal chimney for wood burning fireplace on main level with gas logs installed. Proper rain cap and spark arrestor screen installed.



| | | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input checked="" type="checkbox"/> Recommend Repairs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|--|---|--------------------------------|
| <input checked="" type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | <input type="checkbox"/> Steel | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Missing | <input type="checkbox"/> Rust / Corroded | <input type="checkbox"/> Leaking | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Filled with Debris | <input checked="" type="checkbox"/> Misaligned | <input type="checkbox"/> Missing Extension / Splash Block | |

Comments : Misaligned downspouts to drain pipe on the North East corner and the South West corner. Align properly to prevent water along the foundation.

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EXTERIOR SURFACE

Monitor Condition Recommend Repairs

| | ACC | MAR | NI | NP | DEF |
|---|-------------------------------------|-------------------------------------|--|--------------------------|----------------------------------|
| SIDING/TRIM | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXTERIOR FAUCETS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXTERIOR ELECTRICAL OUTLETS <input type="checkbox"/> NO GFCI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXTERIOR LIGHTING | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wood | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Vinyl | <input type="checkbox"/> | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Synthetic Stucco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Veneer | <input type="checkbox"/> | <input type="checkbox"/> Brick |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Missing / Loose | <input type="checkbox"/> | <input type="checkbox"/> Cracked |
| <input checked="" type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Poor Earth / Siding Clearance | | |

Comments : Vinyl siding in good condition.

Seal wall penetration for sump pump discharge pipe to prevent weather and insect intrusion.



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WINDOWS

- Monitor Condition
- Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|---|--|
| <input type="checkbox"/> Wood | <input checked="" type="checkbox"/> Vinyl | <input type="checkbox"/> Metal |
| <input checked="" type="checkbox"/> Insulated Panes | <input type="checkbox"/> Single Pane | <input type="checkbox"/> Window Wells |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Defective / Damaged Storm Windows |
| <input type="checkbox"/> Needs Paint / Finish | <input checked="" type="checkbox"/> Fogged | <input type="checkbox"/> Painted Shut |

Comments : Windows are insulated pane vinyl tilt-in type. All windows are OK and worked as designed except as noted.

Approx 6-8 windows thru out the home are showing early signs of leaking seals in the upper sash. Also the fixed panel in the Master Bathroom. I recommend repairs as needed by a qualified window contractor.



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EXTERIOR DOORS

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Wood Metal Vinyl Fiberglass
 General Deterioration Delaminated / Damaged Missing / Damaged Hardware Doorbell Inoperative
 Screen / Storm Door Damaged Evidence of Leak(s) Repair/Replace Weather-Strip Needs Caulk / Seal

Comments : Recommend changing all exterior door locks after moving into home.

FOUNDATION

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Concrete Block Concrete Slab Post / Pier
 Brick Stone Wood Sub-Grade Entryway
 General Deterioration Horizontal Cracks Step Cracks Vertical Cracks
 Limited Observation Needs Caulk / Seal Trim Vegetation

Comments : 8" thick minimum poured concrete walls on concrete footings.
Limited visibility inside the basement due to drywall walls.

GARAGE/CARPORT

Monitor Condition Recommend Repairs

- Attached Detached Carport
 One Car Two Cars Three or More Cars

FLOOR/WALLS/CEILING/ELECTRICAL

ROOF

SIDING/TRIM

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- General Deterioration Settlement / Movement Obscured / Limited View Cracked
 Outlets NOT GFCI Protected Electrical Deficiencies

Comments : Ceiling structure in garage is supported by roof trusses.

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OVERHEAD GARAGE DOORS

of Openers : 1

- | | | |
|---|--|--|
| <input type="checkbox"/> Wood | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> Fiberglass |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Loose Track | <input checked="" type="checkbox"/> Repair / Replace Weather-Stripping |
| <input type="checkbox"/> Missing / Damaged Hardware | <input type="checkbox"/> Damaged / Inoperative | <input checked="" type="checkbox"/> Repair / Adjust Automatic Reverse |

Monitor Condition

Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments : Photo eye reverse works OK. Manual jam reverse does not operate properly. Recommend adjustment, repair or replacement of the opener by a qualified garage door technician. The rubber seal on the bottom of the overhead door is deteriorated and should be replaced.



