

AtticToFoundation.comTM

Home Inspections

TM

Type of Report: _____

Performed by:
Bob Backstein
 Licensed Home Inspector #503
 ASHI Certified Member 212627

-This report was created in an Acrobat PDF format. The disclaimer is part of this inspection and must be signed by the customer for the report to be valid.

-Each section has a status indicator on the index below.

- S** Green = Satisfactory: These items are in satisfactory or normal working order, according to the inspector.
- A** Yellow = Attention: These items require attention and consideration, according to the opinion of the inspector
- C** Red = Caution: These sections have items that are most critical and may contain important structural, mechanical or safety findings, according to the opinion of the inspector

Date: _____ Time: _____ Weather: _____ Temp: _____ °F

Inspection Address: _____ , _____ , _____

Customer Name: _____ e-mail: _____
 Current Address: _____ , _____ , _____
 Cell / Pager: _____ Other: _____

Buyer's Agent: _____ : _____
 Seller's Agent: _____ : _____

Invoice	<i>Fees:</i>	<i>Discounts:</i>	
	Home Inspection & Written Report		
	Age (\$2 per year, if older than 10 years)		
	Size (add \$5 per 100sf over 2000sf)		
	_____	_____	
	Subtotal of fees	Subtotal of discounts	
	Subtotal of fees		
	Subtotal of Discounts		
	Amount Due	Payment:	

[Click here for instructions on this electronic report](#)

Index

Status	Section - Link
	Disclaimer
	Exterior
	Roof & Grounds
	Electrical
	Heating & Cooling
	Plumbing & Bathrooms
	Interior & Attic
	Structural & Basement
	Pest
	Diagram
	Photos
	Supplements

Pre-Inspection Agreement and Disclaimer

Bob Backstein Corporation agrees to conduct a home inspection in a professional manner consistent with the care and skill ordinarily exercised by other home inspection specialists. The inspection is for the purpose of providing information for the CUSTOMER of major deficiencies in the condition of the property, subject to the UNCONDITIONAL RELEASE AND LIMITATION TO LIABILITY BELOW. This report and inspection are performed for the sole, confidential and exclusive use of the CUSTOMER. The home inspection will be performed according to the standard of practice of the American Society of Home Inspectors and the Standards of Practice for Washington State Home Inspectors. A copy of any of these standards of practice will be provided upon customer request. The written report will include the following only:

- General exterior: including drainage, grading, roof, gutter, and chimney
- General interior: including insulation, ventilation, windows, ceilings, walls, and floors
- Mechanical: including electrical, plumbing, hot water heater, heating and air-conditioning
- Structural: roof support system, basement and crawl space
- Structural inspection

Maintenance and other items may be discussed, but they are not part of this inspection. The inspection is not a code compliance inspection or certification for past or present municipal codes of any kind.

It is agreed that this inspection will be of the readily accessible areas of the building and is limited to visual observations of evident conditions existing at the time of the inspection only. Concealed and latent defects and deficiencies are excluded from this inspection. Items, equipment, and systems will not be dismantled.

This report and inspection do not address and are not intended to address the possible presence of or danger from any potentially harmful substances and environmental hazards including but not limited to radon gas, asbestos, lead paint, mold, urea formaldehyde, flammable or toxic chemicals and water and airborne hazards. Also excluded are inspections and reports on wells, swimming pools, septic and sewer systems, fire sprinkler and detection systems, lawn sprinkler systems, security systems, central vacuum systems, and water softeners.

UNCONDITIONAL RELEASE AND LIMITATION OF LIABILITY

It is understood that Bob Backstein Corporation is not an insurer and that the inspection and report are not intended or to be construed as an express or implied guarantee or warranty of adequacy, performance, or condition of the structure, item or system at the inspection property address. The CUSTOMER hereby releases and exempts Bob Backstein Corporation and its agents and employees of and from all claims of responsibility and liability for the cost of repairing or replacing any unreported deficiency or defect and for any consequential harm, property damage, personal injury of any nature, and/or legal fees.

In the event that Bob Backstein Corporation and/or its agents or employees are found liable due to breach of contract, negligence, breach of warranty, negligent, or misrepresentation, then the liability of Bob Backstein Corporation and its agents and/or employees shall be limited to the amount of the fee paid by the CUSTOMER for the inspection and report.

