



Benny Paneto DBA
National Property Inspections

Benny Paneto, 6601 Broadway St, Anytown , CA, 90000



Wednesday, January 18, 2023

Inspector

Benny Paneto

909-996-9213

benny.panetonpiinspect.com

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

Property Occupied : Yes	Temperature : 50 F
Estimated Age Of Property : 10 Month(s)	Weather :
Property Faces : <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Type of Property : <input checked="" type="checkbox"/> Single-Family	Soil Conditions : <input checked="" type="checkbox"/> Dry
Primary Construction : <input checked="" type="checkbox"/> Wood	Persons Present : <input checked="" type="checkbox"/> Seller

DEFINITIONS :

Below are listed the definitions used throughout the report to describe each feature of the property.

ACC (ACCEPTABLE)	The item/system was performing its intended function at the time of the inspection.
MAR (MARGINAL)	The item/system was marginally acceptable. It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.
NI (NOT INSPECTED)	The item/system was not inspected due to safety concerns, inaccessibility and/or concealment or seasonal conditions and no representations of whether or not it was functioning as intended were made.
NP (NOT PRESENT)	The item/system does not exist or was visually concealed at the time of the inspection.
RR (REPAIR/REPLACE)	The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

SCOPE OF THE INSPECTION :

We wish to remind you that every property requires a certain amount of ongoing maintenance: drains sometimes clog, gutters, downspouts and the grading around the property must be properly maintained to help prevent water intrusion in to the basement or crawlspace; roofs, furnaces, air conditioners and other components require regular maintenance and inspection. This property will be no exception and we strongly suggest that you both expect and budget for regular maintenance/repairs. The following report is based on visual inspection of the readily accessible areas of this property and on a random sampling of like items, not every item was or could be inspected. Please read the entire report carefully, ask your inspector any questions you might have and obtain estimates or discuss noted items with a contractor before closing. The Inspector may rely on a third-party sources for reporting ages of certain components and appliances, based on make/model and/or serial numbers. While sources are believed to be reliable, the inspector cannot guarantee their accuracy. Note: The client agrees that if they are not present at the time of the inspection and therefore do not sign this agreement that the agreement will become part of the inspection report and acceptance of and payment for this report shall constitute acceptance of the terms and condition in this agreement unless the report is returned by receipt within 5 business days of report receipt and acceptable explanation of client's objections attached.

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GRADING / DRAINAGE

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

Comments:

Grading/drainage appeared to be a positive slope around all sides of the home.



Grading / Drainage: front



Grading / Drainage: front left



Grading / Drainage: left rear



Grading / Drainage: backyard drain

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Grading / Drainage:



Grading / Drainage: right rear



Grading / Drainage: right side

DRIVEWAY

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

☒ Concrete

Comments:

The driveway was in generally good condition.

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Driveway:

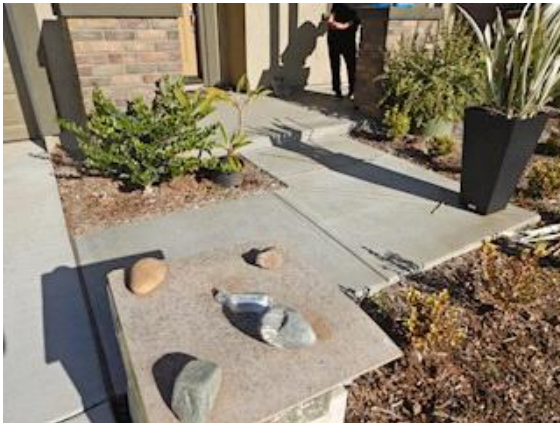
WALKS / STEPS

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

☒ Concrete

Comments:

Walkways/steps to the house and around the property were in good condition at time of the inspection.