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GARAGE PEDESTRIAN DOOR INTO HOUSE

- Monitor Condition
- Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Solid Core
- General Deterioration
- Non-Fire Rated Assembly
- Hollow Core
- Repair / Replace Weather-Stripping / Seal
- Metal

Comments : Metal insulated door from garage to inside home.

Attic / Roof

Method of Inspection

- Physical Entry
- Visual from Access
- No Access / Limited View
- 90 % Visible

ATTIC / ROOF FRAMING/SHEATHING

- Monitor Condition
- Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Trusses
- Broken Rafters / Trusses
- Rafters
- Deflection
- Plywood / Panel Board / Boards
- Water Stains / Suspected Leak(s)
- Delaminated

Comments : Leaks not always detectable.

Roof is constructed of engineered trusses.
 Interior walls are 2 x 4 wood frame construction.
 Exposed exterior wall is 2 x 4 wood with F/G batt type insulation.



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ATTIC / ROOF VENTILATION

| | | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input checked="" type="checkbox"/> Recommend Repairs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | |
|--|--|--|--------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Gable | <input type="checkbox"/> Ridge | <input checked="" type="checkbox"/> Soffit | <input type="checkbox"/> Static Vent | <input type="checkbox"/> Turbine |
| <input type="checkbox"/> Powered Vent | <input type="checkbox"/> Attic Fan | <input type="checkbox"/> Whole House Fan | <input type="checkbox"/> No Venting | |
| <input type="checkbox"/> Additional Vents Needed | <input type="checkbox"/> Obstructed Air Flow | <input checked="" type="checkbox"/> Clothes Dryer / Exhaust Fans Vented Into Attic | | |

Comments : No insulation or vapor retarders over garage area.
Proper venting into attic. No additional vents recommended.

Exhaust fan for both bathrooms on upper floor exit into attic space. Recommend going thru roof, route to gable vents, or to static vents to prevent moisture accumulation on roof sheathing.



ATTIC / ROOF INSULATION

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|---|----------------------------------|--|
| <input checked="" type="checkbox"/> Loose Fill | <input checked="" type="checkbox"/> Blanket | <input type="checkbox"/> Missing | <input type="checkbox"/> Uneven Distribution |
|--|---|----------------------------------|--|

Comments : Approx 13-15" of blown-in fiberglass insulation over finished living area.
6" Fiberglass batt type insulation on the sides of the vault ceiling.
All in good condition.

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ATTIC ELECTRICAL

| | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Open Splices / Junction Boxes

Comments : **Limited visibility due to obstructions. See Electrical Section for additional Information.**
 Unable to inspect any electrical components in the attic due to insulation cover.

Foundation

Foundation Type Basement Crawl Space Slab On Grade

FOUNDATION FRAMING SUPPORT

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General Deterioration Horizontal Cracks Step Cracks Vertical Cracks
 Limited Observation Leaning / Bowing Inadequate Ventilation Efflorescence / Suspected Leak(s)

Comments : Exterior wall is 2 x 4 wood with F/G batt type insulation.

FOUNDATION FLOOR/SLAB

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Concrete Wood
 Settlement Cracks Differential Obscured / Covered

Comments : 4" thick concrete slab in basement.
 Limited visibility due to floor covering.

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 866-506-1737 Fax



National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

SUMP/SUMP PUMP

- Monitor Condition
- Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Covered
- No Pump Present
- Dry at Time of Inspection

Comments: Sump had water in it. Pump motor worked when tested. Cover in place.



