



Mr. Inside Out

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KITCHEN				REMARKS
CEILING				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> drywall / plaster	<input type="checkbox"/> concrete	<input type="checkbox"/> cracks	<input type="checkbox"/> not level	<input type="checkbox"/> advise small cosmetic repairs
<input type="checkbox"/> wood / paneling	<input type="checkbox"/> unfinished	<input type="checkbox"/> patched	<input type="checkbox"/> other damage	
<input type="checkbox"/> wallpaper	<input type="checkbox"/> other	<input type="checkbox"/> loose / peeling	<input type="checkbox"/> limited access	
<input type="checkbox"/> tiles	<input type="checkbox"/> nail pops	<input type="checkbox"/> stains/tested dry		
WALLS				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> drywall / plaster	<input type="checkbox"/> concrete	<input type="checkbox"/> cracks	<input type="checkbox"/> not level	<input type="checkbox"/> advise small cosmetic repairs
<input type="checkbox"/> wood / paneling	<input type="checkbox"/> unfinished	<input type="checkbox"/> patched	<input type="checkbox"/> other damage	
<input type="checkbox"/> wallpaper	<input type="checkbox"/> other	<input type="checkbox"/> loose / peeling	<input type="checkbox"/> limited access	
<input type="checkbox"/> vinyl	<input type="checkbox"/> nail pops	<input type="checkbox"/> stains/tested dry		
FLOOR				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> carpet	<input type="checkbox"/> concrete	<input type="checkbox"/> worn	<input type="checkbox"/> loose / peeling	<input type="checkbox"/> advise some repairs <input type="checkbox"/> soft sub-flooring
<input type="checkbox"/> wood	<input type="checkbox"/> unfinished	<input type="checkbox"/> soft flooring	<input type="checkbox"/> stains/tested dry	
<input type="checkbox"/> vinyl	<input type="checkbox"/> other	<input type="checkbox"/> cracks	<input type="checkbox"/> other damage	
<input type="checkbox"/> tiles	<input type="checkbox"/> not level	<input type="checkbox"/> patched	<input type="checkbox"/> limited access	
DOORS				Functional <input type="checkbox"/> no <input type="checkbox"/> yes
<input type="checkbox"/> entrance	<input type="checkbox"/> hinged	<input type="checkbox"/> other / bad seal	<input type="checkbox"/> missing hardware	<input type="checkbox"/> missing trim <input type="checkbox"/> limited access in closets
<input type="checkbox"/> patio	<input type="checkbox"/> bi-fold	<input type="checkbox"/> out of square	<input type="checkbox"/> missing	
<input type="checkbox"/> closet	<input type="checkbox"/> sliding	<input type="checkbox"/> binds	<input type="checkbox"/> other damage	
<input type="checkbox"/> pocket	<input type="checkbox"/> accordion	<input type="checkbox"/> off track	<input type="checkbox"/> not tested	
WINDOWS				Functional <input type="checkbox"/> no <input type="checkbox"/> yes
<input type="checkbox"/> double hung	<input type="checkbox"/> vinyl	<input type="checkbox"/> cracked pane	<input type="checkbox"/> out of square	<input type="checkbox"/> repairs to glass
<input type="checkbox"/> single hung	<input type="checkbox"/> metal	<input type="checkbox"/> bad seal	<input type="checkbox"/> recaulk / reglaze	
<input type="checkbox"/> casement	<input type="checkbox"/> wood	<input type="checkbox"/> broken sash cord	<input type="checkbox"/> other damage	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> sliding	<input type="checkbox"/> skylight	<input type="checkbox"/> missing hardware	<input type="checkbox"/> not tested	
<input type="checkbox"/> awning	<input type="checkbox"/> other	<input type="checkbox"/> painted shut	<input type="checkbox"/> limited access	
