



Carlile Home & Property Services, Inc.
dba National Property Inspections

Sample Inspection Report, 123 Main St., Anytown, IL,



Tuesday, December 11, 2007
Inspector
Vic Carlile
815-935-0430
www.carlilehomeproperty.com
450.0000362

" Independently Owned and Operated "

Inspection Date :
12/11/2007

Inspector: Vic Carlile
Inspector Phone:
(815) 935-0430

Email or Web Site: www.carlilehomeproperty.com
450.0000362



Carlile Home & Property Services, Inc.
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Sample Inspection Report, 123 Main St., Anytown, IL,

INVOICE # : 868

Inspection Date : 12/11/2007 09:39 AM

Vic Carlile
 National Property Inspections
 5768 W 2000 N Rd.
 Bonfield IL 60913

Paid Payment Method : Personal Check

Client Name : **Sample Inspection Report**
 Property Location : **123 Main St.**
 Anytown IL

Billing Address :

Client Phone :
 Client Email :

TYPE OF INSPECTIONS PERFORMED

Home Inspection		\$300.00
	Subtotal	\$300.00
	Total	\$300.00
	Grand Total	\$300.00
	<i>(Due Upon Receipt)</i>	

This is a sample inspection and intended for use during any real estate transaction. Pictures are available by email upon request. We encourage the client to be present at the inspection but if that is not possible pictures are included in the report.

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to the individual component being addressed for repair, replacement or evaluation prior to the close of ESCROW.

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. The items identified within the report are not intended to reflect each and every possible maintenance issue/defect, but are merely intended to reflect the overall condition of the property.

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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 :

DRIVEWAY

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

- Concrete
 Asphalt
 Brick
 Gravel
 General Deterioration
 Cracks
 Settlement

Comments : Minor cracking noted of the driveway. This is a common condition of a large pour concrete slab of this type and age. The driveway slab is considered to be in good condition and performing as designed.

WALKS / STEPS

<input checked="" type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input checked="" 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 : Moderate cracking and settlement noted of the south walk. This is a normal condition for sidewalks of this age and condition.

PORCHES / STOOPS

<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"/>

- Enclosed
 Open
 General Deterioration
 Settlement
 Poor Earth / Wood Clearance
 Handrail Loose / Missing

Comments :

DECKS / BALCONY

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

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

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PATIO

 Monitor Condition

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

 Recommend Repairs

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

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Flagstone | <input type="checkbox"/> Brick | |
| <input type="checkbox"/> General Deterioration | <input checked="" type="checkbox"/> Cracks | <input checked="" type="checkbox"/> Settlement | <input type="checkbox"/> Slopes Toward House |

Comments : Minor cracking and settlement noted.

FENCES / GATES

 Monitor Condition

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

 Recommend Repairs

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

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Plastic / PVC | <input type="checkbox"/> Chain Link | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Wrought Iron | | | |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Leaning | <input type="checkbox"/> Rotting | <input type="checkbox"/> Portion(s) Missing |
| <input type="checkbox"/> Needs Repairs | | | |

Comments :

RETAINING WALLS

 Monitor Condition

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

 Recommend Repairs

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

- | | | | |
|--|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Sides | <input type="checkbox"/> Driveway | <input type="checkbox"/> Front | <input type="checkbox"/> Rear |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Block | <input 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 :

ROOFING

 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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- | | | | | | |
|---|---|--|---|-------------------|--|
| Age : 3-5 | Year(s) | Design Life : 18-20 | Year(s) | Layers : 1 | |
| <input type="checkbox"/> Visual From Ground | <input checked="" 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.

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

Comments :

SKYLIGHTS

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

- | | | | |
|---|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Fixed / Stationary | <input type="checkbox"/> Operable | <input type="checkbox"/> Fogged | <input type="checkbox"/> Cracked |
| <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Caulking Needed | | |

Comments :

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

Comments : Flue not inspected. Annual cleaning is recommended.

GUTTERS/DOWN SPOUTS

<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 checked="" type="checkbox"/> Filled with Debris | <input type="checkbox"/> Misaligned | <input type="checkbox"/> Missing Extension / Splash Block | |

Comments : The gutters on the north side of the house need to be cleaned.

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GARAGE/CARPORT

Monitor Condition Recommend Repairs

Attached Detached Carport

One Car Two Cars Three or More Cars

FLOOR/WALLS/CEILING/ELECTRICAL

ROOF

SIDING/TRIM

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

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

Comments :

OVERHEAD GARAGE DOORS

Monitor Condition

Recommend Repairs

of Openers : 1

Wood Metal Fiberglass
 General Deterioration Loose Track Repair / Replace Weather-Stripping
 Missing / Damaged Hardware Damaged / Inoperative Repair / Adjust Automatic Reverse

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

Comments : The north door will not stay open on its own. This may be a hazard because the door has the potential to come down and injure some one.