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Sample Report , 123 Any Street, Anytown, USA,

ELECTRICAL

Monitor Condition Recommend Repairs

SERVICE SIZE (Main Panel)

- 110 Volt (Nominal) 110 / 220 Volt (Nominal) 120 / 240 Volt (Nominal) 60 Amp 100 Amp
 125 Amp 150 Amp 200 Amp Undetermined

SERVICE SIZE (Sub Panel)

- 40 Amp 60 Amp 100 Amp Undetermined

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| SERVICE | <input type="checkbox"/> Overhead | <input checked="" type="checkbox"/> Underground | | | | | | | |
| ENTRANCE CABLE | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | | | | | | | |
| PANEL | <input checked="" type="checkbox"/> Breaker(s) | <input type="checkbox"/> Fuse(s) | <input type="checkbox"/> Combination | <input checked="" type="checkbox"/> Basement | | | | | |
| SUB-PANEL | <input type="checkbox"/> Breaker(s) | <input type="checkbox"/> Fuse(s) | <input type="checkbox"/> Combination | | | | | | |
| BRANCH CIRCUITS | <input type="checkbox"/> Solid Aluminum | <input checked="" type="checkbox"/> Copper | | | | | | | |
| BONDING/GROUNDING | | | | | | | | | |
| GFCI(IN PANEL)* | | | | | | | | | |
| ARC FAULT | | | | | | | | | |
| SMOKE DETECTORS* | | | | | | | | | |
| <input type="checkbox"/> Overfused | <input type="checkbox"/> Double Tapping | <input type="checkbox"/> Rust / Corrosion | <input type="checkbox"/> Insufficient Access | | | | | | |
| <input type="checkbox"/> Looses Connections | <input type="checkbox"/> No Main Disconnect | <input type="checkbox"/> Fuse / Breakers Incorrectly Sized | <input type="checkbox"/> Overheating / Scorching | | | | | | |
| <input type="checkbox"/> Improper Splices | <input type="checkbox"/> Open Knockouts | <input type="checkbox"/> Water Meter Not Jumpered | <input type="checkbox"/> Improper Ground | | | | | | |

Comments : ***Smoke Detectors / GFCI's checked with test button only. Monthly Test Recommended.**
 Wiring consists of romex type.



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Sample Report , 123 Any Street, Anytown, USA,

PLUMBING

Monitor Condition Recommend Repairs

Water Service : Water Public Water Private Water Off **Water Shut Off Location :** Basement
 Sewage Service : Sewage Public Sewage Private Fuel Off

| | ACC | MAR | NI | NP | DEF |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| SUPPLY <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> Polybutylene <input type="checkbox"/> PEX | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DRAINS <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Cast Iron <input type="checkbox"/> Copper | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EJECTOR PUMP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VENTS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- General Deterioration Improper Connections Low Flow Water Conditioner Not Part of Insp.
 Missing / Improper Cleanouts Suspected Leak(s) Improper Venting Water Hammer / Noise

Comments : Main utility line, septic systems and gray water systems are excluded from this Inspection.

Vents are PVC type with roof penetration.



WATER HEATER

Monitor Condition

Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Brand : **GE** Model : _____ Size : **50** Gallons
 Age : **8** Year(s) Design Life : **10-15** Year(s)

- Gas Electric Oil Solar Integral with Boiler
 Leaks Rust / Corrosion Improper Elevation Insulation Blanket Obstructs View
 Gas Leak Faulty Flue Connection At or Near Design Life Beyond Design Life
 Missing / Improper Pressure Relief Valve / Extension Seismically Strapped

Comments : The pressure relief valve is dripping. Repair by a qualified plumber is recommended.

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Sample Report , 123 Any Street, Anytown, USA,



LAUNDRY FACILITIES

Monitor Condition Recommend Repairs

| | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Location : Basement | ACC | MAR | NI | NP | DEF |
| UTILITY HOOKUPS <input type="checkbox"/> Gas (Dryer) <input checked="" type="checkbox"/> Electric (Dryer) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DRYER VENTS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LAUNDRY TUB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DRAIN | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments :

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National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