<input type="checkbox"/> thermal	<input type="checkbox"/> binds	<input type="checkbox"/> sealed		
ELECTRICAL				Functional <input type="checkbox"/> no <input type="checkbox"/> yes
<input type="checkbox"/> receptacles	<input type="checkbox"/> exhaust fan	<input type="checkbox"/> install GFCI	<input type="checkbox"/> other damage	<input type="checkbox"/> outlets - limited access to some <input type="checkbox"/> GFCI not tripping - replace
<input type="checkbox"/> switched outlet	<input type="checkbox"/> painted over	<input type="checkbox"/> reversed wiring	<input type="checkbox"/> limited access	
<input type="checkbox"/> ceiling light	<input type="checkbox"/> missing covers	<input type="checkbox"/> exposed wiring		
<input type="checkbox"/> ceiling fan	<input type="checkbox"/> unsecured	<input type="checkbox"/> open / no ground		
HEAT				Functional <input type="checkbox"/> no <input type="checkbox"/> yes
<input type="checkbox"/> hot water	<input type="checkbox"/> electric	<input type="checkbox"/> steam	<input type="checkbox"/> no heat	<input type="checkbox"/> exposed pipes / missing covers / loose <input type="checkbox"/> not tested
<input type="checkbox"/> air register	<input type="checkbox"/> radiant	<input type="checkbox"/> hydro air	<input type="checkbox"/> leak	
SINK / FAUCET / DRAIN				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> solid surface	<input type="checkbox"/> no shut off	<input type="checkbox"/> chip / scratch	<input type="checkbox"/> unsecured sink	<input type="checkbox"/> advise fixing leak on faucet <input type="checkbox"/> advise fixing leak on trap
<input type="checkbox"/> enamel	<input type="checkbox"/> worn	<input type="checkbox"/> corrosion	<input type="checkbox"/> other damage	
<input type="checkbox"/> stainless steel	<input type="checkbox"/> improper drain	<input type="checkbox"/> leak	<input type="checkbox"/> not tested	<input type="checkbox"/> advise new trap
<input type="checkbox"/> other	<input type="checkbox"/> missing plug	<input type="checkbox"/> h/c rev		
WATER				
	<input type="checkbox"/> typical	<input type="checkbox"/> low	<input type="checkbox"/> suspect	
COUNTER				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> ceramic	<input type="checkbox"/> laminate	<input type="checkbox"/> worn	<input type="checkbox"/> mildew / rot	
<input type="checkbox"/> marble / granite	<input type="checkbox"/> other	<input type="checkbox"/> regROUT / recaulk	<input type="checkbox"/> other damage	
<input type="checkbox"/> corian	<input type="checkbox"/> unsecured	<input type="checkbox"/> chip / scratch		
CABINETS				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> wood	<input type="checkbox"/> unsecured	<input type="checkbox"/> chip / scratch	<input type="checkbox"/> missing hardware	
<input type="checkbox"/> laminate	<input type="checkbox"/> other	<input type="checkbox"/> mildew / rot		
<input type="checkbox"/> metal	<input type="checkbox"/> worn	<input type="checkbox"/> other damage		
MAJOR APPLIANCES				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
	BRAND	FUNCTIONAL	<input type="checkbox"/> other damage	<input type="checkbox"/> advise removing garbage disposal <input type="checkbox"/> appliances not checked for efficiency
<input type="checkbox"/> dishwasher	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> not tested	
<input type="checkbox"/> stove	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> not tested	
<input type="checkbox"/> refrigerator	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> not tested	
<input type="checkbox"/> microwave	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> not tested	
VENTING FOR STOVE				<input type="checkbox"/> advise upgrade
		<input type="checkbox"/> outside	<input type="checkbox"/> into kitchen	