GARAGE PEDESTRIAN DOOR INTO HOUSE

Monitor Condition

Recommend Repairs

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

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

Comments : The pedestrian door to the garage has a hollow core door. This will not provide the necessary one hour fire rating. It is recommended that the pedestrian door be replaced with a solid core 1 hour rated self closing steel door as a safety precaution.

Attic / Roof

Method of Inspection

Physical Entry Visual from Access No Access / Limited View **100 % Visible**

ATTIC / ROOF FRAMING/SHEATHING

Monitor Condition

Recommend Repairs

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

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

Comments : Leaks not always detectable.

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ATTIC / ROOF VENTILATION

<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"/> Gable | <input checked="" 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 type="checkbox"/> Clothes Dryer / Exhaust Fans Vented Into Attic | | |

Comments :

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

Comments :

ATTIC ELECTRICAL

<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"/>

- Open Splices / Junction Boxes

Comments : Limited visibility due to obstructions. See Electrical Section for additional information.

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"/>

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Horizontal Cracks | <input type="checkbox"/> Step Cracks | <input type="checkbox"/> Vertical Cracks |
| <input type="checkbox"/> Limited Observation | <input type="checkbox"/> Leaning / Bowing | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Efflorescence / Suspected Leak(s) |

Comments :

FOUNDATION FLOOR/SLAB

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

- | | | | |
|-------------------------------------|---------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Wood | <input type="checkbox"/> Differential | <input type="checkbox"/> Obscured / Covered |
| <input type="checkbox"/> Settlement | <input type="checkbox"/> Cracks | | |

Comments :

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CRAWL SPACE

	<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"/> Physical Entry	<input type="checkbox"/> Visual From Access	<input type="checkbox"/> No Access	<input type="checkbox"/> Limited Access			
<input type="checkbox"/> Standing Water	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Suspected Water Intrusion	<input type="checkbox"/> Tree / Shrub Penetration			
<input type="checkbox"/> Damaged / Deteriorated Wood	<input type="checkbox"/> Suspected Plumbing Leak	<input type="checkbox"/> Missing / Improper Vapor Barrier				

Comments :

SUMP/SUMP PUMP

	<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
	<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Covered	<input type="checkbox"/> No Pump Present	<input type="checkbox"/> Dry at Time of Inspection				

Comments :

ELECTRICAL

	<input type="checkbox"/> Monitor Condition	<input checked="" type="checkbox"/> Recommend Repairs			
--	--	---	--	--	--

SERVICE SIZE (Main Panel)

<input type="checkbox"/> 110 Volt (Nominal)	<input type="checkbox"/> 110 / 220 Volt (Nominal)	<input type="checkbox"/> 120 / 240 Volt (Nominal)	<input type="checkbox"/> 60 Amp	<input type="checkbox"/> 100 Amp
<input type="checkbox"/> 125 Amp	<input type="checkbox"/> 150 Amp	<input type="checkbox"/> 200 Amp	<input type="checkbox"/> Undetermined	

SERVICE SIZE (Sub Panel)

<input type="checkbox"/> 40 Amp	<input type="checkbox"/> 60 Amp	<input type="checkbox"/> 100 Amp	<input type="checkbox"/> Undetermined
---------------------------------	---------------------------------	----------------------------------	---------------------------------------

SERVICE	<input checked="" type="checkbox"/> Overhead	<input type="checkbox"/> Underground	ACC	MAR	NI	NP	DEF
ENTRANCE CABLE	<input type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input type="checkbox"/> Breaker(s)	<input checked="" type="checkbox"/> Fuse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SUB-PANEL	<input type="checkbox"/> Breaker(s)	<input type="checkbox"/> Fuse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<input type="checkbox"/> Solid Aluminum	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDING/GROUNDING			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI(IN PANEL)*			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARC FAULT			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS*			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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.

The carbon monoxide detector does not have any batteries.

The main panel has double tapped fuses. It is improperly fused, and some of the circuit wires are not properly installed under the lugs. Recommend further evaluation and repair by a qualified electrician.

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PLUMBING

Monitor Condition Recommend Repairs

Water Service : Water Public Water Private Water Off **Water Shut Off Location :** Garage
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAINS <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Cast Iron <input checked="" type="checkbox"/> Copper <input type="checkbox"/> ABS	<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.

There is a leak at the shut off handle at the water meter.

WATER HEATER

Monitor Condition
 Recommend Repairs

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

Brand : State **Model :** **Size :** 40 Gallons
Age : 6 **Year(s)** **Design Life :** 8-10 **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 : Missing temperature relief valve extension.

LAUNDRY FACILITIES

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
UTILITY HOOKUPS <input type="checkbox"/> Gas (Dryer) <input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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HEATING

Monitor Condition Recommend Repairs

Brand : **Carrier**

Model :

BTUs :

Age : 25-30	Year(s)	Design Life : 18-20	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 checked="" type="checkbox"/>	<input 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 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.