Walks / Steps: front



Walks / Steps: front left

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PORCHES / STOOPS

☒ Recommend Repairs

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

☒ Open

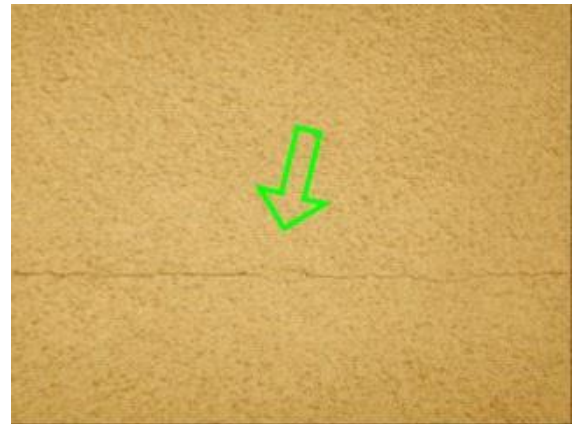
☒ General Deterioration

Comments:

Observed stucco cracks on the porch ceiling. Observed a gap on the porch ceiling. Recommend further evaluation/repair by qualified contractor(s).



Porches / Stoops: observed stucco cracks on the porch ceiling



Porches / Stoops: cracks noted on the porch ceiling



Porches / Stoops:



Porches / Stoops:

Inspection Date:
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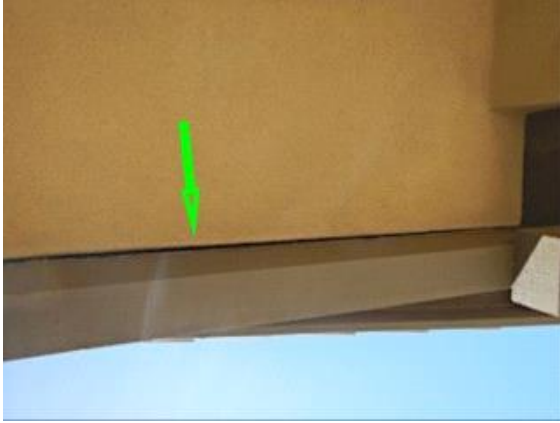
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Porches / Stoops: observed a gap on the porch ceiling



Porches / Stoops:



Porches / Stoops:

PATIO

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

☒ dirt

Comments:

Patio is dirt at the time of this inspection.

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Patio:



Patio:

FENCES / GATES

☒ Recommend Repairs

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

☒ Masonry

☒ Plastic / PVC

Comments:

Observed a large gap under the north facing vinyl fence, possible future soil erosion. Recommend further evaluation/repair by qualified contractor(s).



Fences / Gates: observed footing missing on the north facing vinyl fence, possible future soil erosion



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Fences / Gates: front right



Fences / Gates: left side



Fences / Gates: left side



Fences / Gates: north rear

RETAINING WALLS

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

☒ Front

☒ Rear

☒ Sides

Comments:

Retaining walls appeared to be functioning as designed and is in good shape at time of inspection.

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Retaining Walls: right front



Retaining Walls: right side

ROOFING

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

Age: < 5 Year(s)

Design Life: 30-50 Year(s)

Layers: 1

25% Visible

☒ Visual From Ground

☒ Tile

Comments:

Tile roof has normal deterioration from the elements.

Leaks not always detectable.



Roofing:



Roofing:

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Roofing:



Roofing:

FLASHING/VALLEYS

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

☒ Metal

Comments:

All valleys and flashings that were readily visible at time of inspection were acceptable.



Flashing/Valleys:



Flashing/Valleys:

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Flashing/Valleys:



Flashing/Valleys:

EXTERIOR SURFACE

☒ Recommend Repairs

☒ Stucco

☒ Wood

	ACC	MAR	NI	NP	RR
SIDING/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXTERIOR FAUCETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ELECTRICAL OUTLETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Observed water stains and stucco cracks in several areas. Recommend further evaluation/repair by qualified contractor(s).

