

## ELECTRICAL

<b>SERVICE ENTRANCE CABLE</b>	Capacity: _____ Amps _____ Volts <span style="float: right;"><input type="checkbox"/> Satisfactory</span> Service line entrance: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Raceway Conductor material: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum
<b>MAIN PANEL BOX</b>	Location: _____ <input type="checkbox"/> Grounded <input type="checkbox"/> Bonded <span style="float: right;"><input type="checkbox"/> Satisfactory</span> _____ Amps <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Subpanel Location: _____ Capacity of Main Disconnect: _____ Amps
<b>CIRCUITS AND CONDUCTORS</b>	Quantity: <input type="checkbox"/> Ample Branch wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <span style="float: right;"><input type="checkbox"/> Satisfactory</span> Wiring method: <input type="checkbox"/> Romex <input type="checkbox"/> BX <input type="checkbox"/> Knob and tube <input type="checkbox"/> Raceway <input type="checkbox"/> Conduit <input type="checkbox"/> Overfused circuit <input type="checkbox"/> Double tap breaker GFCI: <input type="checkbox"/> Exterior <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen _____ Bathroom(s)
<b>OUTLETS AND FIXTURES</b>	<input type="checkbox"/> Random testing <input type="checkbox"/> Reversed polarity <input type="checkbox"/> Open ground <span style="float: right;"><input type="checkbox"/> Satisfactory</span> <input type="checkbox"/> Smoke detectors absent

Remarks:

## KITCHEN AND APPLIANCES

<b>CABINETS AND COUNTERTOP</b>	<span style="float: right;"><input type="checkbox"/> Satisfactory</span>
<b>SINK</b>	Plumbing leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <span style="float: right;"><input type="checkbox"/> Satisfactory</span> Disposal: <input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ Yrs.
<b>DISHWASHER</b>	<input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ Yrs. <span style="float: right;"><input type="checkbox"/> Satisfactory</span> <input type="checkbox"/> Air gap or high loop <span style="float: right;"><input type="checkbox"/> N/A</span>
<b>RANGE/OVEN</b>	<input type="checkbox"/> Range <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs. <span style="float: right;"><input type="checkbox"/> Satisfactory</span> <input type="checkbox"/> Wall oven <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Cooktop <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs.
<b>REFRIGERATOR</b>	#1 <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Icemaker Age: _____ Yrs. <span style="float: right;"><input type="checkbox"/> Satisfactory</span> #2 <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Icemaker Age: _____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span>
<b>OTHER APPLIANCES</b>	_____ <input type="checkbox"/> Operating Age: _____ Yrs. <span style="float: right;"><input type="checkbox"/> Satisfactory</span> _____ <input type="checkbox"/> Operating Age: _____ Yrs. <span style="float: right;"><input type="checkbox"/> N/A</span>
<b>FLOOR COVERING</b>	<input type="checkbox"/> Resilient tile <input type="checkbox"/> Sheet goods <input type="checkbox"/> Ceramic <input type="checkbox"/> Wood <span style="float: right;"><input type="checkbox"/> Satisfactory</span> <input type="checkbox"/> Laminate <input type="checkbox"/> _____
<b>VENTILATION</b>	<input type="checkbox"/> Exhaust fan <input type="checkbox"/> Ductless <input type="checkbox"/> Vented to outside <span style="float: right;"><input type="checkbox"/> Satisfactory</span> <input type="checkbox"/> Filter <input type="checkbox"/> Light <span style="float: right;"><input type="checkbox"/> N/A</span>
<b>CLOTHES WASHER</b>	<input type="checkbox"/> Operating Age: _____ Yrs. <span style="float: right;"><input type="checkbox"/> Satisfactory</span> <input type="checkbox"/> Not tested <span style="float: right;"><input type="checkbox"/> N/A</span>
<b>CLOTHES DRYER</b>	<input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs. <input type="checkbox"/> Not tested <span style="float: right;"><input type="checkbox"/> Satisfactory</span> Vented to: _____ <span style="float: right;"><input type="checkbox"/> N/A</span>

Remarks:

