

# *AAA Home Inspections*

## Property Inspection Report



1426 Todd Street, Mountain View CA, 94041  
Inspection prepared for: Nik Morokutti  
Agent: Bea Sines - Alain Pinel Realtors

Inspection Date: 8/27/2010 Time: 1:00  
Age: 58 Size: 1300s.f.  
Weather: Sunny

This is a re-inspection. Homeowner went through and repaired all items I called out on my first inspection

Inspector: Jim Pillsbury  
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Report Summary

## Inspection Details

1. Attendance

2. Home Type

3. Occupancy

Interior Areas

The Interior section covers areas of the house that are not considered part of the Bathrooms, Bedrooms, Kitchen or areas covered elsewhere in the report. Interior areas usually consist of hallways, foyer, and other open areas. Within these areas the inspector is performing a visual inspection and will report visible damage, wear and tear, and moisture problems if seen. Personal items in the structure may prevent the inspector from viewing all areas on the interior.

The inspector does not usually test for mold or other hazardous materials. A qualified expert should be consulted if you would like further testing.

1. Bar

Good	Fair	Poor	N/A	None
				X

2. Cabinets

Good	Fair	Poor	N/A	None
				X

3. Ceiling Fans

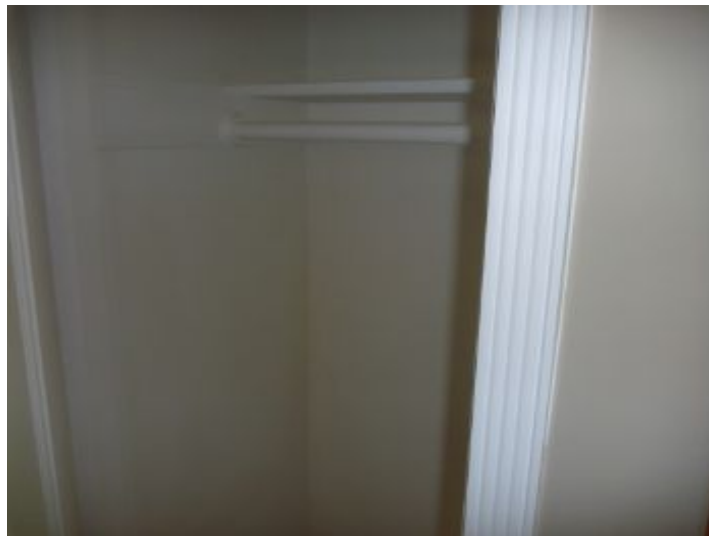
Good	Fair	Poor	N/A	None
				X

4. Closets

Good	Fair	Poor	N/A	None
X				X

Observations:

- The closet is in serviceable condition.



5. Door Bell

Good	Fair	Poor	N/A	None
X				X

Observations:

- Operated normally when tested.

6. Doors

Good	Fair	Poor	N/A	None
X				X

7. Electrical

Good	Fair	Poor	N/A	None
X				

Observations:

- The homeowner replaced all of the 2 prong outlets with 3 prong outlets through out the house.

8. Security Bars

Good	Fair	Poor	N/A	None
				X



New carpet in living room

9. Smoke Detectors

Good	Fair	Poor	N/A	None
				X

10. Stairs & Handrail

Good	Fair	Poor	N/A	None
				X

11. Window-Wall AC or Heat

Good	Fair	Poor	N/A	None
				X

Observations:

- The wall heater is a worn unit possibly beyond it's useful life. There used to be a wall heater in this room and the homeowner had already replaced the whole HVAC system

12. Window Condition

Good	Fair	Poor	N/A	None
X				

- Materials: Vinyl framed single hung window noted. • Wood framed single hung window noted. • Wood framed fixed window noted.

13. Ceiling Condition

Good	Fair	Poor	N/A	None
X				

- Materials: There are drywall ceilings noted.