ACCEPTANCE: This report has no effect, force, or validation unless the customer signs and returns a copy to Bob Backstein Corporation. We have read and understand the Disclaimer and Limits of Liability and do accept the same.

Inspector _____ Date _____ Customer _____ Date _____ © BBC

Exterior		<input type="checkbox"/> <u>Caution</u>	<input type="checkbox"/> <u>Attention</u>	<input type="checkbox"/> <u>Satisfactory</u>	<input type="checkbox"/> N/A	C	A	S	N/A
Driveway	Type: _____ Cracks: _____								
Walkway	Type: _____ Cracks: _____								
Front Porch	Type: _____ <input type="checkbox"/> Steps <input type="checkbox"/> Handrail <input type="checkbox"/> Rot <input type="checkbox"/> Settlement Other: _____								
Siding	Type: _____ Paint: _____ Other: _____								
Exterior Trim	Rot: _____								
Eaves & Soffit	Rot: _____ <input type="checkbox"/> Open <input type="checkbox"/> Closed								
Vegetation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Trim away from building								
Foundation	Cracks: _____								
Patio	Cracks: _____								
Deck	Type: _____ Lag Bolts: _____ Flashing: _____ Rot found in: <input type="checkbox"/> Stairs <input type="checkbox"/> Handrail <input type="checkbox"/> Decking <input type="checkbox"/> Joists <input type="checkbox"/> Beams <input type="checkbox"/> Posts Other: _____								
Windows & Doors									
Remarks									

Electrical		<input type="checkbox"/> <u>Caution</u>	<input type="checkbox"/> <u>Attention</u>	<input type="checkbox"/> <u>Satisfactory</u>	<input type="checkbox"/> N/A	C	A	S	N/A
Service Entrance	Service Conductor: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum Volts: Amps: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Drip Loop Other:								
Main Panel	Capacity of Main Disconnect: Location: Amps: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Grounded <input type="checkbox"/> Bonded Deficiencies: <input type="checkbox"/> Double Lugging <input type="checkbox"/> Overfusing: <input type="checkbox"/> Signs of Overheating <input type="checkbox"/> Aluminum Branch Wiring Other:								
Sub Panel	Location: Other:								
Branch Wiring	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Conduit <input type="checkbox"/> Romex Type <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Random Testing of Switches & Outlets <input type="checkbox"/> GFCI: <input type="checkbox"/> Smoke Detectors: Deficiencies: <input type="checkbox"/> Non-Grounded 3-Prong Outlets <input type="checkbox"/> Incorrect Polarity <input type="checkbox"/> Open Splices: <input type="checkbox"/> Exposed Wiring: <input type="checkbox"/> Extension Cord Wiring: <input type="checkbox"/> Licensed Electrician Recommended for Inspection & Repair								
Remarks									

Plumbing & Baths		<input type="checkbox"/> Caution	<input type="checkbox"/> Attention	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> N/A	C	A	S	N/A
Main Supply	Type: Other:	Shutoff:							
Pipes	Type: Water Flow: Leaks: Other:	Hose Bibbs:							
Drain-Waste-Vent	Pipe Type: Slow Drains: Other:	Waste Disposal:							
Water Heater	Type: Other:	Size:	Age:	<input type="checkbox"/> Relief Valve	<input type="checkbox"/> Extension	<input type="checkbox"/> Straps			
Bathrooms #1	<input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Bath <input type="checkbox"/> Shower wall covering: <input type="checkbox"/> Window <input type="checkbox"/> Fan <input type="checkbox"/> Leaks <input type="checkbox"/> Floor Covering:								
#2	<input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Bath <input type="checkbox"/> Shower wall covering: <input type="checkbox"/> Window <input type="checkbox"/> Fan <input type="checkbox"/> Leaks <input type="checkbox"/> Floor Covering:								
#3	<input type="checkbox"/> Sink <input type="checkbox"/> Toilet <input type="checkbox"/> Bath <input type="checkbox"/> Shower wall covering: <input type="checkbox"/> Window <input type="checkbox"/> Fan <input type="checkbox"/> Leaks <input type="checkbox"/> Floor Covering:								
Other bath									
Remarks									