Electrical and Kitchen

## HEATING

<b>HEATING SYSTEM</b>	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Forced air furnace (see page 6) <input type="checkbox"/> Gravity hot water boiler <input type="checkbox"/> N/A <input type="checkbox"/> Forced hot water boiler <input type="checkbox"/> Steam boiler <input type="checkbox"/> _____ <input type="checkbox"/> Radiant heat <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Heat pump (see page 6) No. 1 Capacity: _____ Age: ____ Yrs. No. 2 Capacity: _____ Age: ____ Yrs. No. 3 Capacity: _____ Age: ____ Yrs. When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire												
<b>FUEL SUPPLY</b>	<input type="checkbox"/> Oil tank in basement <input type="checkbox"/> Buried <input type="checkbox"/> _____ <input type="checkbox"/> Public gas supply <input type="checkbox"/> Tank <input type="checkbox"/> Electricity <input type="checkbox"/> _____ Fuel supply shutoff location: _____												
<b>HEAT EXCHANGER</b>	<input type="checkbox"/> Partially observed <input type="checkbox"/> Not visible, enclosed combustion <input type="checkbox"/> N/A <input type="checkbox"/> Have condition checked before settlement (see page 6)												
<b>HEAT DISTRIBUTION</b>	<input type="checkbox"/> Radiators <input type="checkbox"/> Convectors <input type="checkbox"/> Baseboard convectors <input type="checkbox"/> Radiant <input type="checkbox"/> Satisfactory Pipes: <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Black iron <input type="checkbox"/> Pipes not visible <input type="checkbox"/> N/A <input type="checkbox"/> Ductwork Heat source in each room: <input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>HUMIDIFIER</b>	<input type="checkbox"/> Atomizer <input type="checkbox"/> Evaporator <input type="checkbox"/> Steam <input type="checkbox"/> Not functioning <input type="checkbox"/> Not tested <input type="checkbox"/> N/A												
<b>FILTER</b>	<input type="checkbox"/> Washable <input type="checkbox"/> Disposable <input type="checkbox"/> Electronic <input type="checkbox"/> Electrostatic <input type="checkbox"/> N/A												
<b>SUPPLEMENTARY HEAT</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Location</th> <th style="width: 50%; text-align: left;">Type</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: right;"><input type="checkbox"/> Satisfactory</td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: right;"><input type="checkbox"/> Satisfactory</td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: right;"><input type="checkbox"/> Satisfactory</td> </tr> </tbody> </table>	Location	Type		_____	_____	<input type="checkbox"/> Satisfactory	_____	_____	<input type="checkbox"/> Satisfactory	_____	_____	<input type="checkbox"/> Satisfactory
Location	Type												
_____	_____	<input type="checkbox"/> Satisfactory											
_____	_____	<input type="checkbox"/> Satisfactory											
_____	_____	<input type="checkbox"/> Satisfactory											

Remarks:

## COOLING

<b>COOLING</b>	<input type="checkbox"/> Cooling system integral with heating system <input type="checkbox"/> Satisfactory <input type="checkbox"/> Central air <input type="checkbox"/> Room units <input type="checkbox"/> Heat pump <input type="checkbox"/> Through-wall <input type="checkbox"/> N/A <input type="checkbox"/> Electric compressor <input type="checkbox"/> Gas chiller <input type="checkbox"/> Air filter <input type="checkbox"/> Air handler <input type="checkbox"/> Thermostat No. 1 Condensing Unit Capacity: _____ Age: ____ Yrs. No. 2 Condensing Unit Capacity: _____ Age: ____ Yrs. No. 3 Condensing Unit Capacity: _____ Age: ____ Yrs. <input type="checkbox"/> Tested <input type="checkbox"/> Not tested (see page 6) <input type="checkbox"/> Ductwork <input type="checkbox"/> Window units not tested
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Remarks:

Heating and Cooling

## PLUMBING AND BATHROOM

<b>WATER SERVICE ENTRANCE PIPE</b>	Water supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (see page 8) <input type="checkbox"/> Not known <span style="float: right;"><input type="checkbox"/> Satisfactory</span> Pipe: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <span style="float: right;"><input type="checkbox"/> N/A</span> <input type="checkbox"/> Lead <input type="checkbox"/> Unknown Main shutoff location: _____
<b>PIPES</b>	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown <span style="float: right;"><input type="checkbox"/> Satisfactory</span> Water flow: <input type="checkbox"/> Tested <input type="checkbox"/> Not tested <span style="float: right;"><input type="checkbox"/> N/A</span> Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed Cross connections: _____ <input type="checkbox"/> None observed Hose bibbs: <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Not tested (see page 8)
<b>DRAIN/WASTE/ VENT</b>	Drain/Waste/Vent Pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Cast iron <input type="checkbox"/> Unknown <input type="checkbox"/> Slow drain <input type="checkbox"/> Leaks <input type="checkbox"/> None observed Waste disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (see page 8) <input type="checkbox"/> Not known
<b>WATER HEATER</b>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Integral with heating system <span style="float: right;"><input type="checkbox"/> Satisfactory</span> <input type="checkbox"/> In line system Fuel cutoff location: _____ <span style="float: right;"><input type="checkbox"/> N/A</span> Capacity: _____ Gal. Ample for _____ people Age: _____ Yrs. <input type="checkbox"/> Pressure relief valve <input type="checkbox"/> Extension
Remarks:	
<b>BATHROOM NO. 1</b> Location: _____	<b>BATHROOM NO. 2</b> Location: _____
<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/> _____ Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/> _____ Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <div style="text-align: right;"><input type="checkbox"/> Satisfactory</div>	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/> _____ Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/> _____ Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <div style="text-align: right;"><input type="checkbox"/> Satisfactory</div>
<b>BATHROOM NO. 3</b> Location: _____	<b>BATHROOM NO. 4</b> Location: _____
<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/> _____ Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/> _____ Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <div style="text-align: right;"><input type="checkbox"/> Satisfactory</div>	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/> _____ Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/> _____ Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <div style="text-align: right;"><input type="checkbox"/> Satisfactory</div>
<b>BATHROOM NO. 5</b> Location: _____	<b>BATHROOM NO. 6</b> Location: _____
<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/> _____ Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/> _____ Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <div style="text-align: right;"><input type="checkbox"/> Satisfactory</div>	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/> _____ Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/> _____ Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <div style="text-align: right;"><input type="checkbox"/> Satisfactory</div>
Remarks:	

Plumbing and Bathroom

