

## BACKUP INSPECTION WORKSHEET

<b>Date:</b>	<b>Time:</b>
<b>Address:</b>	
<b>Clients/Agent Names:</b>	

ROOFING DESCRIPTIONS	
<b>Sloped roofing material</b>	<input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Composition shingles <input type="checkbox"/> Wood shingles/shakes <input type="checkbox"/> Concrete tile <input type="checkbox"/> Fiber cement shingles <input type="checkbox"/> Slate shingles
<b>Flat roofing material</b>	<input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Built-up membrane <input type="checkbox"/> Modified bitumen membrane <input type="checkbox"/> Synthetic rubber <input type="checkbox"/> PVC
<b>Other</b>	

ROOFING LIMITATIONS	
<b>Roof inspection limited/prevented by</b>	<input type="checkbox"/> Lack of access (too high/steep) <input type="checkbox"/> Lack of access (too slippery/fragile) <input type="checkbox"/> Gravel covering membrane <input type="checkbox"/> Snow/ice/frost Deck covering roof <input type="checkbox"/> Solar panels covering roof <input type="checkbox"/> Rain/Damp - No access
<b>Inspection performed</b>	<input type="checkbox"/> By walking on roof <input type="checkbox"/> With binoculars <input type="checkbox"/> From roof edge <input type="checkbox"/> From the ground <input type="checkbox"/> With a drone <input type="checkbox"/> With a camera on pole
<b>Other</b>	

ROOFING RECOMMENDATIONS	
<b>Roof</b>	
<b>Flashings</b>	
<b>Other</b>	

**BACKUP INSPECTION WORKSHEET**

**EXTERIOR DESCRIPTIONS**

<b>Wall surfaces and trim</b>	<input type="checkbox"/> Vinyl siding <input type="checkbox"/> Metal siding <input type="checkbox"/> Stucco EIFS (Exterior Insulation and Finishing System or Synthetic Stucco) <input type="checkbox"/> Stucco/EIFS (Exterior Insulation and Finishing System or Synthetic Stucco) <input type="checkbox"/> Brick Stone <input type="checkbox"/> Artificial stone <input type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Boards <input type="checkbox"/> Asbestos cement <input type="checkbox"/> Fiber cement Hardboard, plywood or OSB (Oriented Strand Board) <input type="checkbox"/> Hardboard <input type="checkbox"/> Plywood OSB (Oriented Strand Board)
<b>Garage vehicle door operator</b>	<input type="checkbox"/> Present <input type="checkbox"/> Manually operated
<b>Other</b>	

**EXTERIOR LIMITATIONS**

<b>Inspection limited/ Prevented by</b>	<input type="checkbox"/> Storage <input type="checkbox"/> New finishes/paint/trim <input type="checkbox"/> Car in garage <input type="checkbox"/> Car/storage in garage <input type="checkbox"/> Storage in garage <input type="checkbox"/> Poor access under steps, deck, porch <input type="checkbox"/> Vines/shrubs/trees against wall <input type="checkbox"/> Inaccessible wall <input type="checkbox"/> Snow / ice / frost <input type="checkbox"/> Carpet
<b>Other</b>	

**EXTERIOR RECOMMENDATIONS**

<b>Gutters</b>	
<b>Downspouts</b>	
<b>Walls</b>	
<b>Windows</b>	
<b>Porches, decks, stairs, patios and balconies</b>	
<b>Landscaping</b>	
<b>Garage</b>	
<b>Trellis/Pergola</b>	
<b>Irrigation/Sprinkler system</b>	
<b>Other</b>	

**BACKUP INSPECTION WORKSHEET**

<b>STRUCTURE DESCRIPTIONS</b>	
<b>Configuration</b>	<input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab-on-grade <input type="checkbox"/> Piles and grade beams <input type="checkbox"/> Piers <input type="checkbox"/> Not visible
<b>Foundation material</b>	<input type="checkbox"/> Poured concrete <input type="checkbox"/> Masonry block <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Not visible
<b>Floor construction</b>	<input type="checkbox"/> Joists <input type="checkbox"/> Concrete Slab – concrete <input type="checkbox"/> Engineered wood <input type="checkbox"/> Trusses <input type="checkbox"/> Not visible
<b>Exterior wall construction</b>	<input type="checkbox"/> Wood frame <input type="checkbox"/> Wood frame / Brick veneer <input type="checkbox"/> Wood frame / Masonry veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete block <input type="checkbox"/> Not visible
<b>Roof and ceiling framing</b>	<input type="checkbox"/> Ceiling Joists <input type="checkbox"/> Rafters <input type="checkbox"/> Rafters/ceiling joists <input type="checkbox"/> Rafters/roof joists <input type="checkbox"/> Roof Joists <input type="checkbox"/> Trusses <input type="checkbox"/> Not visible
<b>Other</b>	