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LAUNDRY	REMARKS												
CEILING <input type="checkbox"/> drywall / plaster <input type="checkbox"/> concrete <input type="checkbox"/> cracks <input type="checkbox"/> not level <input type="checkbox"/> wood / paneling <input type="checkbox"/> unfinished <input type="checkbox"/> patched <input type="checkbox"/> other damage <input type="checkbox"/> wallpaper <input type="checkbox"/> other <input type="checkbox"/> loose / peeling <input type="checkbox"/> limited access <input type="checkbox"/> tiles <input type="checkbox"/> nail pops <input type="checkbox"/> stains/tested dry	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> advise small cosmetic repairs												
WALLS <input type="checkbox"/> concrete <input type="checkbox"/> unfinished <input type="checkbox"/> patched <input type="checkbox"/> other damage <input type="checkbox"/> drywall / plaster <input type="checkbox"/> other <input type="checkbox"/> loose / peeling <input type="checkbox"/> limited access <input type="checkbox"/> wood / paneling <input type="checkbox"/> nail pops <input type="checkbox"/> stains/tested dry <input type="checkbox"/> wallpaper <input type="checkbox"/> cracks <input type="checkbox"/> not level	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> advise small cosmetic repairs												
FLOOR <input type="checkbox"/> carpet <input type="checkbox"/> concrete <input type="checkbox"/> worn <input type="checkbox"/> loose / peeling <input type="checkbox"/> wood <input type="checkbox"/> unfinished <input type="checkbox"/> soft flooring <input type="checkbox"/> stains/tested dry <input type="checkbox"/> vinyl <input type="checkbox"/> other <input type="checkbox"/> cracks <input type="checkbox"/> other damage <input type="checkbox"/> ceramic <input type="checkbox"/> not level <input type="checkbox"/> patched <input type="checkbox"/> limited access	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> soft sub-flooring <input type="checkbox"/> advise some repairs												
DOORS <input type="checkbox"/> entrance <input type="checkbox"/> hinged <input type="checkbox"/> other / bad seal <input type="checkbox"/> missing hardware <input type="checkbox"/> patio <input type="checkbox"/> bi-fold <input type="checkbox"/> out of square <input type="checkbox"/> missing <input type="checkbox"/> closet <input type="checkbox"/> sliding <input type="checkbox"/> binds <input type="checkbox"/> other damage <input type="checkbox"/> pocket <input type="checkbox"/> accordion <input type="checkbox"/> off track <input type="checkbox"/> not tested	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> missing trim <input type="checkbox"/> limited access in closets												
