



Grainy Expressions DBA
National Property Inspections

John Smith, , ,



Thursday, January 11, 2018

Inspector

James Dunlap
(360)298-2155

james@gepropertyinspections.net

Inspection Date :
1/11/2018

Inspector: James Dunlap
Inspector Phone: (360) 298-2155

Email: james@gepropertyinspections.net



Grainy Expressions DBA
National Property Inspections

John Smith, , ,

INVOICE # : 96

Inspection Date : 1/11/2018 8:30 AM

Grainy Expressions
dba National Property Inspections
7001 67th PL NE

Marysville WA 98270

Client Name : **John Smith**

Property Location :

Billing Address :

Client Phone : ()-

Client Email : jsmith@example.com

TYPE OF INSPECTIONS PERFORMED

Home Inspection		\$550.00
	Subtotal	\$550.00
	Total	\$550.00
Grand Total	PAID	\$550.00

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Inspector Phone: (360) 298-2155

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Pre-Inspection Agreement

THIS IS A LEGALLY BINDING CONTRACT
PLEASE READ CAREFULLY

This Inspection Agreement contains the terms and conditions of your (the "Client") contract with Grainy Expressions D/B/A National Property Inspections (the "Company") for an inspection of the Property at the given address. This Inspection Agreement contains limitations on the scope of the inspection, remedies and liability. By signing below, Client represents and warrants that Client has secured all approvals necessary for the Company to conduct the inspection of the Property. Client also warrants they will read the entire Inspection Report when received and shall promptly call with any questions or concerns Client may have regarding the Inspection Report. This inspection is being performed for the exclusive use and benefit of the Client, and the Inspection, including the written Report, is not to be transferred to, utilized or relied upon by any other person or entity without the written permission of the Company.

Company encourages Client to be present at the inspection. This will enable the inspector to point out specific observations, as well as help Client understand any comments provided in the Inspection Report.

Client is advised to obtain firm bids from qualified contractors, prior to closing, for repair or replacement of any item(s) rated as "marginal" or "defective" within the Inspection Report.

Given the variability of underwriting guidelines between insurance companies, the home inspection performed is not intended to determine the insurability of any particular system or component.

1. INSPECTION

Client hereby retains Company to perform a general home inspection and for which Client agrees to pay the agreed upon fee. A general home inspection is a non-invasive, visual examination of the readily accessible built-in appliances, mechanical, electrical, plumbing, heating, ventilation, and air conditioning systems, and the essential internal and external structural components of the residential dwelling under the current Standards of Practice of the NACHI which may be viewed at <http://www.nachi.org/> a copy may be requested from Company, and is limited by the limitations, exceptions and exclusions so stated in the Standards of Practice and this Agreement.

2. LIMITATIONS, EXCEPTIONS AND EXCLUSIONS

The Inspection only includes those systems and components expressly and specifically identified in the Inspection Report. The Inspection limitations, exceptions and exclusions in the Standards of Practice are incorporated herein. In addition, any area which is not exposed to view, is concealed, is inaccessible because of soil, walls, floors, carpets, ceilings, furnishings or any other fashion. The Inspection does not include any destructive testing or dismantling. The following systems and components and areas are among those NOT included in the Inspection or Inspection Report:

- Latent or concealed defects, compliance with code or zoning ordinances or permit research or

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system or component recalls.

- Structural, geological, soil, survey, engineering analysis or testing.
- Termites or other wood destroying insects or organisms, rodents or other pests, dry rot or fungus, or damage from or relating to the preceding.
- Asbestos, radon gas, lead paint, urea formaldehyde, mold or mildew, odors or noise, or flammable chemicals, water or air quality, PCB's or other toxins, electro-magnetic fields, underground storage tanks, proximity to toxic waste sites or other environmental or health hazards.
- Private water, sewage, water softeners or purifiers, or solar systems.
- Pools, spas, hot tubs, saunas, steam baths, fountains or other types of or related systems and components.
- Repair cost estimates or building value appraisal.
- Thermostatic or time clock controls, radio controlled devices, automatic gates or elevators, lifts, dumbwaiters.
- Freestanding appliances and gas appliances such as fire pits, barbecues, heaters and lamps. Main gas shut off valve. Any gas leaks, furnace heat exchangers.
- Seismic safety, security or fire safety systems or security bars and/or safety equipment.
- Any adverse condition that may affect the desirability of the property but not limited to proximity to railroad tracks or airplane routes, boundaries, easements or rights of way, adjoining properties or neighborhood.
- Unique/technically complex systems or components, life expectancy or adequacy or efficiency of any system or component.