<b>STRUCTURE LIMITATIONS</b>	
<b>Inspection limited/prevented by</b>	<input type="checkbox"/> Ceiling, wall and floor coverings <input type="checkbox"/> Carpet/furnishings <input type="checkbox"/> Storage <input type="checkbox"/> New finishes/paint <input type="checkbox"/> Insulation
<b>Attic/roof space</b>	<input type="checkbox"/> Entered but access was limited <input type="checkbox"/> Inspected from access hatch <input type="checkbox"/> No access
<b>Crawlspace</b>	<input type="checkbox"/> Entered but access was limited <input type="checkbox"/> Inspected from access hatch <input type="checkbox"/> No access
<b>Other</b>	

<b>STRUCTURE RECOMMENDATIONS</b>	
<b>Foundations</b>	
<b>Floors</b>	
<b>Walls</b>	
<b>Roof framing</b>	
<b>Other</b>	

**BACKUP INSPECTION WORKSHEET**

<b>ELECTRICAL DESCRIPTIONS</b>	
<b>Service size</b>	<input type="checkbox"/> 100 Amps (240 Volts) <input type="checkbox"/> 30 Amps(120 Volts) <input type="checkbox"/> 60 Amps (240 Volts) <input type="checkbox"/> 75 Amps (240 Volts) <input type="checkbox"/> 125 Amps (240 Volts) <input type="checkbox"/> 150 Amps (240 Volts) <input type="checkbox"/> 200 Amps (240 Volts) <input type="checkbox"/> 400 Amps (240 Volts)
<b>Main disconnect/service box type and location</b>	<input type="checkbox"/> Breakers <input type="checkbox"/> Breakers – basement Breakers - first floor <input type="checkbox"/> Breakers - utility room <input type="checkbox"/> Breakers – garage <input type="checkbox"/> Breakers - exterior wall <input type="checkbox"/> Breakers - master bedroom <input type="checkbox"/> Breakers – bedroom <input type="checkbox"/> Breakers – den Breakers - entrance <input type="checkbox"/> Fuses – basement <input type="checkbox"/> Fuses - first floor <input type="checkbox"/> Fuses - utility room <input type="checkbox"/> Fuses – garage <input type="checkbox"/> Fuses - exterior wall <input type="checkbox"/> Fuses – hallway <input type="checkbox"/> Split-bus panel <input type="checkbox"/> Not found
<b>Distribution panel type and location</b>	<input type="checkbox"/> Breakers - master bedroom <input type="checkbox"/> Breakers - den
<b>Auxiliary panel (subpanel) type and location</b>	<input type="checkbox"/> Breakers <input type="checkbox"/> Breakers – basement <input type="checkbox"/> Breakers - first floor <input type="checkbox"/> Breakers - utility room <input type="checkbox"/> Breakers – garage <input type="checkbox"/> Breakers - exterior wall <input type="checkbox"/> Fuses <input type="checkbox"/> Fuses – basement <input type="checkbox"/> Fuses - first floor <input type="checkbox"/> Fuses - utility room <input type="checkbox"/> Fuses – garage <input type="checkbox"/> Fuses - exterior wall <input type="checkbox"/> Not found
<b>Distribution wire (conductor) material and type</b>	<input type="checkbox"/> Copper - non-metallic sheathed <input type="checkbox"/> Copper - metallic sheathed <input type="checkbox"/> Copper – conduit <input type="checkbox"/> Copper - knob and tube <input type="checkbox"/> Aluminum - non-metallic sheathed <input type="checkbox"/> Aluminum - metallic sheathed <input type="checkbox"/> Aluminum – conduit <input type="checkbox"/> Aluminum – single strand (solid) <input type="checkbox"/> Aluminum – multi-strand <input type="checkbox"/> Aluminum to major appliances <input type="checkbox"/> Aluminum to sub-panel Copper clad aluminum
<b>Smoke alarms (detectors)</b>	<input type="checkbox"/> Present <input type="checkbox"/> None noted <input type="checkbox"/> Photoelectric type <input type="checkbox"/> Ionization type <input type="checkbox"/> Combination type (photoelectric and ionization)
<b>Carbon monoxide (CO) alarms (detectors)</b>	<input type="checkbox"/> Present <input type="checkbox"/> None noted <input type="checkbox"/> Combination smoke/CO alarm(s) noted <input type="checkbox"/> Present on every floor
<b>Other</b>	

<b>ELECTRICAL LIMITATIONS</b>	
<b>Inspection limited/prevented by</b>	<input type="checkbox"/> Restricted access <input type="checkbox"/> Storage <input type="checkbox"/> Insulation <input type="checkbox"/> Power was off <input type="checkbox"/> Power was off in some areas
<b>Other</b>	

<b>ELECTRICAL RECOMMENDATIONS</b>	
<b>Service drop and service entrance</b>	

**BACKUP INSPECTION WORKSHEET**

<b>Service box, grounding and panel</b>	
<b>Distribution system</b>	
<b>Other (Electrical)</b>	