WINDOWS <input type="checkbox"/> double hung <input type="checkbox"/> vinyl <input type="checkbox"/> cracked pane <input type="checkbox"/> out of square <input type="checkbox"/> single hung <input type="checkbox"/> metal <input type="checkbox"/> bad seal <input type="checkbox"/> recaulk / reglaze <input type="checkbox"/> casement <input type="checkbox"/> wood <input type="checkbox"/> broken sash cord <input type="checkbox"/> other damage <input type="checkbox"/> sliding <input type="checkbox"/> skylights <input type="checkbox"/> missing hardware <input type="checkbox"/> not tested <input type="checkbox"/> awning <input type="checkbox"/> other <input type="checkbox"/> painted shut <input type="checkbox"/> thermal <input type="checkbox"/> binds <input type="checkbox"/> sealed	Functional <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> repairs to glass Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> hard to close / lock, recommend adjustment												
ELECTRICAL <input type="checkbox"/> receptacles <input type="checkbox"/> ceiling fan <input type="checkbox"/> unsecured <input type="checkbox"/> open / no ground <input type="checkbox"/> switched outlet <input type="checkbox"/> painted over <input type="checkbox"/> reverse wiring <input type="checkbox"/> other damage <input type="checkbox"/> ceiling light <input type="checkbox"/> missing covers <input type="checkbox"/> exposed wiring <input type="checkbox"/> limited access	Functional <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> advise installing GFCI <input type="checkbox"/> GFCI not tripping - replace <input type="checkbox"/> outlets - limited access to some												
HEAT <input type="checkbox"/> hot water / steam <input type="checkbox"/> electric <input type="checkbox"/> steam <input type="checkbox"/> no heat <input type="checkbox"/> air register <input type="checkbox"/> radiant <input type="checkbox"/> hydro air <input type="checkbox"/> leak	Functional <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> exposed pipes / missing covers / loose <input type="checkbox"/> not tested												
MAJOR APPLIANCES <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center">BRAND</td> <td style="text-align:center">FUNCTIONAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> washer</td> <td>_____</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td><input type="checkbox"/> not tested</td> </tr> <tr> <td><input type="checkbox"/> dryer</td> <td>_____</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td><input type="checkbox"/> not tested</td> </tr> </table>		BRAND	FUNCTIONAL		<input type="checkbox"/> washer	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> not tested	<input type="checkbox"/> dryer	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> not tested	<input type="checkbox"/> appliances not tested for efficiency <input type="checkbox"/> advise upgrade on pipes / washer hoses <input type="checkbox"/> recommend upgrade on dryer venting <input type="checkbox"/> recommend upgrade on shutoffs
	BRAND	FUNCTIONAL											
<input type="checkbox"/> washer	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> not tested										
<input type="checkbox"/> dryer	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> not tested										
SINK / FAUCET <input type="checkbox"/> plastic <input type="checkbox"/> corrosion <input type="checkbox"/> unsecured <input type="checkbox"/> slow drain <input type="checkbox"/> other <input type="checkbox"/> no water <input type="checkbox"/> leak <input type="checkbox"/> h/c rev	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> advise installing GFCI <input type="checkbox"/> advise installing new trap												