HEATING

Monitor Condition Recommend Repairs

Brand : **Comfort Maker**

Model : **GUI100A012IN**

BTUs : **100000**

| Age : 15 | Year(s) | Design Life : 20 | Year(s) | ACC | MAR | NI | NP | DEF |
|-----------------------------------|---------|-------------------------|---------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| OPERATION | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ABOVE GROUND STORAGE TANKS | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| HUMIDIFIER | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Forced Air | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Boiler / Hot Water | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Baseboard / Radiant | <input type="checkbox"/> Gravity | | |
| <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Air Source | <input type="checkbox"/> Water Source | | |
| <input type="checkbox"/> Rusted Heat Exchanger | <input type="checkbox"/> Unusual Flame Pattern | <input checked="" type="checkbox"/> Too Warm to Test | <input type="checkbox"/> Shut Down For Season |
| <input type="checkbox"/> Corroded / Leaking | <input type="checkbox"/> At or Near Design Life | <input type="checkbox"/> Beyond Design Life | |
| <input type="checkbox"/> Improper Temperature Rise | <input type="checkbox"/> Needs Normal Maintenance / Cleaning | | |
| <input type="checkbox"/> Missing / Improper Pressure Relief Valve Leaks | <input type="checkbox"/> Underground Storage Tank Not Part of Inspection | | |

Comments : **Heat Exchanger - Unable to detect cracks/holes without dismantling unit.**

Tested unit with A/C cycle, ran OK.
Too warm to test heat cycle.

The A/C condensate drain line was dripping. The line may be clogged. Recommend clean line monthly.

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DRAFT CONTROL/VENT

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Monitor Condition | ACC | MAR | NI | NP | DEF |
| <input type="checkbox"/> Recommend Repairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Metal Pipe
- Negative Slope
- Obstruction
- Leaks
- PVC
- Improper Size
- Loose Connection
- Improper Connection
- Inadequate Flue Clearance
- Inadequate / Marginal Combustion Air
- Excessive Corrosion / Perforation

Comments : Metal pipe for furnace and hot water heater are piped into a common flue pipe. Appeared OK at time of inspection.

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HEATING DISTRIBUTION

Monitor Condition Recommend Repairs

| | ACC | MAR | NI | NP | DEF |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| DISTRIBUTION | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BLOWER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CONTROLS/THERMOSTAT (CALIBRATIONS/TIMED FUNCTIONS NOT CHECKED.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CIRCULATOR PUMP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Ductwork | <input type="checkbox"/> Radiators | <input type="checkbox"/> Baseboard |
| <input type="checkbox"/> Rusted | <input type="checkbox"/> Dirty Filter | <input type="checkbox"/> Crushed / Disconnected Ducts <input type="checkbox"/> Noisy Blower |
| <input type="checkbox"/> Air Leaks Noted at Plenum / Duct Joints | <input type="checkbox"/> Circulator Pump Leaking / Noisy / Inoperable | |

Comments : Recommend change/clean furnace filter monthly for best performance of HVAC system.



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| | | |
|----------------------------|--|---|
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|----------------------------|--|---|



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AIR CONDITIONER

- Monitor Condition
- Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Brand : **Comfort Maker** Model : **AD036GD** Size : **3 Ton**
 Age : **15** Year(s) Design Life : **20** Year(s)

OPERATION

- Electric Gas
- Central Wall Evaporative Cooler
- Noisy Fan / Compressor Outside Unit Not Level Outside Temp Too Cold to Test Dirty/Damaged Condenser
- No Pad Under Unit No Outside Disconnect Remove Obstructions / Vegetation Rust / Corrosion
- At or Near Design Life Beyond Design Life Missing/Improper Condensate Line
- Window Units Not Inspected Damaged Suction Line Suspected Leak(s) / Clogged Condensate
- Temperature Differential Not Within Industry Standards Needs Normal Maintenance / Cleaning

Comments : Temperature differential within industry standards. 20 deg drop.
 Recommend scrape and paint the metal angle supports to prevent further rusting.