14. Patio Doors

Good	Fair	Poor	N/A	None
X				X

Observations:

- The sliding patio door was functional during the inspection.

15. Screen Doors

Good	Fair	Poor	N/A	None
X				X

Observations:  
 • Sliding door screen is functional.

16. Wall Condition

Good	Fair	Poor	N/A	None
X				

Materials: Drywall walls noted.

17. Fireplace

Good	Fair	Poor	N/A	None
X				X

Materials: Living Room  
 Materials: Masonry fireplace noted.  
 Observations:  
 • Damper was opened and closed several times.

Bedrooms

The main area of inspection in the bedrooms is the structural system. This means that all walls, ceilings and floors will be inspected. Doors and windows will also be investigated for damage and normal operation. Personal items in the bedroom may prevent all areas to be inspected as the inspector will not move personal items.

1. Locations

Locations: Master#1 • Hall#2 • Hall

2. Bar

Good	Fair	Poor	N/A	None
				X

3. Cabinets

Good	Fair	Poor	N/A	None
				X

4. Ceiling Fans

Good	Fair	Poor	N/A	None

- Observations:
- None present.
  - None present.

5. Closets

Good	Fair	Poor	N/A	None
X				

- Observations:
- The closet is in serviceable condition.
  - The closet is in serviceable condition.
  - The closet is in serviceable condition.



6. Doors

Good	Fair	Poor	N/A	None
X				

7. Electrical

Good	Fair	Poor	N/A	None
X				

Observations:

- Test AFCI breakers periodically to ensure proper operation.
- Test AFCI breakers periodically to ensure proper operation.
- Test AFCI breakers periodically to ensure proper operation.

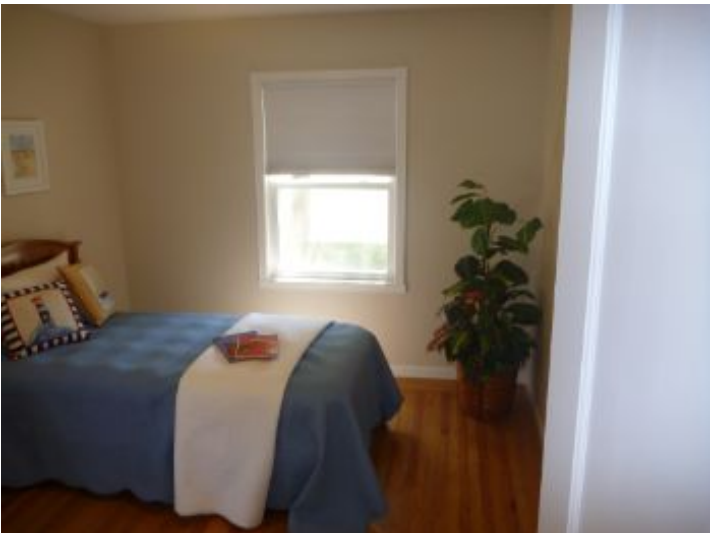
8. Fireplace

Good	Fair	Poor	N/A	None
				X

9. Floor Condition

Good	Fair	Poor	N/A	None
X				

Flooring Types: Hardwood flooring is noted.



10. Security Bars

Good	Fair	Poor	N/A	None
				X

11. Smoke Detectors

Good	Fair	Poor	N/A	None
X				X

Observations:

- There were no smoke detectors present in the bedroom(s).
- There were no smoke detectors present in the bedroom(s).
- The smoke detectors operated during the inspection.

12. Wall Condition

Good	Fair	Poor	N/A	None
X				

Materials: Drywall walls noted.



13. Window-Wall AC or Heat

Good	Fair	Poor	N/A	None
				X

14. Window Condition

Good	Fair	Poor	N/A	None
X				

Materials: Vinyl framed single hung window noted. • Vinyl framed sliding window noted.

15. Ceiling Condition

Good	Fair	Poor	N/A	None

Materials: There are drywall ceilings noted.