3. DISCLAIMER OF WARRANTY

Company does not expressly or impliedly warrant or guarantee it's Inspection, Inspection Report, or the condition of the subject property, in whole or in part, except for the **Limited Warranty** attached hereto and made a part of the Pre-Inspection Agreement. Client acknowledges agreement that the liability of Company will be limited and restricted to the terms and provisions of the **Limited Warranty** and on that basis Company shall undertake and complete the Inspection of the property.

4. NOTICE AND STATUTE OF LIMITATIONS

Client agrees that any claim, for negligence, breach of contract or otherwise, be made in writing and reported to Company within ten (10) business days of discovery. Client further agrees to allow Inspector the opportunity to re-inspect the claimed discrepancy, with the exception of emergency conditions, before Client or Client's agents, employees or independent contractors repair, alter or modify the claimed discrepancy. Client understands and agrees that any failure to notify Inspector as stated above shall constitute a waiver of any and all claims Client may have against Inspector. Any legal action must be brought within one (1) year from the date of the Inspection. Failure to bring said action within one (1) year of the date of the Inspection is a full and complete waiver of any rights, actions, or causes of actions that may have arisen therefrom. Should Company prevail in any said action, Client will reimburse Company for its attorney's fees and associated costs. Time is expressly of the essence herein. This time may be shorter than otherwise provided for by the law.

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5. LIMITATION OF LIABILITY

Client agrees the fee charged by Company is substantially less than would be charged for technically exhaustive inspection of the property by all of the respective experts (i.e., electricians, plumbers, engineers, etc.), and Client specifically declines such inspection. Client agrees that Company is not an insurer, that Company's liability for the negligent performance or non-performance of any duty, the breach of this Agreement, and/or for any other reason shall be limited to the return of the fee paid by Client multiplied by five (5). Client acknowledges that this limitation of liability is a material term of this Agreement and to the determination of the amount of the fee paid by Client.

6. DISPUTE RESOLUTION

Any dispute, controversy, interpretation or claim including claims for, but not limited to, breach of contract, any form of negligence, fraud or misrepresentation or any other theory of liability arising out of, from or related to this Agreement or arising out of, from or related to the Inspection or Inspection Report, unless first resolved by mutual agreement, shall be decided in a court of competent jurisdiction.

7. GOVERNING LAW AND SEVERABILITY

This Agreement shall be governed by Washington State law. If any portion of this Agreement is found to be invalid or unenforceable by any court, the remaining terms shall remain in force between the parties.

8. RECEIPT OF REPORT AND SATISFACTION GUARANTEE

The Company's agreement to perform the Inspection is contingent on Client's agreement to the provisions, terms, conditions and limitations of this Agreement. If within thirty (30) calendar days from receipt of the Inspection Report, Client is unsatisfied with Company's Inspection, Client is to write "Null and Void" on the Inspection Report and return it to Company, keeping no copies, with a brief explanation and Company will refund the inspection fee paid. Failure to return the written Inspection Report and/or Client's payment of the inspection fee shall constitute the full acceptance of all the terms of this Agreement by Client.

9. OTHER SERVICES

It is understood and agreed to by the parties that all the provisions, limitations, exceptions and exclusions of this agreement shall apply to any optional services entered into by the parties.

10. ENTIRE AGREEMENT, MODIFICATION AND THIRD PARTIES

This Agreement represents the entire agreement between the parties. No oral agreements, understandings or representations shall change, modify or amend this Agreement. No change or modification shall be enforceable against any party unless such changes or modification is in writing and signed by the parties and supported by valid consideration. This Agreement shall be binding upon and inure to the parties hereto and their heirs, executors, administrators, successors, assigns and representatives of any kind whatsoever.

11. ACTIONS TO BE TAKEN BY CLIENT

Client acknowledges that conditions can change after the Inspection. Client agrees to do a "pre-closing walk-thru examination" of the property 48-72 hours prior to closing to insure that all systems/components originally reviewed are still functional. If an issue is discovered during said walk-thru examination, Client

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agrees to describe the issue in writing and send to Company immediately.

ACKNOWLEDGEMENT

Client acknowledges that Grainy Expressions , dba National Property Inspections, its employees, owners or agents is an independently-owned and operated franchise and not an employee, partner, or agent and cannot make any contract, agreement, warranty or representation on behalf of National Property Inspections, Inc., 9375 Burt Street, Suite 201, Omaha, NE 68114.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Payment for the inspection services constitutes acceptance of this Pre-Inspection Agreement by Client.

Inspector Signature

James Dunlap

1/11/2018

Date

Client Signature

Al Hoyo

Print Client Name

Date

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GRADING / DRAINAGE

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

- Near Level
 Positive Slope
 Negative Slope
 Ponding

Comments : Grading near A/C unit was sloped toward the house. Recommend further evaluation/repair by qualified contractor to ensure that water drains away from the foundation.