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KITCHEN

Monitor Condition Recommend Repairs

| | | | ACC | MAR | NI | NP | DEF |
|---|--|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| CEILING(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WALL(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOWS/TRIM | <input type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Inoperative | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOW SCREENS | <input type="checkbox"/> Missing | <input type="checkbox"/> Damaged | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FLOOR/FINISH | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTERIOR DOORS/HARDWARE | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEAT/AIR DISTRIBUTION | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNTERTOPS/CABINETS | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINK/FAUCET | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXHAUST FAN | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| STOVE TOP/OVEN | <input type="checkbox"/> Gas | <input checked="" type="checkbox"/> Electric | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| STOVE ANTI-TIP BRACKET | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| WATER PRESSURE/FLOW/DRAINAGE | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DISHWASHER/CROSS FLOW PROTECTION | <input type="checkbox"/> Leaking Seal | <input type="checkbox"/> Clogged Drain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| REFRIGERATOR | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MICROWAVE | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GARBAGE DISPOSAL | <input type="checkbox"/> Seized | <input type="checkbox"/> Noisy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments : Ceiling structure is supported by upper level floor joists.
 Wall structure is 2 x 4 wood construction covered with drywall.
 Dishwasher drain hose should be secured in manner to be above lowest sink level to prevent backflow of sink into dishwasher. Recommend attaching drain hose higher under sink.
 No anti-tip bracket installed for stove.



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National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

FAMILY ROOM

Monitor Condition Recommend Repairs

| | ACC | MAR | NI | NP | DEF |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOWS/TRIM <input checked="" type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FLOOR/FINISH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTERIOR DOORS/HARDWARE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL (RANDOM) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLOSET/STORAGE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEAT/AIR DISTRIBUTION | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BUILT IN SHELVING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| WET BAR <input type="checkbox"/> No GFCI Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| MISCELLANEOUS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments : Ceiling structure is supported by upper level floor joists.
Wall structure is 2 x 4 wood construction covered with drywall.

FIREPLACE

Monitor Condition

Recommend Repairs

| | ACC | MAR | NI | NP | DEF |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Wood Burning <input checked="" type="checkbox"/> Gas Log <input type="checkbox"/> Gas Starter <input type="checkbox"/> Fireplace Insert | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Masonry Firebox <input checked="" type="checkbox"/> Metal Firebox <input type="checkbox"/> Clean Out Trap | | | | | |
| <input type="checkbox"/> Damper Bent / Inoperable <input type="checkbox"/> Poor Drafting <input type="checkbox"/> Damaged Mortar / Firebrick | | | | | |
| <input type="checkbox"/> Damaged / Defective Doors <input type="checkbox"/> Missing Damper Stopper <input type="checkbox"/> Recommend Cleaning | | | | | |

Comments : Recommend annual cleaning - Fireplace design and soot / creosote buildup, in most cases, prevents view of chimney liner / cracks.

Fireplace is metal box type construction with metal flue and chimney. Gas logs in place worked as designed.



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National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

MAIN LEVEL HALL 1/2 BATHROOM

Monitor Condition Recommend Repairs

| | | | ACC | MAR | NI | NP | DEF |
|---|--|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| CEILING(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WALL(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOWS/TRIM | <input type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Inoperative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| WINDOW SCREENS | <input type="checkbox"/> Missing | <input type="checkbox"/> Damaged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FLOOR/FINISH | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTERIOR DOORS/HARDWARE | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEAT/AIR DISTRIBUTION | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNTERTOPS/CABINETS | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINK/FAUCET | <input type="checkbox"/> Leaking | <input type="checkbox"/> Cracked / Damaged | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOILET | <input type="checkbox"/> Loose at Base | <input type="checkbox"/> Runs Continuously | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TUB/SHOWER | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| JETTED TUB | <input type="checkbox"/> No Service Access | <input type="checkbox"/> No GFCI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TILE WORK/ENCLOSURE | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| EXHAUST FAN | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER PRESSURE/FLOW/DRAINAGE | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments : Ceiling structure is supported by upper level floor joists.
Wall structure is 2 x 4 wood construction covered with drywall.