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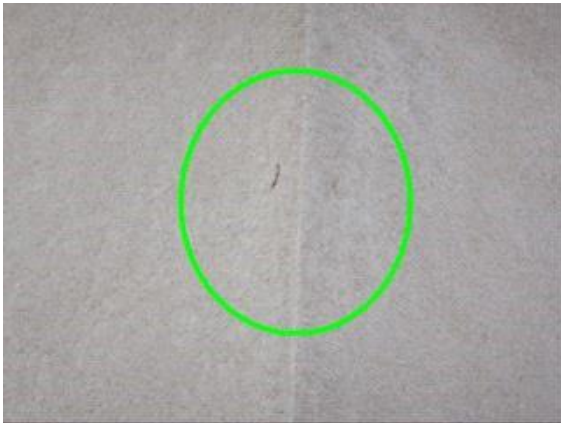
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Exterior Surface: noted a dark stain on the west facing exterior wall



Exterior Surface: observed dark stains on the west exterior wall



Exterior Surface: crack noted on the north west corner exterior wall



Exterior Surface: cracks and chipping stucco located on the upper north west corner exterior wall



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Exterior Surface: stain on the north facing exterior wall



Exterior Surface: observed mismatch color on the east facing stucco wall



Exterior Surface: noted a gap on the patio hose Bibb at the wall



Exterior Surface: porch outdoor outlet

WINDOWS

☒ Vinyl

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

Comments:

All windows appeared to be in good repair at time of inspection from the exterior.

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Windows:



Windows:



Windows:



Windows:

EXTERIOR DOORS

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

☒ Wood

Comments:

Doors appear to be functioning properly and seal properly when closed.

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Exterior Doors: front entry door



Exterior Doors: garage exit door



Exterior Doors: patio sliding door

FOUNDATION

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

☒ Concrete

Comments:

All visible exterior foundation walls appear in acceptable condition at time of inspection with no major defects or movement noted.

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GARAGE/CARPORT

☒ 3 or More Cars

☒ Attached

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

Comments:

At time of inspection, the garage and all related components were acceptable.



Garage/Carport:



Garage/Carport:



Garage/Carport:



Garage/Carport:

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Garage/Carport:



Garage/Carport:

OVERHEAD GARAGE DOORS

☒ Recommend Repairs

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

☒ Metal

☒ Repair / Adjust Automatic Reverse

Comments:

The doors designs are not matching. Noted a dent on the small garage door. Recommend further evaluation/repair by qualified contractor(s).

The automatic garage door opener for the large door had a inoperable or out of adjustment automatic-reverse feature. Auto reverse is a safety feature that stops the door from closing when it hits a object. Recommend a garage door technician review the operation of garage door and make repairs/adjustments needed for door to operate in a safe manor.



Overhead Garage Doors: door designs do not match



Overhead Garage Doors: noted a dent on the small garage door

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GARAGE PEDESTRIAN DOOR INTO HOUSE

☒ Recommend Repairs

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

☒ Solid Core

Comments:

The spring hinge on the door from house to garage is not working properly. By today's standards the door is required to be self closing. This condition may prevent the fire door from performing as designed in a fire. Recommend adjusting/ replacing hinge by a qualified contractor.



Garage Pedestrian Door into House:



Garage Pedestrian Door into House: the self closing device on the pedestrian door is not functioning (door is not closing)



Garage Pedestrian Door into House: adjustable hinge

Attic / Roof

Method of Inspection

☒ Physical Entry

10 % Visible

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ATTIC FRAMING/SHEATHING

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

☒ Trusses

Comments:

Framing/sheathing appeared to be functioning as designed at time of inspection. It appeared to be built within standards of practice for time of construction.

Leaks not always detectable.



Attic Framing/Sheathing:



Attic Framing/Sheathing:

ATTIC VENTILATION

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

☒ Static Vent

Comments:

The attic was ventilated properly. No deficiencies were observed at time of inspection.

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Attic Ventilation:



Attic Ventilation:

ATTIC INSULATION

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

Comments:

Insulation was spray foam insulation covering the roof sheathing and rafters. All foam was found in acceptable condition with full coverage of all visible areas requiring insulation.