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PLUMBING				REMARKS
LIMITATIONS	<input type="checkbox"/> concealed	<input type="checkbox"/> shut off	<input type="checkbox"/> private	<input type="checkbox"/> obstruction <input type="checkbox"/> wellhead _____
PUBLIC SUPPLY	<input type="checkbox"/> concealed	<input type="checkbox"/> metered		
SHUT OFF	<input type="checkbox"/> not tested	<input type="checkbox"/> lead	<input type="checkbox"/> corrosion	<input type="checkbox"/> location _____
FEED TO HOUSE	<input type="checkbox"/> copper	<input type="checkbox"/> galvanized	<input type="checkbox"/> plastic	<input type="checkbox"/> leak
PRIVATE SUPPLY		<input type="checkbox"/> concealed		Functional <input type="checkbox"/> no <input type="checkbox"/> yes
SHUT OFF	<input type="checkbox"/> not tested	<input type="checkbox"/> corrosion	<input type="checkbox"/> leak	<input type="checkbox"/> location _____
WELL PUMP	<input type="checkbox"/> submersible	<input type="checkbox"/> jet	<input type="checkbox"/> corrosion	<input type="checkbox"/> well head no access
	<input type="checkbox"/> other	<input type="checkbox"/> no air valve	<input type="checkbox"/> leak	<input type="checkbox"/> short cycle, have checked
STORAGE TANK	<input type="checkbox"/> short cycle	<input type="checkbox"/> corrosion	<input type="checkbox"/> leak	<input type="checkbox"/> wires to well, have checked
WATER PRESSURE	<input type="checkbox"/> low	<input type="checkbox"/> typical	<input type="checkbox"/> high	<input type="checkbox"/> NOTE: water treatment system in place
DISTRIBUTION PIPING				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> lead	<input type="checkbox"/> galvanized	<input type="checkbox"/> concealed	<input type="checkbox"/> corrosion	<input type="checkbox"/> advise upgrade on galv. pipe as needed
<input type="checkbox"/> plastic	<input type="checkbox"/> copper	<input type="checkbox"/> leak	<input type="checkbox"/> unsecured	<input type="checkbox"/> advise installing more pipe hangers
HANGERS	<input type="checkbox"/> metal	<input type="checkbox"/> plastic	<input type="checkbox"/> copper	<input type="checkbox"/> advise installing more insulation
INSULATION	<input type="checkbox"/> cold	<input type="checkbox"/> hot	<input type="checkbox"/> partial	<input type="checkbox"/> different metals connected / plastic
WASTE DRAINAGE				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> cast iron	<input type="checkbox"/> galvanized	<input type="checkbox"/> corrosion	<input type="checkbox"/> unsecured	<input type="checkbox"/> advise strapping waste lines
<input type="checkbox"/> copper	<input type="checkbox"/> plastic	<input type="checkbox"/> leak	<input type="checkbox"/> concealed	
FLOOR DRAIN	<input type="checkbox"/> metal	<input type="checkbox"/> plastic	<input type="checkbox"/> copper	
SEWAGE PUMP	<input type="checkbox"/> backed up	<input type="checkbox"/> no water	<input type="checkbox"/> operational	<input type="checkbox"/> not checked <input type="checkbox"/> no access
MAIN STACK				Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> cast iron	<input type="checkbox"/> galvanized	<input type="checkbox"/> concealed	<input type="checkbox"/> corrosion	
<input type="checkbox"/> copper	<input type="checkbox"/> plastic	<input type="checkbox"/> leak	<input type="checkbox"/> unsecured	
MAIN CLEAN OUT	<input type="checkbox"/> concealed	<input type="checkbox"/> improper plug	<input type="checkbox"/> no access	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> location _____
WATER HEATER				Functional <input type="checkbox"/> no <input type="checkbox"/> yes
<input type="checkbox"/> own	<input type="checkbox"/> propane	<input type="checkbox"/> damp	Model_____	
<input type="checkbox"/> rent	<input type="checkbox"/> electric	<input type="checkbox"/> indirect	Size_____	
<input type="checkbox"/> oil	<input type="checkbox"/> with heating	<input type="checkbox"/> corrosion	Age_____	
<input type="checkbox"/> gas	<input type="checkbox"/> cracks	<input type="checkbox"/> unsecured	<input type="checkbox"/> no data plate	
RELIEF VALVE DISCHARGE TUBE	<input type="checkbox"/> missing	<input type="checkbox"/> undersized	<input type="checkbox"/> extended	<input type="checkbox"/> recommend installing 6" from floor (safety issue)
				<input type="checkbox"/> undersized pipe, advise upgrade
VENTING BURN CHAMBER	<input type="checkbox"/> flue	<input type="checkbox"/> sidewall	<input type="checkbox"/> improper rise	<input type="checkbox"/> soot <input type="checkbox"/> corrosion
		<input type="checkbox"/> needs adjustment	<input type="checkbox"/> not checked	
LIFE EXPECTANCY	<input type="checkbox"/> typical	<input type="checkbox"/> middle to end	<input type="checkbox"/> exceeded	<input type="checkbox"/> budget for new
HOSE BIBB				Functional <input type="checkbox"/> no <input type="checkbox"/> yes
<input type="checkbox"/> operational	<input type="checkbox"/> anti-siphon	<input type="checkbox"/> concealed	<input type="checkbox"/> damaged	<input type="checkbox"/> advise frost free / anti-siphon
<input type="checkbox"/> frost free	<input type="checkbox"/> unsecured	<input type="checkbox"/> leak		<input type="checkbox"/> hose bibb is off

