

COMMISSIONER

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

WOOD-DESTROYING ORGANISMS INSPECTION REPORT

Rule 5E-14.142, F.A.C. Telephone Number (850) 617-7996

	SECTION 1 – GENER	AL INFORMATION
Inspection Company:		
National Property Inspections		Business License Number: HI12972
PO Box 1432 Company Address		Phone Number: <u>941-254-1583</u>
Ruskin, FL 33575 Company City, State and Zip Code		Date of Inspection: <u>11/09/2020</u>
Inspector's Name and Identification Ca	rd Number: Greg Suhre	HI12972/NACHI20040715
Address of Property Inspected: Add	dress	Print Name ID Card No.
Structure(s) on Property Inspected:	House	
Inspection and Report requested by:	Client Name	
Report Sent to Requestor and to:		Name and Contact Information
SECTION 2 INSD	CTION EINDINGS CONSUM	Name and Contact Information if different from above ERS SHOULD READ THIS SECTION CAREFULLY
 This report does not cover areas such as, but n articles, insulation or any portion of the struct. This property was not inspected for any fungi Individuals licensed to perform pest control ar health or indoor air quality issues related to an render such opinions. A wood-destroying on namely, termites, powder post beetles, or NOTE: This is NOT a structural damage INVESTIGATION BY QUALIFIED E. OF THE PROPERTY. Based on a visual inspection of access (See Page 2, Section 3 to determine with A. ☑ NO visible signs of WDO(s) B. □ VISIBLE evidence of WDO(s) 	ure in which inspection would necessitate remo other than wood-decaying fungi, and no opinio re not required, authorized or licensed to inspec by fungi. Persons concerned about these issues a organism (WDO) means an arthropod or old house borers, and wood-decaying fun- ge report. It should be understood that the XPERTS OF THE BUILDING TRADE assible areas, the following findings we hich areas of the inspected structure(s) in (live, evidence or damage) observed.	 sible, areas concealed by wall-coverings, floor coverings, furniture, equipment, stored wing or defacing any part of the structure. on on health related effects or indoor air quality is provided or rendered by this report. et or report for any fungi other than wood-destroying fungi, nor to report or comment on should consult with a certified industrial hygienist or other person trained and qualified to <i>r</i> plant life which damages and can reinfest seasoned wood in a structure, ngi. here may be damage, including possible hidden damage present. FURTHER SHOULD BE MADE TO DETERMINE THE STRUCTURAL SOUNDNESS ere observed: may have been inaccessible.)
1. LIVE WDO(s):	(Common Name of Organism and Loca	ation – use additional page if needed)
2. EVIDENCE of WDO(s) (dead		ts, frass, shelter tubes, exit holes, or other evidence):
	(Common Name, Description and Location - Des	cribe evidence – use additional page, if needed)
3. DAMAGE caused by WDO(s) was observed and noted as follows	
	(Common Name, Description and Location of all visible dan	nage – Describe damage – use additional page, if needed)

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

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

	SPECIFIC AREAS: REASON: <u>N/A</u>				
	BE LOON				
-	SPECIFIC AREAS: REASON: <u>N/A</u>	N/A			
SECTION 4 – NOTICE OF INSPECTION AND TREATMENT INFORMATION					
EVIDENCE of previous was observed:		Yes No If Yes, the structure exhibits ection notice. See photos. (State what visible evidence was observed to suggest possible previous to	-		
contacted for information on t A Notice of Inspection has	reatment history and an been affixed to the st				
If Yes: Common name of organism treated:					
Name of Pesticide Method of treatme	nt: Whole struc	Terms and Condition of Treats	n name of organism) ment:		
Specify Treatment Notice Location:					
	SECTIO	N 5 – COMMENTS AND FINANCIAL DISCLOS	URE		
Comments: No visible	signs of active WDO	at time of inspection.			
		r has any financial interest in the property inspecte other than for inspection purposes.	ed or is associated in any way in the		
Signature of Licensee or Agent:	hy stope	Date:	11/09/2020		
Address of Property Inspected:	Address	Inspection Date:	11/09/2020		

Photos







Dirt/Debris