Note: Richard this is the comment that I use if it has regular insulation. Attic insulation thickness was 10-12 inches = approx R32. This was acceptable when the house was built. The modern recommended value is 14-16 inches = approx . R32.



Attic Insulation:



Attic Insulation:

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ATTIC ELECTRICAL

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

Comments:

Unable to inspect any electrical components. Recommend all concerns be addressed with a licensed electrician.

Limited visibility due to obstructions. See Electrical Section for additional Information.

Interior Foundation

INTERIOR FOUNDATION

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

Comments:

All visible interior foundation walls appeared to be in acceptable condition with no apparent major defects (settlement, cracking, bowing, movement, or moisture issues) noted at time of inspection. General deterioration of construction materials only.

FLOOR/SLAB

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

☒ Concrete

Comments:

Slab on grade. Limited visibility. The concrete floors of the home are covered by carpet, tiles and /or floor coverings. No reportable concerns were observed with the readily visible portions of the foundational time of inspection. However, our service does not guarantee or warrant against leaks, cracks, settlement, movement and/or other foundation failures. As with all systems and components of the home, continued routine inspections, maintenance, and monitoring are recommended.

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ELECTRICAL

SERVICE SIZE (Main Panel)

☒ Brand: Square D

☒ Main Disconnect Location: Left front

☒ 200 AMP

	ACC	MAR	NI	NP	RR
SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARBON MONOXIDE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

*Smoke Detectors / GFCI's checked with test button only. Monthly Test Recommended.



Electrical: the patio outdoor outlet is not energized



Electrical:

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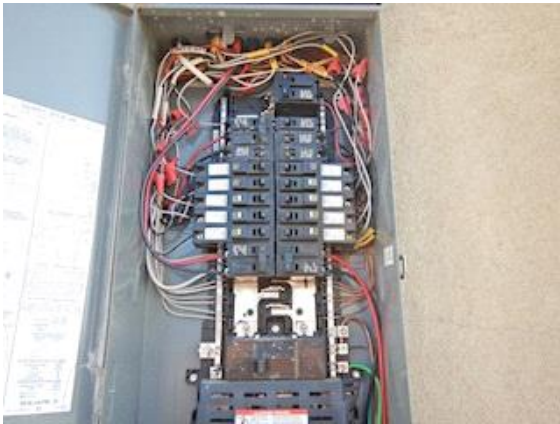
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Electrical:



Electrical: main breaker



Electrical:



Electrical:



Electrical: patio outdoor outlet is not energized



Electrical: first floor smoke detector/carbon monoxide combination unit

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PLUMBING

Water Service

☒ Water Public

☒ Shut Off Location: Garage

Fuel Service

☒ Shut Off Location: Left front

	ACC	MAR	NI	NP	RR
SUPPLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAINS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EJECTOR PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

No defects were found pertaining to the main plumbing system.

Main utility line, septic systems and gray water systems are excluded from this Inspection.



Plumbing: water meter



Plumbing:

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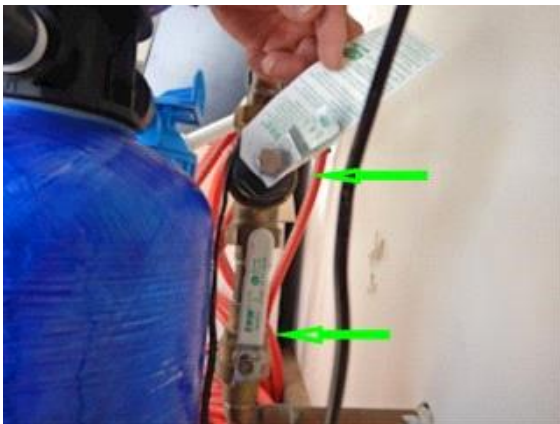
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Plumbing: 65 psi



Plumbing: fire sprinkler cabinet



Plumbing: water shut off and regulator



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WATER HEATER

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

Brand: Rinnai
SerialNo: NL.BA-1955560

Model: RI160IN

Age: 2 Year(s)

Design Life: 10-15 Year(s)

☒ Electric

☒ Gas

Comments:

At the time of the inspection, the tank less water heater produced hot water upon demand.