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Sample Report , 123 Any Street, Anytown, USA,

UPPER LEVEL MASTER BATHROOM

Monitor Condition Recommend Repairs

| | | | ACC | MAR | NI | NP | DEF |
|---|---|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| CEILING(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WALL(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOWS/TRIM | <input checked="" type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Inoperative | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOW SCREENS | <input type="checkbox"/> Missing | <input type="checkbox"/> Damaged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FLOOR/FINISH | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTERIOR DOORS/HARDWARE | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEAT/AIR DISTRIBUTION | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNTERTOPS/CABINETS | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINK/FAUCET | <input type="checkbox"/> Leaking | <input type="checkbox"/> Cracked / Damaged | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOILET | <input type="checkbox"/> Loose at Base | <input type="checkbox"/> Runs Continuously | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TUB/SHOWER | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JETTED TUB | <input type="checkbox"/> No Service Access | <input type="checkbox"/> No GFCI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TILE WORK/ENCLOSURE | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXHAUST FAN | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER PRESSURE/FLOW/DRAINAGE | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments : Ceiling structure is supported by wood trusses.
 Wall structure is 2 x 4 wood construction covered with drywall.
 Tub faucet cover plate is not sealed to the wall. Position plate to prevent water intrusion behind the wall.



" Independently Owned and Operated "

Inspection Date :
9/7/2008

Inspector: Paul Reichle
 Inspector Phone: 636-358-0111
 866-506-1737 Fax

Email or Web Site: npi_paul_reichle@centurytel.net
 ASHI #245478



National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

UPPER LEVEL HALL BATHROOM

Monitor Condition Recommend Repairs

| | | | | | ACC | MAR | NI | NP | DEF |
|---|--|--|---------------------------------|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| CEILING(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WALL(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOWS/TRIM | <input type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Inoperative | <input type="checkbox"/> Fogged | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| WINDOW SCREENS | <input type="checkbox"/> Missing | <input type="checkbox"/> Damaged | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FLOOR/FINISH | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTERIOR DOORS/HARDWARE | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.) | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.) | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEAT/AIR DISTRIBUTION | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNTERTOPS/CABINETS | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINK/FAUCET | <input type="checkbox"/> Leaking | <input type="checkbox"/> Cracked / Damaged | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOILET | <input type="checkbox"/> Loose at Base | <input type="checkbox"/> Runs Continuously | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TUB/SHOWER | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JETTED TUB | <input type="checkbox"/> No Service Access | <input type="checkbox"/> No GFCI | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TILE WORK/ENCLOSURE | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXHAUST FAN | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER PRESSURE/FLOW/DRAINAGE | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments : Ceiling structure is supported by wood trusses.
Wall structure is 2 x 4 wood construction covered with drywall.

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866-506-1737 Fax

Email or Web Site: np_i_paul_reichle@centurytel.net
ASHI #245478



National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

BASEMENT BATHROOM

Monitor Condition Recommend Repairs

| | | | | ACC | MAR | NI | NP | DEF |
|---|--|--|---------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| CEILING(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WALL(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOWS/TRIM | <input type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Inoperative | <input type="checkbox"/> Fogged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| WINDOW SCREENS | <input type="checkbox"/> Missing | <input type="checkbox"/> Damaged | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FLOOR/FINISH | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTERIOR DOORS/HARDWARE | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.) | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.) | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEAT/AIR DISTRIBUTION | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNTERTOPS/CABINETS | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINK/FAUCET | <input type="checkbox"/> Leaking | <input type="checkbox"/> Cracked / Damaged | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOILET | <input type="checkbox"/> Loose at Base | <input type="checkbox"/> Runs Continuously | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TUB/SHOWER | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JETTED TUB | <input type="checkbox"/> No Service Access | <input type="checkbox"/> No GFCI | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TILE WORK/ENCLOSURE | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXHAUST FAN | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER PRESSURE/FLOW/DRAINAGE | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments : Ceiling structure is supported by main floor joists.
 Wall structure is 2 x 4 wood construction covered with drywall.