Remarks: _____

advise septic system pumped and checked.

check on possible drywell

REMARKS _____



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ROOF STRUCTURE	REMARKS
CHIMNEY / VENT <input type="checkbox"/> brick / block / stone <input type="checkbox"/> leaning <input type="checkbox"/> full of soot <input type="checkbox"/> metal <input type="checkbox"/> cracks / spalling <input type="checkbox"/> no access / rain cap <input type="checkbox"/> wood / vinyl / other <input type="checkbox"/> loose <input type="checkbox"/> stucco <input type="checkbox"/> repoint	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> advise sweep/checked <input type="checkbox"/> advise rain cap
CHIMNEY / CAP <input type="checkbox"/> concrete <input type="checkbox"/> cracks / spalling <input type="checkbox"/> no access <input type="checkbox"/> metal <input type="checkbox"/> loose <input type="checkbox"/> other <input type="checkbox"/> none	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> advise some repairs
FLUE LINER <input type="checkbox"/> brick / block <input type="checkbox"/> loose <input type="checkbox"/> improper <input type="checkbox"/> clay / concrete <input type="checkbox"/> cracks <input type="checkbox"/> no access / rain cap <input type="checkbox"/> metal <input type="checkbox"/> deterioration <input type="checkbox"/> none	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> full of soot <input type="checkbox"/> advise new cleanout <input type="checkbox"/> advise sweep <input type="checkbox"/> advise flue liner
FLASHING <input type="checkbox"/> chimney <input type="checkbox"/> aluminum / galv. <input type="checkbox"/> not checked <input type="checkbox"/> drip edge <input type="checkbox"/> copper / lead <input type="checkbox"/> deterioration <input type="checkbox"/> stack <input type="checkbox"/> roll roofing <input type="checkbox"/> reseal / recaulk <input type="checkbox"/> skylight <input type="checkbox"/> rubber <input type="checkbox"/> gap / loose <input type="checkbox"/> valley <input type="checkbox"/> unsecured <input type="checkbox"/> tarred <input type="checkbox"/> roof to wall <input type="checkbox"/> no access <input type="checkbox"/> improper <input type="checkbox"/> dormer <input type="checkbox"/> replace w/roof	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> flashing concealed <input type="checkbox"/> advise drip edge
PROTRUSIONS / ACCESSORY <input type="checkbox"/> vent <input type="checkbox"/> unsecured <input type="checkbox"/> reseal / recaulk <input type="checkbox"/> stack <input type="checkbox"/> loose <input type="checkbox"/> skylight <input type="checkbox"/> reflash	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
COVERING <input type="checkbox"/> asphalt / fiberglass <input type="checkbox"/> concrete / clay tile <input type="checkbox"/> loose / missing <input type="checkbox"/> wd. shingle / shake <input type="checkbox"/> rubber <input type="checkbox"/> patched <input type="checkbox"/> metal <input type="checkbox"/> other <input type="checkbox"/> mildew / rot <input type="checkbox"/> slate <input type="checkbox"/> nail pop <input type="checkbox"/> worn <input type="checkbox"/> tar / gravel <input type="checkbox"/> broken / cracks <input type="checkbox"/> no access	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> number of layers _____ <input type="checkbox"/> no access due to snow <input type="checkbox"/> advise some repairs, budget for new <input type="checkbox"/> NOTE: Covering could contain asbestos
LIFE EXPECTANCY <input type="checkbox"/> typical <input type="checkbox"/> middle to end	<input type="checkbox"/> exceeded <input type="checkbox"/> approx. age _____
SOFFIT / FASCIA <input type="checkbox"/> aluminium <input type="checkbox"/> not vented <input type="checkbox"/> loose <input type="checkbox"/> vinyl <input type="checkbox"/> repaint <input type="checkbox"/> mildew / rot <input type="checkbox"/> wood <input type="checkbox"/> corrosion	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> advise installing soffits vents <input type="checkbox"/> advise some repairs
MAIN ROOF <input type="checkbox"/> gable <input type="checkbox"/> shed <input type="checkbox"/> pitch <input type="checkbox"/> hip / valley <input type="checkbox"/> flat <input type="checkbox"/> other	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
GUTTER / DOWNSPOUT <input type="checkbox"/> aluminum <input type="checkbox"/> copper <input type="checkbox"/> dent / split <input type="checkbox"/> galvanized <input type="checkbox"/> incomplete / missing <input type="checkbox"/> corrosion <input type="checkbox"/> plastic <input type="checkbox"/> unsecured <input type="checkbox"/> leak	Damaged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> advise reinstalling loose gutter / downspouts <input type="checkbox"/> clean system
DRAINAGE <input type="checkbox"/> above ground <input type="checkbox"/> below ground	<input type="checkbox"/> extended leader <input type="checkbox"/> redirect leader
LIMITATIONS <input type="checkbox"/> deck / patio <input type="checkbox"/> fragile	<input type="checkbox"/> height /steep <input type="checkbox"/> other
INSPECTED BY <input type="checkbox"/> binocular <input type="checkbox"/> roof edge	<input type="checkbox"/> walk on