16. Patio Doors

Good	Fair	Poor	N/A	None
				X

17. Screen Doors

Good	Fair	Poor	N/A	None
				X

Bathroom

Bathrooms can consist of many features from jacuzzi tubs and showers to toilets and bidets. Because of all the plumbing involved it is an important area of the house to look over. Moisture in the air and leaks can cause mildew, wallpaper and paint to peel, and other problems. The home inspector will identify as many issues as possible but some problems may be undetectable due to problems within the walls or under the flooring..

1. Locations

Locations: Full bath

2. Cabinets

Good	Fair	Poor	N/A	None
				X

3. Ceiling Condition

Good	Fair	Poor	N/A	None
X				

Materials: There are drywall ceilings noted.

4. Counters

Good	Fair	Poor	N/A	None
				X

5. Doors

Good	Fair	Poor	N/A	None
X				

6. Electrical

Good	Fair	Poor	N/A	None
X				

7. GFCI

Good	Fair	Poor	N/A	None
X				

Observations:  
• GFCI in place and operational

8. Exhaust Fan

Good	Fair	Poor	N/A	None
X				

Observations:  
• The bath fan was operated and no issues were found.

9. Floor Condition

Good	Fair	Poor	N/A	None
	X			

Materials: Sheet vinyl flooring is noted.

10. Heating

Good	Fair	Poor	N/A	None

Observations:  
• See HVAC page for more information about this section.

11. Mirrors

Good	Fair	Poor	N/A	None
X				

12. Plumbing

Good	Fair	Poor	N/A	None
X				

13. Security Bars

Good	Fair	Poor	N/A	None
				X

14. Showers

Good	Fair	Poor	N/A	None
				X

15. Shower Walls

Good	Fair	Poor	N/A	None
X				

Observations:  
 • Ceramic tile noted.

16. Bath Tubs

Good	Fair	Poor	N/A	None
X				

Observations:  
 • Tub

17. Enclosure

Good	Fair	Poor	N/A	None
X				

Observations:  
 • The shower enclosure was functional at the time of the inspection.



18. Sinks

Good	Fair	Poor	N/A	None
X				



19. Toilets

Good	Fair	Poor	N/A	None
X				

Observations:

- Operated when tested. No deficiencies noted.

20. Window Condition

Good	Fair	Poor	N/A	None
X				

Materials: Vinyl framed single hung window noted.

Kitchen

The kitchen is used for food preparation and often for entertainment. Kitchens typically include a stove, dishwasher, sink and other appliances.

1. Cabinets

Good	Fair	Poor	N/A	None
	X			

Observations:  
 • No deficiencies observed.



2. Counters

Good	Fair	Poor	N/A	None
	X			

Observations:  
 • Plastic laminate tops noted.

3. Dishwasher

Good	Fair	Poor	N/A	None
	X			

Observations:  
 • operated

4. Doors

Good	Fair	Poor	N/A	None
	X			

Observations:  
 • No major system safety or function concerns noted at time of inspection.

5. Garbage Disposal

Good	Fair	Poor	N/A	None
X				

Observations:  
 • Operated - appeared functional at time of inspection.

6. Microwave

Good	Fair	Poor	N/A	None
				X

7. Cook top condition

Good	Fair	Poor	N/A	None
X				

Observations:  
 • Electric cook top noted. Homeowner installed brand new electric cooktop. All of the burners functioned



8. Oven & Range

Good	Fair	Poor	N/A	None
X				

Observations:

- Oven(s): Electric The homeowner replaced the old double ovens with brand new double ovens. They worked quite well except the upper oven was making a humming sound when turned on. Could be the cooling fan. With that exception everything else worked great
- All heating elements operated when tested.

9. Sinks

Good	Fair	Poor	N/A	None
X				

Observations:

- Kitchen has a Stainless steel - surface mounted sink

10. Drinking Fountain

Good	Fair	Poor	N/A	None
				X

11. Spray Wand

Good	Fair	Poor	N/A	None
X				

Observations:

- The spray wand was operated and was functional.