INTERIOR ROOM

Monitor Condition Recommend Repairs

| | | | | ACC | MAR | NI | NP | DEF |
|---|---|--------------------------------------|---------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CEILING(S) | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WALLS | <input type="checkbox"/> Typical Crack(s) | <input type="checkbox"/> Stain(s) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOWS/TRIM | <input checked="" type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Inoperative | <input type="checkbox"/> Fogged | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOW SCREENS | <input type="checkbox"/> Missing | <input type="checkbox"/> Damaged | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FLOOR/FINISH | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTERIOR DOORS/HARDWARE | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLOSET | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.) | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HEAT/AIR DISTRIBUTION | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments : Ceiling structure is supported by upper level floor joists on main floor and wood trusses on upper level.
 Wall structure is 2 x 4 wood construction covered with drywall.

MAIN STAIRS TO UPPER FLOOR

Monitor Condition

Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

" Independently Owned and Operated "

Inspection Date :
9/7/2008

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 Inspector Phone: 636-358-0111
 866-506-1737 Fax

Email or Web Site: np_i_paul_reichle@centurytel.net
 ASHI #245478



National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

- Missing Hand Rail
- Rail Opening Unsafe
- Railing / Handrail Loose
- Tripping Hazard
- Loose / Damaged Tread Riser

Comments : Open stairwell to upper level in good condition.



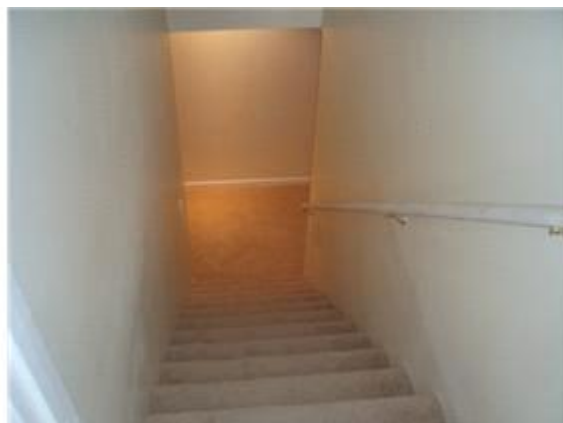
STAIRS TO BASEMENT

- Monitor Condition
- Recommend Repairs

| ACC | MAR | NI | NP | DEF |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Missing Hand Rail
- Rail Opening Unsafe
- Railing / Handrail Loose
- Tripping Hazard
- Loose / Damaged Tread Riser

Comments : Closed stairwell with handrailing and door at the top to lower finished level. All in good condition.



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National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

Marginal

Misaligned downspouts to drain pipe on the North East corner and the South West corner. Align properly to prevent water along the foundation.

EXTERIOR SURFACE

Siding/Trim

Marginal

Seal wall penetration for sump pump discharge pipe to prevent weather and insect intrusion.

WINDOWS

Marginal

Approx 6-8 windows thru out the home are showing early signs of leaking seals in the upper sash. Also the fixed panel in the Master Bathroom. I recommend repairs as needed by a qualified window contractor.

OVERHEAD GARAGE DOORS

Marginal

Photo eye reverse works OK. Manual jam reverse does not operate properly. Recommend adjustment, repair or replacement of the opener by a qualified garage door technician. The rubber seal on the bottom of the overhead door is deteriorated and should be replaced.

VENTILATION

Marginal

Exhaust fan for both bathrooms on upper floor exit into attic space. Recommend going thru roof, route to gable vents, or to static vents to prevent moisture accumulation on roof sheathing.

WATER HEATER

Marginal

The pressure relief valve is dripping. Repair by a qualified plumber is recommended.

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National Property Inspections

Sample Report , 123 Any Street, Anytown, USA,

HEATING

Operation

Marginal

The A/C condensate drain line was dripping. The line may be clogged. Recommend clean line monthly.

KITCHEN

Dishwasher/Cross Flow Protection

Marginal

Dishwasher drain hose should be secured in manner to be above lowest sink level to prevent backflow of sink into dishwasher. Recommend attaching drain hose higher under sink. No anti-tip bracket installed for stove.

UPPER LEVEL MASTER BATHROOM

Tub/Shower

Marginal

Tub faucet cover plate is not sealed to the wall. Position plate to prevent water intrusion behind the wall.

MAR (MARGINAL)

The item/system was marginally acceptable. (It performed its designed function as of the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.)

DEF (DEFECTIVE)

The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

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