Grading / Drainage: Negative slope near A/C unit

DRIVEWAY

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

- Concrete
 Asphalt
 Brick
 Gravel
 General Deterioration
 Cracks
 Settlement

Comments : Driveway was in acceptable condition, but live wires were present in the driveway island. Recommend immediate repair by qualified electrical contractor for safety reasons.



Driveway:



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Driveway: Live wires in driveway island

WALKS / STEPS

- 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"/>

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

Comments : Steps to deck showed signs of mortar deterioration at time of inspection. Recommend repair as needed by qualified contractor. Some pavers between hot tub deck and shop were loose and shifted underfoot at time of inspection. Recommend further evaluation/repair by qualified contractor.



Walks / Steps:



Walks / Steps: Steps to deck had deteriorated mortar

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PORCHES / STOOPS

- 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"/>

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

Comments : Some cracks in brick were noted in porch areas, and some settlement had occurred at time of inspection. Recommend further evaluation/repair by qualified contractor.



Porches / Stoops: Crack in brick and some settlement of porch near garage



Porches / Stoops: Bricks were loose in column base on main entry



Porches / Stoops: Cracks in brick steps to main entry

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DECKS / BALCONY

- 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"/>

- Wood
- Weatherproof membran
- 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

Comments : Most of the deck appeared solid, but deterioration was noted in at the bullnosing on most sides of the deck. Recommend repair/replace as needed by qualified contractor to protect wood components. Railings were solid, but some deterioration was noted at time of inspection. Recommend repair as needed by qualified contractor.



Decks / Balcony: Soffit above front deck had cracks in it



Decks / Balcony: Railings showed signs of deterioration



Decks / Balcony: Deterioration noted in bull nosing

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PATIO

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

Comments :



Patio:

ROOFING

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"/>

- | | | | | |
|--|--|-------------------------------------|--|---|
| Age : 32 | Year(s) | Design Life : 30-50 | Year(s) | 40% Visible |
| <input checked="" type="checkbox"/> Visual From Ground | <input type="checkbox"/> Asphalt / Composition | <input type="checkbox"/> Walked On | <input checked="" type="checkbox"/> Ladder at Eaves | <input type="checkbox"/> Snow Covered |
| <input type="checkbox"/> Tar and Gravel | <input type="checkbox"/> Membrane | <input type="checkbox"/> Wood Shake | <input type="checkbox"/> Wood Shingle | <input checked="" type="checkbox"/> Tile |
| <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Excessive Granular Loss | <input type="checkbox"/> Metal | <input type="checkbox"/> Rolled Composition | <input type="checkbox"/> Slate |
| <input type="checkbox"/> Missing Shingle(s) | <input type="checkbox"/> Bubbling | <input type="checkbox"/> _____ | <input type="checkbox"/> Cupping/Curling/Lifting/Brittle | <input type="checkbox"/> Previous Repairs Noted |
| <input type="checkbox"/> Trim Trees / Branches | | | <input type="checkbox"/> Improper Installation | |

Comments : Leaks not always detectable.

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Roofing: Torch Down roofing

FLASHING/VALLEYS

<input type="checkbox"/> Metal	<input type="checkbox"/> Composition / Membrane	<input type="checkbox"/> _____	<input type="checkbox"/> Monitor Condition	<table border="1" style="font-size: 8px;"><tr><td>ACC</td><td>MAR</td><td>NI</td><td>NP</td><td>DEF</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	ACC	MAR	NI	NP	DEF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACC	MAR	NI	NP	DEF											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> General Deterioration	<input type="checkbox"/> Rust	<input type="checkbox"/> Improper Installation	<input type="checkbox"/> Recommend Repairs	<table border="1" style="font-size: 8px;"><tr><td>ACC</td><td>MAR</td><td>NI</td><td>NP</td><td>DEF</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	ACC	MAR	NI	NP	DEF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACC	MAR	NI	NP	DEF											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Exposed Nails	<input type="checkbox"/> Previous Repairs Noted	<input type="checkbox"/> Filled with Debris	<input type="checkbox"/> Suspected Leak(s)												

Comments :

CHIMNEY

<input checked="" type="checkbox"/> Brick / Masonry	<input type="checkbox"/> Framed	<input type="checkbox"/> Metal	<input type="checkbox"/> Monitor Condition	<table border="1" style="font-size: 8px;"><tr><td>ACC</td><td>MAR</td><td>NI</td><td>NP</td><td>DEF</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	ACC	MAR	NI	NP	DEF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACC	MAR	NI	NP	DEF											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> General Deterioration	<input type="checkbox"/> Suspected Leak(s)	<input type="checkbox"/> Deteriorated / Missing Cap	<input type="checkbox"/> Recommend Repairs	<table border="1" style="font-size: 8px;"><tr><td>ACC</td><td>MAR</td><td>NI</td><td>NP</td><td>DEF</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	ACC	MAR	NI	NP	DEF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACC	MAR	NI	NP	DEF											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Separated from House	<input type="checkbox"/> Unlined	<input type="checkbox"/> Deteriorated Brick / Mortar	<input type="checkbox"/> _____												
			<input type="checkbox"/> Improper Height												
			<input type="checkbox"/> Out of Plumb												

Comments : Flue not inspected. Annual cleaning is recommended.