Water Heater:



Water Heater:



Water Heater:

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LAUNDRY FACILITIES

Location: 2nd floor

	ACC	MAR	NI	NP	RR
UTILITY HOOKUPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRYER VENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All components in laundry room were acceptable at time of inspection. Note: The clothes washer and dryer were not operated.



Laundry Facilities:



Laundry Facilities:

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Laundry Facilities:

HEATING

Brand: Carrier
SerialNo: 4321A66232

Model: 59SU5A080E0211220

Age: 2 Year(s)

Design Life: 15-20 Year(s)

☒ Electric☒ Gas☒ Forced Air

	ACC	MAR	NI	NP	RR
OPERATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABOVE GROUND STORAGE TANKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUMIDIFIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Home heating included a gas-fired forced-air furnace. Located in the attic/ Furnace produced hot air and operated as intended.

Heat Exchanger - Unable to detect cracks/holes without dismantling unit.

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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National Property Inspections

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Heating:



Heating:

DRAFT CONTROL/VENT

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

☒PVC

Comments:

Proper venting to exterior via chimney. No obstructions observed at time of inspection. Operates within manufacturers specifications.



Draft Control/Vent: furnace



Draft Control/Vent: water heater

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HEATING DISTRIBUTION

☒ Ductwork

	ACC	MAR	NI	NP	RR
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"/>

Comments:

Distribution was acceptable at time of inspection.



Heating Distribution: thermostat located on the first floor



Heating Distribution: 2nd floor thermostat



Heating Distribution:



Heating Distribution:

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

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Heating Distribution: fresh air



Heating Distribution: warm air

COOLING

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

Brand: Carrier
SerialNo: 0422X14745

Model: CA16NW048-B

Age: 1 Year(s)

Design Life: 10-15 Year(s)

☒ Electric

☒ Central Air

Comments:

A/C unit should not be tested in cool mode with temperature below 65 degrees for fear of damaging compressor. Recommend checking when ambient air is warmer. The temperature splits could not be properly tested with the low temperatures, even if it was safe to operate.



Cooling:

Inspection Date:
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KITCHEN	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 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"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE TOP/OVEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE ANTI-TIP BRACKET	<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"/>
DISHWASHER/CROSS FLOW PROTECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROWAVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARBAGE DISPOSAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All components in kitchen were acceptable at time of inspection.

Inspection Date:
01/18/2023

Inspector: Benny Paneto
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Kitchen:



Kitchen:



Kitchen: 2nd GFCI

FIREPLACE/STOVE

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

☒ Gas Starter

Comments:

Fireplace was closed off and not in use.

Recommend annual cleaning - Fireplace design and soot / creosote buildup, in most cases, prevents view of chimney liner / cracks.

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Fireplace/Stove:



Fireplace/Stove:

BATHROOM 1

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 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"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<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"/>	<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"/>

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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Benny Paneto, 6601 Broadway St, Anytown , CA, 90000

Comments:

All components in bathroom were acceptable at time of inspection.



Bathroom 1:



Bathroom 1: outlet is GFCI protected



Bathroom 1:



Bathroom 1:



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BATHROOM 2

☒ Recommend Repairs

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 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"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TOILET	<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"/>	<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:

Observed water stains under the left sink faucet. Noted evidence of a drain leak under the right sink. Recommend further evaluation/repair by qualified plumbing contractor(s).