12. Hot Water Dispenser

Good	Fair	Poor	N/A	None
				X

13. Soap Dispenser

Good	Fair	Poor	N/A	None
				X

14. Trash Compactor

Good	Fair	Poor	N/A	None
				X

15. Vent Condition

Good	Fair	Poor	N/A	None
X				

Materials: Exterior Vented

Observations:

- Exhaust fan is brand new and works great



16. Window Condition

Good	Fair	Poor	N/A	None
X				

Materials: Vinyl framed single hung window noted.

17. Floor Condition

Good	Fair	Poor	N/A	None
X				

Materials: Sheet vinyl flooring is noted.

18. Plumbing

Good	Fair	Poor	N/A	None
X				

19. Ceiling Condition

Good	Fair	Poor	N/A	None
X				

Materials: There are drywall ceilings noted. Everything was freshly painted

20. Security Bars

Good	Fair	Poor	N/A	None
				X

21. Patio Doors

Good	Fair	Poor	N/A	None
				X

22. Screen Doors

Good	Fair	Poor	N/A	None

23. Electrical

Good	Fair	Poor	N/A	None
X				

Observations:

- No major system safety or function concerns noted at time of inspection.

24. GFCI

Good	Fair	Poor	N/A	None
X				

Observations:

- GFCI in place and operational



25. Wall Condition

Good	Fair	Poor	N/A	None

Materials: Drywall walls noted.

Laundry

1. Locations

Locations: kitchen area the laundry room is in the family room next to the kitchen

2. Cabinets

Good	Fair	Poor	N/A	None
				X

3. Counters

Good	Fair	Poor	N/A	None
				X

4. Dryer Vent

Good	Fair	Poor	N/A	None
X				

5. Electrical

Good	Fair	Poor	N/A	None
X				

6. GFCI

Good	Fair	Poor	N/A	None
X				

Observations:  
 • GFCI in place and operational

7. Exhaust Fan

Good	Fair	Poor	N/A	None
				X

Observations:  
 • none

8. Gas Valves

Good	Fair	Poor	N/A	None

Observations:  
 • none

9. Wash Basin

Good	Fair	Poor	N/A	None
				X

10. Window Condition

Good	Fair	Poor	N/A	None
				X

11. Floor Condition

Good	Fair	Poor	N/A	None
X				

Materials: Sheet vinyl flooring is noted.  
 Observations:  
 • Homeowner replaced sheet vinyl with new flooring

12. Plumbing

Good	Fair	Poor	N/A	None

Observations:

- There was a leaking faucet in the laundry that was repaired and is no longer leaking

13. Wall Condition

Good	Fair	Poor	N/A	None
X				

Materials: Drywall walls noted.

Observations:

- Some areas not accessible due to stored personal items.



14. Ceiling Condition

Good	Fair	Poor	N/A	None
	X			

15. Security Bars

Good	Fair	Poor	N/A	None
				X

16. Doors

Good	Fair	Poor	N/A	None
X				

Observations:

- No major system safety or function concerns noted at time of inspection.

Heat/AC

The heating, ventilation, and air conditioning and cooling system (often referred to as HVAC) is the climate control system for the structure. The goal of these systems is to keep the occupants at a comfortable level while maintaining indoor air quality, ventilation while keeping maintenance costs at a minimum. The HVAC system is usually powered by electricity and natural gas, but can also be powered by other sources such as butane, oil, propane, solar panels, or wood.

The inspector will usually test the heating and air conditioner using the thermostat or other controls. For a more thorough investigation of the system please contact a licensed HVAC service person.