GUTTERS/DOWN SPOUTS

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Monitor Condition	<table border="1" style="font-size: 8px;"><tr><td>ACC</td><td>MAR</td><td>NI</td><td>NP</td><td>DEF</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table>	ACC	MAR	NI	NP	DEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ACC	MAR	NI	NP	DEF											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
<input type="checkbox"/> Missing	<input type="checkbox"/> Rust / Corroded	<input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Recommend Repairs	<table border="1" style="font-size: 8px;"><tr><td>ACC</td><td>MAR</td><td>NI</td><td>NP</td><td>DEF</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table>	ACC	MAR	NI	NP	DEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ACC	MAR	NI	NP	DEF											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
<input checked="" type="checkbox"/> Filled with Debris	<input type="checkbox"/> Misaligned	<input type="checkbox"/> Missing Extension / Splash Block	<input type="checkbox"/> Vinyl												
			<input type="checkbox"/> Loose												

Comments : Gutters on most sides of the house had moss and other debris in them at time of inspection. Recommend cleaning gutters and verifying that gutters drain properly.

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Exterior Surface: Wood deterioration noted to the left of main entry



Exterior Surface: Paint deterioration



Exterior Surface: Siding deterioration on west side

WINDOWS

Monitor Condition

Recommend Repairs

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

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

Comments :

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EXTERIOR DOORS

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

- | | | | | |
|--|--|---|---|--------------------------------|
| <input checked="" type="checkbox"/> Wood | <input checked="" type="checkbox"/> Metal | <input checked="" type="checkbox"/> Vinyl | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Delaminated / Damaged | <input type="checkbox"/> Missing / Damaged Hardware | <input type="checkbox"/> Doorbell Inoperative | |
| <input type="checkbox"/> Screen / Storm Door Damaged | <input type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Repair/Replace Weather-Strip | <input type="checkbox"/> Needs Caulk / Seal | |

Comments : Exterior doors were acceptable over-all, but door to dining room did not have a functioning dead bolt at time of inspection. Recommend further evaluation/repairs by qualified contractor.



Exterior Doors:



Exterior Doors:



Exterior Doors: Door from formal dining room did not dead bolt

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FOUNDATION

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Concrete Block | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Slab | <input type="checkbox"/> Post / Pier |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Stone | <input type="checkbox"/> Wood | <input type="checkbox"/> Insulated Concrete Forms (ICF) |
| <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"/> Needs Caulk / Seal | <input type="checkbox"/> Trim Vegetation | <input type="checkbox"/> Sub-Grade Entryway |

Comments :

GARAGE/CARPORT

Monitor Condition Recommend Repairs

- | | | | |
|--|-----------------------------------|--|--|
| <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Detached | <input type="checkbox"/> Carport | |
| <input type="checkbox"/> One Car | <input type="checkbox"/> Two Cars | <input checked="" type="checkbox"/> Three or More Cars | |

FLOOR/WALLS/CEILING/ELECTRICAL

ROOF

SIDING/TRIM

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Settlement / Movement | <input type="checkbox"/> Obscured / Limited View | <input type="checkbox"/> Cracked |
| <input checked="" type="checkbox"/> Outlets NOT GFCI Protected | <input type="checkbox"/> Electrical Deficiencies | | |

Comments : Garage exterior same as main house; siding and other wood components were in need of maintenance and repairs. Outlets in garage were non-GFCI. Recommend protecting outlets as needed by qualified electrical contractor. Window in east wall had fogged panes in it at time of inspection. Recommend replacing panes as needed by qualified contractor.



Garage/Carport: Column on garage corner showed signs of deterioration.



Garage/Carport:

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Garage/Carport: Fogged panes in window

SHOP

Monitor Condition Recommend Repairs

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

	ACC	MAR	NI	NP	DEF
FLOOR/WALLS/CEILING/ELECTRICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIDING/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Comments : Shop exterior same as main house; siding and other wood components were in need of maintenance and repairs. Outlets in shop were non-GFCI. Recommend protecting outlets as needed by qualified electrical contractor. Hose bib leaked from handle at time of inspection and was not of the freeze-proof type. Recommend replacing hose bib as needed by qualified plumbing contractor. East wood window was showing signs of deterioration at time of inspection. Recommend repair/replace window as needed by qualified contractor.