Interior-Attic-Kitchen		<input type="checkbox"/> Caution	<input type="checkbox"/> Attention	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> N/A	C	A	S	N/A
Ceilings	Type: _____ Other: _____								
Walls	Type: _____ Other: _____								
Floors	<input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Laminate Other: _____								
Stairs / Handrails									
Inside Doors									
Windows	Type: _____ Material: _____ <input type="checkbox"/> Skylights <input type="checkbox"/> Other: _____								
Fireplace	Type: _____ Damper: _____ Other: _____								
Attic	Observed by: _____ Moisture Signs: _____ Insulation: _____ Thickness: _____ Approx R-Value: _____ Vents: <input type="checkbox"/> Roof <input type="checkbox"/> Soffit <input type="checkbox"/> Gable <input type="checkbox"/> Ridge <input type="checkbox"/> Mechanical Other: _____								
Kitchen	Cabinets / Counters: _____ Sink: _____ <input type="checkbox"/> Disposal: Age: _____ <input type="checkbox"/> Dishwasher: Age: _____ <input type="checkbox"/> Air Gap: _____ <input type="checkbox"/> Refrigerator: Age: _____ Range: _____ Vented to: _____								
Remarks									

Structural-Basement-Crawl		<input type="checkbox"/> Caution	<input type="checkbox"/> Attention	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> N/A	C	A	S	N/A
Building Type	Building: _____ Roof Style: _____								
Structural Components	Roof: _____ Wall: _____ Floor: _____ Foundation: _____ Posts: _____ <input type="checkbox"/> Structural Damage <input type="checkbox"/> Moisture Issues <input type="checkbox"/> See Pest Report Other: _____								
Basement	Type: _____ Walls: _____ Ceiling: _____ Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____ Sump Pump: _____ Drain: _____ Dampness: _____ Storage: _____ Cracks: _____ Other: _____								
Crawl Space	Inspection Method: _____ Accessibility: _____ <input type="checkbox"/> Blocked by: _____ <input type="checkbox"/> Insulation <input type="checkbox"/> Ventilation <input type="checkbox"/> Vapor barrier Floor: _____ <input type="checkbox"/> Structural Damage <input type="checkbox"/> Moisture Issues <input type="checkbox"/> See Pest Report Other: _____								
Remarks									

Pest & Rot

Caution Attention Satisfactory N/A

C **A** **S** N/A

Third Party
check off items
completed

Date:

Inspector: Bob Backstein

Inspection Address:










, , ,

Third Party Agreement: If any of the recommendations in this pest report are performed by any person(s) other than the inspecting firm, this 'Third Party Agreement' must be signed with the performed work orders checked off by the said person(s) and a copy returned to the inspector before a Final Pest Report is issued.