1. Heater Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Heater Base

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Enclosure

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Venting

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Gas Valves

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Refrigerant Lines

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. AC Compress Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Air Supply

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Registers

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Filters

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Thermostats

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Water Heater

1. Base

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Heater Enclosure

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Combusion

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Venting

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Water Heater Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. TPRV

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Number Of Gallons

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Gas Valve

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Plumbing

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Overflow Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Strapping

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Garage

1. Roof Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Walls

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Anchor Bolts

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Floor Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Rafters & Ceiling

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Electrical

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. GFCI

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 240 Volt

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Exterior Door

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Fire Door

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Garage Door Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Garage Door Parts

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Garage Opener Status

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Garage Door's Reverse Status

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Ventilation

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Vent Screens

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Cabinets

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Counters

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Wash Basin

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical

1. Electrical Panel

Good	Fair	Poor	N/A	None
X				

Location: Main Location: • South side of the house.

Observations:

- No major system safety or function concerns noted at time of inspection at main panel box. The homeowner put in a new 125 amp service. Complete with GFI's in kitchen and the bathroom. Then he also changed all of the 2 prong outlets to the 3 prong grounded outlets. And lastly installed AFCI ( Arc Fault interrupter Circuits ) in the bedrooms



New electrical panel

2. Main Amp Breaker

Good	Fair	Poor	N/A	None
X				

Observations:

- 125 amp

3. Breakers in off position

Good	Fair	Poor	N/A	None

Observations:

- 1

4. Cable Feeds

Good	Fair	Poor	N/A	None
X				

Observations:

- There is an overhead service drop noted.

5. Breakers

Good	Fair	Poor	N/A	None
X				

Materials: Copper non-metallic sheathed cable noted.

Observations:

- All of the circuit breakers appeared serviceable.

6. Fuses

Good	Fair	Poor	N/A	None
				X

Roof

1. Roof Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Flashing

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Chimney

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Sky Lights

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Spark Arrestor

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Vent Caps

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Gutter

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attic

1. Access

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Structure

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Ventilation

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Vent Screens

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Duct Work

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Electrical

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Attic Plumbing

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Insulation Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Chimney

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Exhaust Vent

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exterior Areas

1. Doors

Good	Fair	Poor	N/A	None

2. Window Condition

Good	Fair	Poor	N/A	None

3. Siding Condition

Good	Fair	Poor	N/A	None

4. Eaves & Facia

Good	Fair	Poor	N/A	None

5. Exterior Paint

Good	Fair	Poor	N/A	None

6. Stucco

Good	Fair	Poor	N/A	None

Foundation

1. Slab Foundation

Good	Fair	Poor	N/A	None

2. Foundation Perimeter

Good	Fair	Poor	N/A	None

3. Foundation Walls

Good	Fair	Poor	N/A	None

4. Cripple Walls

Good	Fair	Poor	N/A	None

5. Ventilation

Good	Fair	Poor	N/A	None

6. Vent Screens

Good	Fair	Poor	N/A	None

7. Access Panel

Good	Fair	Poor	N/A	None

8. Post and Girders

Good	Fair	Poor	N/A	None

9. Sub Flooring

Good	Fair	Poor	N/A	None

10. Anchor Bolts

Good	Fair	Poor	N/A	None

11. Foundation Electrical

Good	Fair	Poor	N/A	None

12. Foundation Plumbing

Good	Fair	Poor	N/A	None

13. Sump Pump

Good	Fair	Poor	N/A	None

14. Ducting

Good	Fair	Poor	N/A	None

Grounds

1. Driveway and Walkway Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Grading

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Vegetation Observations

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. Gate Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Patio and Porch Deck

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Stairs & Handrail

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Grounds Electrical

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. GFCI

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Main Gas Valve Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Plumbing

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Water Pressure

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Pressure Regulator

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Exterior Faucet Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Balcony

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Patio Enclosure

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Patio and Porch Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fence Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Sprinklers

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pool

1. Air Booster Pump

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Deck Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Gate & Fence Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Filter

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Skimmer and Basket

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Pool Heater Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Lights