Shop:



Shop: Damage to siding on west side of shop

Inspection Date : 1/11/2018
 Inspector: James Dunlap
 Inspector Phone: (360) 298-2155

Email: james@gepropertyinspections.net



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Shop: Hose bib on shop leaked from valve



Shop: Wood window on west side of shop was deteriorated

OVERHEAD GARAGE DOORS

of Openers : 4

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

<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"/>

Comments : Doors functioned at time of inspection, but recommend checking auto-reverse sensor on middle doors to ensure proper adjustment. Doors were showing signs of paint deterioration. Recommend painting as needed by qualified contractor.



Overhead Garage Doors: Paint deterioration

Inspection Date : 1/11/2018
Inspector: James Dunlap
Inspector Phone: (360) 298-2155

Email: james@gepropertyinspections.net



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SHOP OVERHEAD DOORS

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

of Openers : 5

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

Comments : Middle 2 doors did not open with switch at time of inspection. Recommend further evaluation/repair by qualified contractor.



Shop overhead doors: Doors did not operate with switch

GARAGE PEDESTRIAN DOOR INTO HOUSE

<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"/> Solid Core | <input type="checkbox"/> Hollow Core | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Repair / Replace Weather-Stripping / Seal | | |
| <input type="checkbox"/> Non-Fire Rated Assembly | <input type="checkbox"/> _____ | | |

Comments :

Attic / Roof

Method of Inspection Physical Entry Visual from Access No Access / Limited View

ATTIC / ROOF FRAMING/SHEATHING

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

- | | | | |
|---|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Trusses | <input type="checkbox"/> Rafters | <input type="checkbox"/> Plywood / Panel Boards / OSB | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Broken Rafters / Trusses | <input type="checkbox"/> Deflection | <input type="checkbox"/> Water Stains / Suspected Leak(s) | <input type="checkbox"/> Delaminated |

Comments : **Leaks not always detectable.**

Unable to locate attic access. No attic inspection performed.

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ATTIC / ROOF VENTILATION

Monitor Condition

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

Recommend Repairs

- | | | | | |
|--|--|--|---|----------------------------------|
| <input type="checkbox"/> Gable | <input type="checkbox"/> Ridge | <input 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 : Unable to locate attic access. No attic inspection performed.

ATTIC / ROOF INSULATION

Monitor Condition

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

Recommend Repairs

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

Comments : Unable to locate attic access. No attic inspection performed.

ATTIC ELECTRICAL

Monitor Condition

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

Recommend Repairs

- Open Splices / Junction Boxes

Comments : Limited visibility due to obstructions. See Electrical Section for additional information.
Unable to locate attic access. No attic inspection performed.

Interior Foundation

Foundation Type

- Basement Crawl Space Slab On Grade

INTERIOR FOUNDATION

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 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 :

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Interior Foundation:

UNDER FLOOR FRAMING & SUPPORT

Monitor Condition Recommend Repairs

				ACC	MAR	NI	NP	DEF
BEAMS	<input type="checkbox"/> Engineered	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Dimensional Lumber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOISTS	<input type="checkbox"/> Engineered	<input type="checkbox"/> Trusses	<input checked="" type="checkbox"/> Dimensional Lumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
POSTS	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Dimensional Lumber		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIERS	<input type="checkbox"/> Block	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Dimensional Lumber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Leaning/Bowing Rusted Cracked Split
 Excessive Notching General Deterioration Limited Observation _____

Comments : Moisture penetration and wood deterioration noted in both the northwest and southwest corners. Recommend further evaluation/repairs by qualified contractor.



Under Floor Framing & Support: Water stains on framing and sheeting in northwest corner



Under Floor Framing & Support: Wood deterioration in framing and sheeting at A/C penetration- southwest corner.

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FLOOR/SLAB

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

Comments :

CRAWL SPACE

% of Crawl Space Visible : **90**

- 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"/>

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Physical Entry | <input type="checkbox"/> Visual From Access | <input type="checkbox"/> No Access |
| <input checked="" type="checkbox"/> Vented | <input type="checkbox"/> Sealed | <input type="checkbox"/> Limited Access |
| <input checked="" type="checkbox"/> Standing Water | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Suspected Water Intrusion |
| <input type="checkbox"/> Damaged / Deteriorated Wood | <input type="checkbox"/> Suspected Plumbing Leak | <input checked="" type="checkbox"/> Insulation Present |
| | | <input checked="" type="checkbox"/> Missing / Improper Vapor Barrier |

Comments : Vapor barrier was deteriorated and missing in the northwest corner at time of inspection. Recommend installing vapor barrier as needed by qualified contractor. Standing water was noted in southwest crawl space at time of inspection, possibly from negative grading near A/C. Recommend further evaluation/repairs by qualified contractor. Dryer vented to crawl space and duct was damaged. Recommend further evaluation/repairs by qualified contractor. Insulation had fallen down underneath south side sun room. Recommend remove/replace insulation as needed by qualified contractor.