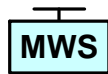
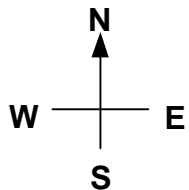
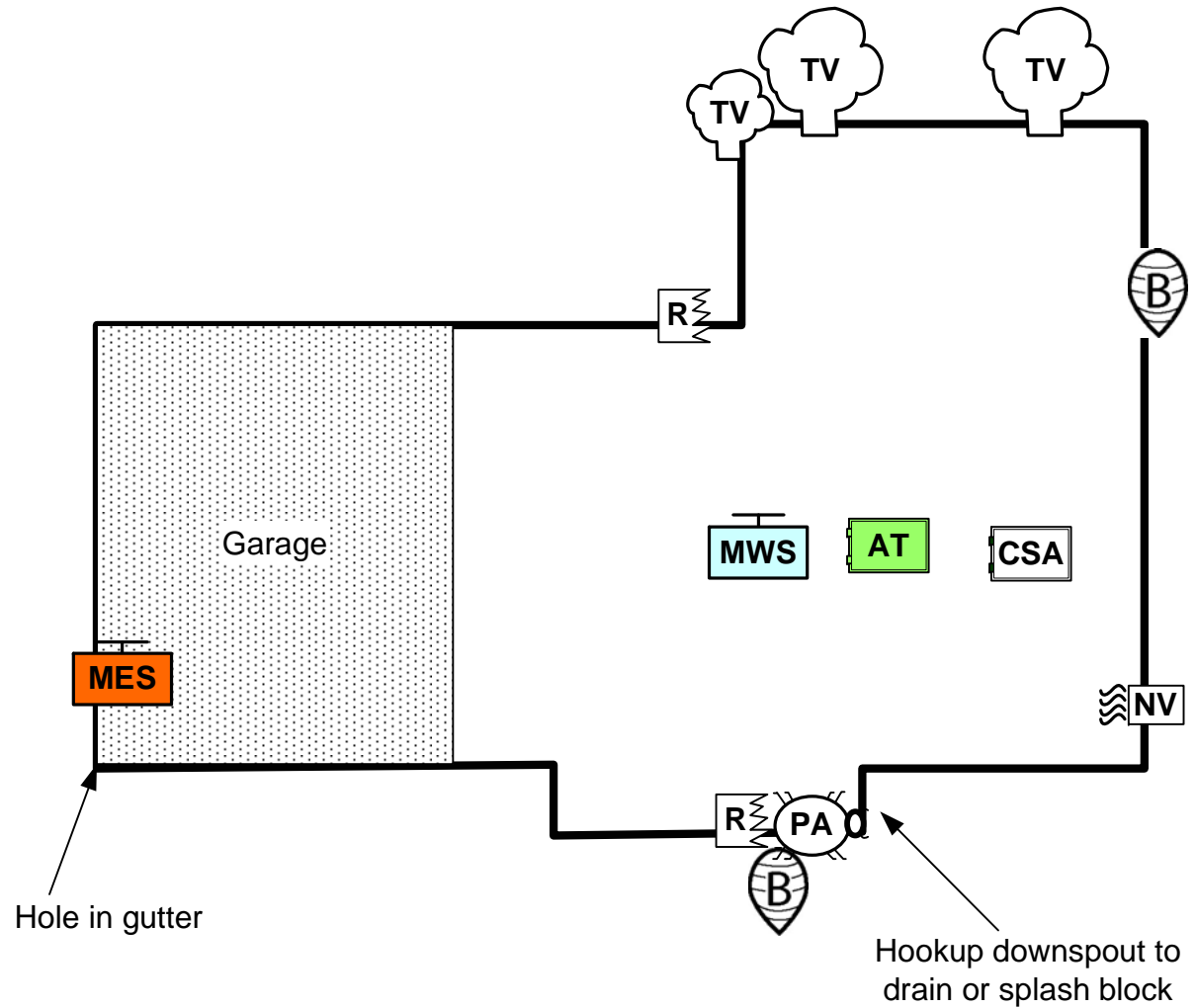
I/we certify that any portion of the work or corrections, that are described in the Preliminary Report (s) have been completed by the undersigned in a workmanlike manner, are warranted for one year, and complies with the current Uniform Building Code. I/we have notified the inspector of any conditions that were revealed while performing the corrections.

Signature of work party (contractor - etc.) _____ Print Name _____ Date _____ Lic # _____

Key

-  = Attic Access
-  = Main Electrical Shutoff
-  = Main Water Shutoff
-  = Crawl Space Access
-  = Trim Vegetation
-  = New Vents Needed
-  = Bees Nest
-  = Wood Rot
-  = Signs of Pest Activity

Diagram



Front
(not to scale)

About this Report: This is an electronic report and is designed to be easily viewed on a computer screen, sent by email, or downloaded from a web site. Passwords can be assigned for security. It has been developed as a native Acrobat (PDF) file. The first page of the report has color-coded section links to make it easy for the customer to quickly navigate to the significant findings of the inspector. The report was intentionally designed with conservative graphics so that it is easy on the ink cartridges. The photos have been placed at the end so that they can be omitted at the time of printing. This report was designed to comply with the standards of both NAHI and ASHI, when used for full home inspections. If you have any questions about the report or inspection, contact the inspector (on the first page).

Photos

- Photos have been provided on the following pages: Yes No
- Use lower left navigation bar or left side "Thumbnails" to view.

Supplements

Caution Attention Satisfactory N/A

C **A** **S** N/A

Front



Exposed wires on the exterior



Wood landing front porch



Repair foundation vent screen



Gutters are separating from house



Chimney stack and crown are rusted



Two layers of roofing



Makeshift wiring in the garage



High moisture reading and dark spot on garage wall



Bathroom vent terminates into attic