Inspection Date:
01/18/2023

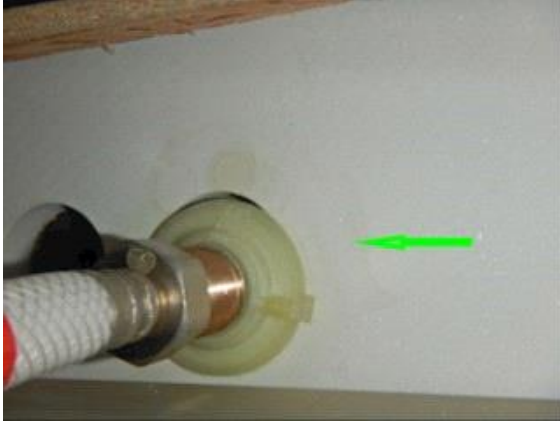
Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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National Property Inspections

Benny Paneto, 6601 Broadway St, Anytown , CA, 90000



Bathroom 2: observed water stains under the left sink faucet



Bathroom 2:



Bathroom 2:



Bathroom 2: outlet is GFCI protected



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Bathroom 2:



Bathroom 2:



Bathroom 2:



Bathroom 2: noted evidence of a drain leak under the second sink



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BATHROOM 3

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 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"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<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"/>	<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:

Evidence of a water stains under the faucet. The tub faucet is loose at the base. Recommend further evaluation/repair by qualified plumbing contractor(s).

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

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National Property Inspections

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Bathroom 3: evidence of a water stains under the faucet



Bathroom 3:



Bathroom 3:



Bathroom 3: tub faucet is loose at the base



Bathroom 3:



Bathroom 3:

Inspection Date:
01/18/2023

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Inspector Phone: 909-996-9213

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Bathroom 3: outlet is GFCI protected



Bathroom 3:

BEDROOM 1

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 checked="" 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:

Ceiling and walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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Benny Paneto, 6601 Broadway St, Anytown , CA, 90000



Bedroom 1 :



Bedroom 1 :



Bedroom 1 :



Bedroom 1 :

BEDROOM 2

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 checked="" 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"/>

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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National Property Inspections

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Comments:

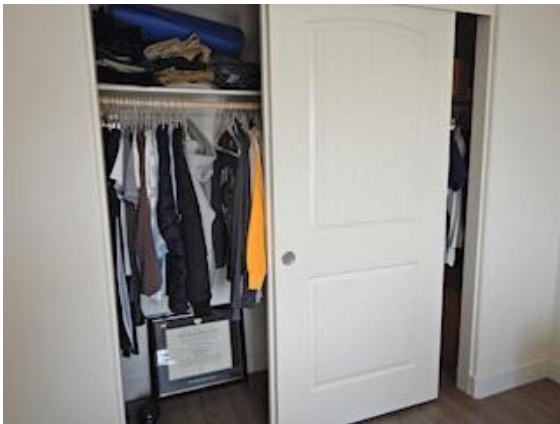
Ceiling and walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.



Bedroom 2:



Bedroom 2:



Bedroom 2:



Bedroom 2:



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BEDROOM 3

☒ Recommend Repairs

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

The door hinge pin is not installed correctly. Recommend further evaluation/repair by qualified contractor(s).



Bedroom 3:



Bedroom 3:

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com

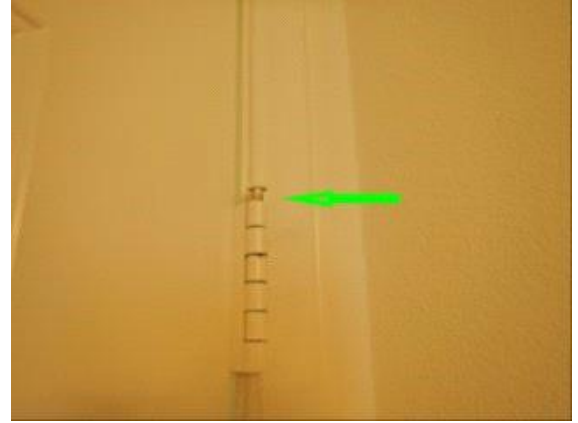


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National Property Inspections

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Bedroom 3:



Bedroom 3: the door hinge pin is not installed correctly.