Crawl Space: Vapor barrier missing in northwest crawl space



Crawl Space: Standing water in southwest corner

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Email: james@gepropertyinspections.net



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Crawl Space: Dryer venting to crawl space



Crawl Space: Insulation falling down underneath south sun room

ELECTRICAL

Monitor Condition Recommend Repairs

SERVICE SIZE (Main Panel)

- | | | | | |
|---|--|---|--|----------------------------------|
| <input type="checkbox"/> 110 Volt (Nominal) | <input checked="" 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 checked="" type="checkbox"/> 200 Amp | <input checked="" type="checkbox"/> Undetermined | |
| <input type="checkbox"/> _____ | | | | |

SERVICE SIZE (Sub Panel)

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 40 Amp | <input type="checkbox"/> 60 Amp | <input type="checkbox"/> 100 Amp | <input type="checkbox"/> Undetermined |
| <input type="checkbox"/> 125 Amp | <input type="checkbox"/> 150 Amp | <input type="checkbox"/> 200 Amp | <input type="checkbox"/> _____ |

				ACC	MAR	NI	NP	DEF
SERVICE	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/> Aluminum	<input 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 type="checkbox"/> Fuse(s)	<input type="checkbox"/> Combination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input type="checkbox"/> Breaker(s)	<input type="checkbox"/> Fuse(s)	<input type="checkbox"/> Combination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<input type="checkbox"/> Solid Aluminum	<input 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"/> Loose 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.

Electrical panels and load center appeared to be in acceptable condition at time of inspection, but recommend further evaluation by qualified electrical contractor as this system is of a custom design. Smoke detectors were outdated and did not have a battery back-up at time of inspection. Recommend replacing smoke detectors for safety reasons.

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

Comments : Cabinet of laundry tub had a loose door and deterioration underneath plumbing. Recommend repair/replace as needed by qualified contractor.



Laundry Facilities: Cabinet door above sink was loose



Laundry Facilities: Deterioration from past plumbing leaks



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HEATING DISTRIBUTION

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROLS/THERMOSTAT (CALIBRATIONS/TIMED FUNCTIONS NOT CHECKED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCULATOR PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ductwork <input type="checkbox"/> Radiators <input type="checkbox"/> Baseboard <input type="checkbox"/> _____ <input type="checkbox"/> Rusted <input type="checkbox"/> Dirty Filter <input type="checkbox"/> Crushed / Disconnected Ducts <input type="checkbox"/> Noisy Blower <input type="checkbox"/> Air Leaks Noted at Plenum / Duct Joints <input type="checkbox"/> Circulator Pump Leaking / Noisy / Inoperable					

Comments :

COOLING

Monitor Condition

Recommend Repairs

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

Brand : **Carrier** Model : Size :
 Age : Design Life : Serial No:

OPERATION

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

Comments : Did not use cooling function as it was below 65 degrees.

Inspection Date : 1/11/2018 Inspector: James Dunlap
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Kitchen:

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/STORAGE				<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"/>
BUILT IN SHELVING				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WET BAR	<input type="checkbox"/> No GFCI Protection			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments : Ceiling/wall in northwest corner of family room showed signs of possible water penetration. Recommend further evaluation/repairs by qualified contractor.

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 Inspector: James Dunlap
 Inspector Phone: (360) 298-2155

Email: james@gepropertyinspections.net



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Family Room:



Family Room: Possible water stain in northwest corner

REC 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"/>				
WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" 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"/>				
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
CLOSET/STORAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
BUILT IN SHELVING	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
WET BAR <input type="checkbox"/> No GFCI Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
MISCELLANEOUS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Comments : Outlet near sink were not GFCI protected. Recommend protecting outlets as needed by qualified electrical contractor.

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Rec room:

FIREPLACE/STOVES

- 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"/> Wood Burning | <input type="checkbox"/> Gas Log | <input type="checkbox"/> Gas Starter | <input type="checkbox"/> Electric | <input type="checkbox"/> Pellet Stove |
| <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.