The humidifier was not operating at the time of the inspection.
Furnace is past its design life. The furnace was performing as designed at the time of the inspection. Recommend service by a HVAC tech.

DRAFT CONTROL/VENT

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 checked="" type="checkbox"/> Metal Pipe | <input type="checkbox"/> PVC | |
| <input type="checkbox"/> Negative Slope | <input type="checkbox"/> Improper Size | <input type="checkbox"/> Inadequate Flue Clearance |
| <input type="checkbox"/> Obstruction | <input type="checkbox"/> Loose Connection | <input type="checkbox"/> Inadequate / Marginal Combustion Air |
| <input type="checkbox"/> Leaks | <input type="checkbox"/> Improper Connection | <input type="checkbox"/> Excessive Corrosion / Perforation |

Comments :

HEATING DISTRIBUTION

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
DISTRIBUTION	<input type="checkbox"/>	<input checked="" 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 checked="" 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 : Minor rusting of the plenum where the humidifier is installed was noted.

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Sample Inspection Report, 123 Main St., Anytown, IL,

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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MICROWAVE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GARBAGE DISPOSAL <input type="checkbox"/> Seized <input type="checkbox"/> Noisy <input type="checkbox"/> Improper Elec. Connection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments : The counter top at the stove top is not fire rated and has signs of previous overheating and scorching.
 The upper oven unit does not heat properly and could be a safety concern.

FAMILY 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"/>
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 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 :

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FIREPLACE

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Wood Burning | <input type="checkbox"/> Gas Log | <input type="checkbox"/> Gas Starter | <input type="checkbox"/> Fireplace Insert |
| <input type="checkbox"/> Masonry Firebox | <input 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.

BATHROOM

<input type="checkbox"/> Monitor Condition	<input type="checkbox"/> 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 type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperable <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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 :

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INTERIOR 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"/>
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 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 :

STAIRS / RAILINGS

Monitor Condition

Recommend Repairs

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Missing Hand Rail | <input type="checkbox"/> Rail Opening Unsafe | <input type="checkbox"/> Railing / Handrail Loose |
| <input type="checkbox"/> Tripping Hazard | <input type="checkbox"/> Loose / Damaged Tread Riser | |

Comments :

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Sample Inspection Report, 123 Main St., Anytown, IL,

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.

DRIVEWAY

Marginal

Minor cracking noted of the driveway. This is a common condition of a large pour concrete slab of this type and age. The driveway slab is considered to be in good condition and performing as designed.

WALKS / STEPS

Marginal

Moderate cracking and settlement noted of the south walk. This is a normal condition for sidewalks of this age and condition.

PATIO

Marginal

Minor cracking and settlement noted.

GUTTERS/DOWN SPOUTS

Marginal

The gutters on the north side of the house need to be cleaned.

EXTERIOR SURFACE

Siding/Trim

Marginal

Recommend caulking all junctions of brick and other building material to prevent water intrusion behind the brick.

WINDOWS

Marginal

Some of the windows need to be scraped, painted and glazed to prevent moisture from penetrating to the interior side of the window.

EXTERIOR DOORS

Defective

The front door will not latch properly. The lock does not set in the striker plate properly.

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Sample Inspection Report, 123 Main St., Anytown, IL,

OVERHEAD GARAGE DOORS

Marginal

The north door will not stay open on its own. This may be a hazard because the door has the potential to come down and injury some one.

GARAGE PEDESTRIAN DOOR INTO HOUSE

Marginal

The pedestrian door to the garage has a hollow core door. This will not provide the necessary one hour fire rating. It is recommended that the pedestrian door be replaced with a solid core 1 hour rated self closing steel door as a safety precaution.

ELECTRICAL

Panel

Defective

Smoke Detectors*

Defective

The carbon monoxide detector does not have any batteries.

The main panel has double tapped fuses. It is improperly fused, and some of the circuit wires are not properly installed under the lugs. Recommend further evaluation and repair by a qualified electrician.

PLUMBING

Supply

Defective

There is a leak at the shut off handle at the water meter.

WATER HEATER

Defective

Missing temperature relief valve extension.

HEATING

Operation

Marginal

Furnace is past its design life. The furnace was performing as designed at the time of the inspection. Recommend service by a HVAC tech.

HEATING DISTRIBUTION

Distribution

Marginal

Minor rusting of the plenum where the humidifier is installed was noted.

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Sample Inspection Report, 123 Main St., Anytown, IL,

KITCHEN

Countertops/Cabinets	Defective
Stove Top/Oven	Defective

The counter top at the stove top is not fire rated and has signs of previous overheating and scorching.
The upper oven unit does not heat properly and could be a safety concern.

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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