BEDROOM 4

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

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Benny Paneto, 6601 Broadway St, Anytown , CA, 90000



Bedroom 4:



Bedroom 4:



Bedroom 4:

BEDROOM 5

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection Date:
01/18/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



Benny Paneto DBA
National Property Inspections

Benny Paneto, 6601 Broadway St, Anytown , CA, 90000

Comments:

Ceiling and walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.



Bedroom 5:



Bedroom 5:



Bedroom 5:



Bedroom 5:

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DEN

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 checked="" 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:

Ceiling and walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.



Den:



Den:

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LOFT

☒ Recommend Repairs

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 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 checked="" type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling junction box is missing the cap. Recommend further evaluation/repair by a licensed electrician.



Loft:



Loft:

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Loft: junction box is missing the cap

DINING ROOM

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<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 checked="" 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:

Ceiling and walls were free of cracks. Window(s) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.

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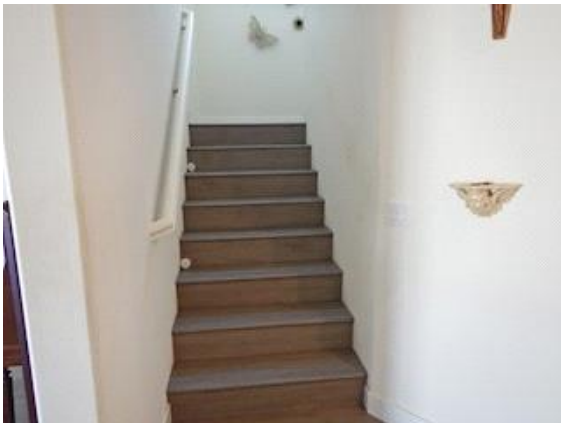


Dining room:

STAIRS / RAILINGS

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

Comments:
Stairs functioned as designed.



Stairs / Railings:



Stairs / Railings:

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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.

1 PORCHES / STOOPS

REPAIR/REPLACE

Observed stucco cracks on the porch ceiling. Observed a gap on the porch ceiling. Recommend further evaluation/repair by qualified contractor(s).

2 FENCES / GATES

REPAIR/REPLACE

Observed a large gap under the north facing vinyl fence, possible future soil erosion. Recommend further evaluation/repair by qualified contractor(s).

3 EXTERIOR SURFACE

Siding/Trim

REPAIR/REPLACE

Observed water stains and stucco cracks in several areas. Recommend further evaluation/repair by qualified contractor(s).

4 OVERHEAD GARAGE DOORS

REPAIR/REPLACE

The doors designs are not matching. Noted a dent on the small garage door. Recommend further evaluation/repair by qualified contractor(s).

The automatic garage door opener for the large door had a inoperable or out of adjustment automatic-reverse feature. Auto reverse is a safety feature that stops the door from closing when it hits a object. Recommend a garage door technician review the operation of garage door and make repairs/adjustments needed for door to operate in a safe manor.

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5 GARAGE PEDESTRIAN DOOR INTO HOUSE

REPAIR/REPLACE

The spring hinge on the door from house to garage is not working properly. By today's standards the door is required to be self closing. This condition may prevent the fire door from performing as designed in a fire. Recommend adjusting/ replacing hinge by a qualified contractor.

6 BATHROOM 2

Sink/Faucet

REPAIR/REPLACE

Observed water stains under the left sink faucet. Noted evidence of a drain leak under the right sink. Recommend further evaluation/repair by qualified plumbing contractor(s).

7 BEDROOM 3

Interior Doors/Hardware

REPAIR/REPLACE

The door hinge pin is not installed correctly. Recommend further evaluation/repair by qualified contractor(s).

8 LOFT

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

REPAIR/REPLACE

Ceiling junction box is missing the cap. Recommend further evaluation/repair by a licensed electrician.

MAR (MARGINAL)

The item/system was marginally acceptable. It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.

RR (REPAIR/REPLACE)

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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