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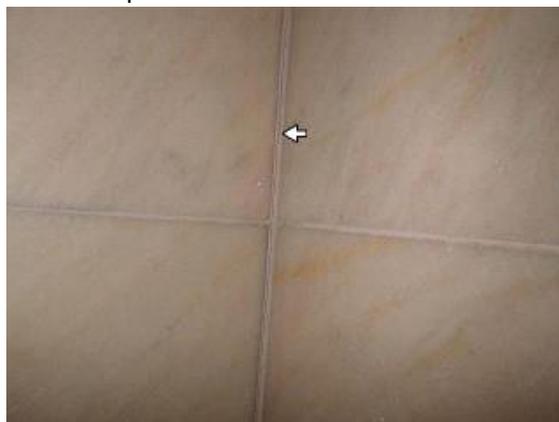
John Smith, , ,

BATHROOM (MASTER)

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/> Leaking <input type="checkbox"/> Cracked / Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET <input type="checkbox"/> Loose at Base <input type="checkbox"/> Runs Continuously		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 : GFCI outlet did not trip when tested, and other outlets in bathroom were not protected. Recommend protecting outlets as needed by qualified electrical contractor. Cabinet door on the side of jetted tub was loose at time of inspection. Recommend repair as needed by qualified contractor. Deterioration in caulk was noted around back splashes, tub, and in shower. Recommend sealing as needed by qualified contractor. Jetted tub did not turn on with switch at time of inspection. Recommend further evaluation/repair by qualified contractor.



Bathroom (master): Caulk deterioration in shower



Bathroom (master): Cabinet door on side of tub loose

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Bathroom (master): Jetted tub did not turn on

BATHROOM 1

Monitor Condition Recommend Repairs

				ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
HEAT/AIR DISTRIBUTION				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/> Leaking	<input type="checkbox"/> Cracked / Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input type="checkbox"/> Loose at Base	<input type="checkbox"/> Runs Continuously		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 : Caulk deterioration noted in shower. Recommend sealing as needed by qualified contractor.
 Outlets were non-GFCI. Recommend protecting outlets as needed by qualified electrical contractor.

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Bathroom 1:



Bathroom 1: Caulk deterioration in shower

BATHROOM 2

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : Outlets were non-GFCI. Recommend protecting outlets as needed by qualified electrical

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Bathroom 2:

BATHROOM 3

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TUB/SHOWER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/> No Service Access <input type="checkbox"/> No GFCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : Toilet handle stuck in the flushed position when operated. Recommend further evaluation/repair by qualified contractor. Outlets were non-GFCI. Recommend protecting outlets as needed by qualified electrical

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Bedroom 1:



Bedroom 1: No power to outlet

BEDROOM 2

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 : Closet door bottom hinge was loose at time of inspection. Recommend repair/replace as needed by qualified contractor.

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Bedroom 2: Loose hinge on closet door



Bedroom 2:

UTILITY ROOMS

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 : Standing water was noted on the floor of the utility room near the boiler, but no active leak was detected. Recommend further evaluation/repair by qualified contractor.

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Utility Rooms: Standing water near wood boiler

STAIRS / RAILINGS

Monitor Condition

Recommend Repairs

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

Missing Hand Rail

Rail Opening Unsafe

Railing / Handrail Loose

Tripping Hazard

Loose / Damaged Tread Riser

Comments :

Inspection Date :
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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.

GRADING / DRAINAGE

Defective

Grading near A/C unit was sloped toward the house. Recommend further evaluation/repair by qualified contractor to ensure that water drains away from the foundation.

DRIVEWAY

Defective

Driveway was in acceptable condition, but live wires were present in the driveway island. Recommend immediate repair by qualified electrical contractor for safety reasons.

WALKS / STEPS

Defective

Steps to deck showed signs of mortar deterioration at time of inspection. Recommend repair as needed by qualified contractor. Some pavers between hot tub deck and shop were loose and shifted underfoot at time of inspection. Recommend further evaluation/repair by qualified contractor.

PORCHES / STOOPS

Defective

Some cracks in brick were noted in porch areas, and some settlement had occurred at time of inspection. Recommend further evaluation/repair by qualified contractor.

DECKS / BALCONY

Defective

Most of the deck appeared solid, but deterioration was noted in at the bullnosing on most sides of the deck. Recommend repair/replace as needed by qualified contractor to protect wood components. Railings were solid, but some deterioration was noted at time of inspection. Recommend repair as needed by qualified contractor.

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GUTTERS/DOWN SPOUTS

Defective

Gutters on most sides of the house had moss and other debris in them at time of inspection. Recommend cleaning gutters and verifying that gutters drain properly.

EXTERIOR SURFACE

Siding/Trim

Defective

Exterior Faucets

Defective

Exterior Electrical Outlets

Defective

Paint was deteriorating on siding and trim on most sides of the home at time of inspection. Rot and wood deterioration was noted in many areas; especially to fascia beneath gutter corners. Recommend caulk, painting, and other repairs as needed by qualified contractor. Hose bib on southwest corner was loose in the wall at time of inspection, and not of a freeze-proof type. Recommend replacing hose bib by qualified plumbing contractor. Exterior outlets were non-GFCI. Recommend protecting outlets as needed by qualified electrical contractor for safety reasons.

EXTERIOR DOORS

Defective

Exterior doors were acceptable over-all, but door to dining room did not have a functioning dead bolt at time of inspection. Recommend further evaluation/repairs by qualified contractor.