REMARKS _____



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STRUCTURE			REMARKS
EXTERIOR			Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> aluminum	<input type="checkbox"/> stucco	<input type="checkbox"/> loose	<input type="checkbox"/> advise some repairs <input type="checkbox"/> NOTE: siding could contain asbestos
<input type="checkbox"/> vinyl	<input type="checkbox"/> shingles	<input type="checkbox"/> cracks / split	
<input type="checkbox"/> brick / stone	<input type="checkbox"/> stains	<input type="checkbox"/> mildew / rot	
<input type="checkbox"/> wood	<input type="checkbox"/> repaint	<input type="checkbox"/> repoint	
WINDOWS			Functional <input type="checkbox"/> no <input type="checkbox"/> yes Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> double hung	<input type="checkbox"/> vinyl	<input type="checkbox"/> unsecured	<input type="checkbox"/> not tested / tested from inside
<input type="checkbox"/> single hung	<input type="checkbox"/> wood	<input type="checkbox"/> cracked pane	
<input type="checkbox"/> casement	<input type="checkbox"/> metal	<input type="checkbox"/> bad seal	
<input type="checkbox"/> sliding	<input type="checkbox"/> other	<input type="checkbox"/> broken sash cord	
<input type="checkbox"/> awning	<input type="checkbox"/> missing	<input type="checkbox"/> recaulk / reglaze	
<input type="checkbox"/> thermal	<input type="checkbox"/> painted shut	<input type="checkbox"/> no access	
<input type="checkbox"/> entrance	<input type="checkbox"/> sliding	<input type="checkbox"/> bad seal	
<input type="checkbox"/> patio	<input type="checkbox"/> accordion	<input type="checkbox"/> missing	Functional <input type="checkbox"/> no <input type="checkbox"/> yes Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> hinged	<input type="checkbox"/> binds	<input type="checkbox"/> missing hardware	<input type="checkbox"/> outlets - limited access to some <input type="checkbox"/> GFCI not tripping - replace
<input type="checkbox"/> bi-fold	<input type="checkbox"/> cracked pane	<input type="checkbox"/> missing trim	
ELECTRICAL			Functional <input type="checkbox"/> no <input type="checkbox"/> yes Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> receptacles	<input type="checkbox"/> unsecured	<input type="checkbox"/> open / no ground	<input type="checkbox"/> GFCI not tripping - replace
<input type="checkbox"/> lights	<input type="checkbox"/> painted over	<input type="checkbox"/> missing cover	
<input type="checkbox"/> reverse wiring	<input type="checkbox"/> open circuit	<input type="checkbox"/> install GFCI's	
BULKHEAD / BASEMENT			Functional <input type="checkbox"/> no <input type="checkbox"/> yes Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> covered	<input type="checkbox"/> cracks	<input type="checkbox"/> reparse	<input type="checkbox"/> advise installing railing
<input type="checkbox"/> no drain	<input type="checkbox"/> mildew / rot	<input type="checkbox"/> leak	
<input type="checkbox"/> no railing	<input type="checkbox"/> frost heave	<input type="checkbox"/> recaulk / reseal	
STRUCTURE / FOUNDATION			Damaged <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> concrete / block	<input type="checkbox"/> not parged	<input type="checkbox"/> cracks / spalling	<input type="checkbox"/> advise getting estimates for repairs <input type="checkbox"/> advise filling in step cracks
<input type="checkbox"/> brick / stone	<input type="checkbox"/> reparse	<input type="checkbox"/> frost heave	
<input type="checkbox"/> piling pier	<input type="checkbox"/> repoint	<input type="checkbox"/> mildew / rot	
<input type="checkbox"/> wood	<input type="checkbox"/> no access		
LIMITATIONS	<input type="checkbox"/> snow	<input type="checkbox"/> vegetation	<input type="checkbox"/> obstruction <input type="checkbox"/> clearance <input type="checkbox"/> no access

Remarks:

- advise regrade around structure
- please note buried oil tank
- advise trim work around doors and windows
- advise installing window wells or covers for basement windows