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Pressure Gauge

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Pumps

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Jets

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Structure Condition

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Tile

Good	Fair	Poor	N/A	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Timer

Good	Fair	Poor	N/A	None

14. Water Condition

Good	Fair	Poor	N/A	None

15. Water Fill Unit

Good	Fair	Poor	N/A	None

16. Electrical

Good	Fair	Poor	N/A	None

17. GFCI

Good	Fair	Poor	N/A	None

# Basement/Crawlspace

## 1. Walls

Good	Fair	Poor	N/A	None
X				

Materials: **\*\*CRAWLSPACE\*\*** • Crawlspace noted. • A raised perimeter with pier and beam supports -- Crawlspace

Observations:

- No deficiencies were observed at the visible portions of the structural components of the home.

## 2. Insulation

Good	Fair	Poor	N/A	None
X				

## 3. Windows

Good	Fair	Poor	N/A	None
				X

## 4. Plumbing Materials

Good	Fair	Poor	N/A	None
X				

Observations:

- ABS
- Galvanized
- Pex

## 5. Basement Electric

Good	Fair	Poor	N/A	None
X				

## 6. GFCI

Good	Fair	Poor	N/A	None

## 7. Access

Good	Fair	Poor	N/A	None

Materials: Exterior hatch door.

Observations:

- Exterior entrance is in serviceable condition.

## 8. Stairs

Good	Fair	Poor	N/A	None
				X

## 9. Railings

Good	Fair	Poor	N/A	None
				X

## 10. Slab Floor

Good	Fair	Poor	N/A	None
				X

## 11. Finished Floor

Good	Fair	Poor	N/A	None
				X

12. Drainage

Good	Fair	Poor	N/A	None
X				

13. Sump Pump

Good	Fair	Poor	N/A	None
				X

14. Framing

Good	Fair	Poor	N/A	None
X				

Observations:  
 • Appear Functional

15. Subfloor

Good	Fair	Poor	N/A	None
X				

16. Columns

Good	Fair	Poor	N/A	None
X				

Observations:  
 • No deficiencies were observed at the visible portions of the structural components of the home.

17. Piers

Good	Fair	Poor	N/A	None

18. Basement/Crawlspace Ductwork

Good	Fair	Poor	N/A	None
				X

Residential Earthquake Hazards Report

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the water heater braced, strapped, or anchored to resist falling during an earthquake?  |
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the house anchored or bolted to the foundation?   |
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. If the house has cripple walls:  |
|                          |                          |                          |                          | a. Are the exterior cripple walls braced?   |
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. If the exterior foundation consists of unconnected concrete piers and posts, have they been strengthened?  |
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. If the exterior foundation, or part of it, is made of unreinforced masonry, has it been strengthened?  |
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. If the house is built on a hillside:   |
|                          |                          |                          |                          | a. Are the exterior tall foundation walls braced?   |
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Were the tall posts or columns either built to resist earthquakes or have they been strengthened?  |
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. If the exterior walls of the house, or part of them, are made of unreinforced masonry, have they been strengthened?  |
| Yes                      | No                       | N/A                      | Don't Know               |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. If the house has a living area over the garage, was the wall around the garage dooropening either built to resist earthquakes or has it been strengthened? |
| Yes                      | No                       | Don't Know               |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | 8. Is the house outside an Alquist-Priolo Earthquake Fault Zone (zones immediately surrounding known earthquake faults)?                                      |
| Yes                      | No                       | Don't Know               |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | 9. Is the house outside a Seismic Hazard Zone (zone identified as susceptible to liquefaction or landsliding)?  |

EXECUTED BY:

\_\_\_\_\_  
 (Seller) (Seller) Date

I acknowledge receipt of this form, completed and signed by the seller. I understand that if the seller has answered "No" to one or more questions, or if seller has indicated a lack of knowledge, there may be one or more earthquake weaknesses in this house.

\_\_\_\_\_  
 (Buyer) (Buyer) Date