GARAGE/CARPORT

Siding/Trim

Defective

Garage exterior same as main house; siding and other wood components were in need of maintenance and repairs. Outlets in garage were non-GFCI. Recommend protecting outlets as needed by qualified electrical contractor. Window in east wall had fogged panes in it at time of inspection. Recommend replacing panes as needed by qualified contractor.

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SHOP

Siding/Trim

Defective

Shop exterior same as main house; siding and other wood components were in need of maintenance and repairs. Outlets in shop were non-GFCI. Recommend protecting outlets as needed by qualified electrical contractor. Hose bib leaked from handle at time of inspection and was not of the freeze-proof type. Recommend replacing hose bib as needed by qualified plumbing contractor. East wood window was showing signs of deterioration at time of inspection. Recommend repair/replace window as needed by qualified contractor.

SHOP OVERHEAD DOORS

Defective

Middle 2 doors did not open with switch at time of inspection. Recommend further evaluation/repair by qualified contractor.

UNDER FLOOR FRAMING & SUPPORT

Joists

Defective

Moisture penetration and wood deterioration noted in both the northwest and southwest corners. Recommend further evaluation/repairs by qualified contractor.

CRAWL SPACE

Defective

Vapor barrier was deteriorated and missing in the northwest corner at time of inspection. Recommend installing vapor barrier as needed by qualified contractor. Standing water was noted in southwest crawl space at time of inspection, possibly from negative grading near A/C. Recommend further evaluation/repairs by qualified contractor. Dryer vented to crawl space and duct was damaged. Recommend further evaluation/repairs by qualified contractor. Insulation had fallen down underneath south side sun room. Recommend remove/replace insulation as needed by qualified contractor.

ELECTRICAL

Panel

Marginal

Sub-Panel

Marginal

Smoke Detectors*

Defective

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Electrical panels and load center appeared to be in acceptable condition at time of inspection, but recommend further evaluation by qualified electrical contractor as this system is of a custom design. Smoke detectors were outdated and did not have a battery back-up at time of inspection. Recommend replacing smoke detectors for safety reasons.

LAUNDRY FACILITIES

Laundry Tub	Defective
-------------	-----------

Cabinet of laundry tub had a loose door and deterioration underneath plumbing. Recommend repair/replace as needed by qualified contractor.

FAMILY ROOM

Ceilings	Defective
Wall(s)	Defective

Ceiling/wall in northwest corner of family room showed signs of possible water penetration. Recommend further evaluation/repairs by qualified contractor.

REC ROOM

Electrical (Random sampling of outlets, switches, fixtures.)	Defective
--	-----------

Outlet near sink were not GFCI protected. Recommend protecting outlets as needed by qualified electrical contractor.

BATHROOM (MASTER)

GFCI Protection (Checked with Test Button Only. Monthly Test Recommended.)	Defective
Countertops/Cabinets	Defective
Tub/Shower	Defective
Jetted Tub	Defective

GFCI outlet did not trip when tested, and other outlets in bathroom were not protected. Recommend protecting outlets as needed by qualified electrical contractor. Cabinet door on the side of jetted tub was loose at time of inspection. Recommend repair as needed by qualified contractor. Deterioration in caulk was noted around back splashes, tub, and in shower. Recommend sealing as needed by qualified contractor. Jetted tub did not turn on with switch at time of inspection. Recommend further evaluation/repair by qualified contractor.

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BATHROOM 1

GFCI Protection (Checked with Test Button Only. Monthly Test Recommended.) Defective
Tub/Shower Defective
Caulk deterioration noted in shower. Recommend sealing as needed by qualified contractor. Outlets were non-GFCI. Recommend protecting outlets as needed by qualified electrical contractor.

BATHROOM 2

GFCI Protection (Checked with Test Button Only. Monthly Test Recommended.) Defective
Outlets were non-GFCI. Recommend protecting outlets as needed by qualified electrical

BATHROOM 3

GFCI Protection (Checked with Test Button Only. Monthly Test Recommended.) Defective
Toilet Defective
Toilet handle stuck in the flushed position when operated. Recommend further evaluation/repair by qualified contractor. Outlets were non-GFCI. Recommend protecting outlets as needed by qualified electrical

BEDROOM 1

Electrical (Random sampling of outlets, switches, fixtures.) Defective
Outlet had no power at time of inspection. Recommend further evaluation/repair by qualified electrical contractor.

BEDROOM 2

Closet Defective
Closet door bottom hinge was loose at time of inspection. Recommend repair/replace as needed by qualified contractor.

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UTILITY ROOMS

Floor/Finish

Defective

Standing water was noted on the floor of the utility room near the boiler, but no active leak was detected. Recommend further evaluation/repair by qualified contractor.

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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