**HEATING DESCRIPTIONS**

<b>System Type</b>	<input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Space heaters <input type="checkbox"/> Heat pump <input type="checkbox"/> Electric plenum heater <input type="checkbox"/> Integrated (Combination) system
<b>Fuel/energy source</b>	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane
<b>Exhaust venting method</b>	<input type="checkbox"/> Direct vent <input type="checkbox"/> Direct vent - sealed combustion <input type="checkbox"/> Forced draft <input type="checkbox"/> Induced draft <input type="checkbox"/> Natural draft
<b>Combustion air source</b>	<input type="checkbox"/> Interior of building <input type="checkbox"/> Outside <input type="checkbox"/> Outside - sealed combustion
<b>Fireplace/stove</b>	<input type="checkbox"/> None <input type="checkbox"/> Wood-burning fireplace <input type="checkbox"/> Wood-burning fireplace - not in service <input type="checkbox"/> Wood stove <input type="checkbox"/> Gas fireplace <input type="checkbox"/> Gas logs <input type="checkbox"/> Coal-burning fireplace <input type="checkbox"/> Coal-burning fireplace - not in service <input type="checkbox"/> Decorative only <input type="checkbox"/> Non-functional <input type="checkbox"/> Factory-built <input type="checkbox"/> Zero clearance <input type="checkbox"/> Electric fireplace
<b>Chimney liner</b>	<input type="checkbox"/> Metal <input type="checkbox"/> Clay <input type="checkbox"/> Cement <input type="checkbox"/> B-vent (double-wall metal liner) <input type="checkbox"/> Not visible <input type="checkbox"/> None <input type="checkbox"/> Not required <input type="checkbox"/> Required <input type="checkbox"/> Required for upgrade/conversion
<b>Location of the thermostat for the heating system</b>	<input type="checkbox"/> Left Wall <input type="checkbox"/> Right Wall <input type="checkbox"/> Living Room <input type="checkbox"/> Hallway <input type="checkbox"/> Basement <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> East <input type="checkbox"/> Rear Wall <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Foyer <input type="checkbox"/> Bedroom <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor
<b>Other</b>	

**HEATING LIMITATIONS**

<b>Inspection prevented/limited by</b>	<input type="checkbox"/> System was shut off <input type="checkbox"/> System was inoperative <input type="checkbox"/> A/C or heat pump operating <input type="checkbox"/> Oil tank was not visible <input type="checkbox"/> Chimney clean-out not opened <input type="checkbox"/> Chimney interiors and flues are not inspected <input type="checkbox"/> Vent connectors, chimney interiors and flues are not inspected <input type="checkbox"/> Top of chimney too high to see well <input type="checkbox"/> No access
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## BACKUP INSPECTION WORKSHEET

	<input type="checkbox"/> Restricted access <input type="checkbox"/> Cannot verify proper operation of air filter <input type="checkbox"/> Cannot verify effectiveness of air filter
<b>Fireplace/wood stove</b>	<input type="checkbox"/> Quality of chimney draw cannot be determined <input type="checkbox"/> Fireplace was in use <input type="checkbox"/> Stove was in use <input type="checkbox"/> Access restricted <input type="checkbox"/> Dataplate not visible, illegible or inaccessible <input type="checkbox"/> Dataplate not found <input type="checkbox"/> Connection to chimney not inspected <input type="checkbox"/> Turned off
<b>Other</b>	

## HEATING RECOMMENDATIONS

<b>Furnace</b>	
<b>Combustion   Air</b>	
<b>Heating control   Thermostat</b>	
<b>Gas furnace</b>	
<b>Oil furnace</b>	
<b>Gas hot water boiler</b>	
<b>Electric plenum heater</b>	
<b>Space heater</b>	
<b>Chimney and vent</b>	
<b>Fireplace</b>	
<b>Wood stove</b>	
<b>Heat recovery ventilator</b>	
<b>Gas line   Gas piping</b>	
<b>Auxiliary heat   Electric radiant</b>	
<b>Integrated (Combination) system   Fan coil unit</b>	
<b>Other</b>	

**BACKUP INSPECTION WORKSHEET**

<b>COOLING DESCRIPTIONS</b>	
<b>Air conditioning type</b>	<input type="checkbox"/> Air cooled <input type="checkbox"/> Water cooled <input type="checkbox"/> Central <input type="checkbox"/> Ductless (Mini split) system <input type="checkbox"/> Package unit <input type="checkbox"/> Evaporative cooler <input type="checkbox"/> Electric <input type="checkbox"/> None present
<b>Heat pump type</b>	<input type="checkbox"/> Air source <input type="checkbox"/> Water source <input type="checkbox"/> Ground source <input type="checkbox"/> Central <input type="checkbox"/> Ductless (Mini split) system <input type="checkbox"/> Package unit <input type="checkbox"/> Electric <input type="checkbox"/> None present
<b>Location of the thermostat for the cooling system</b>	<input type="checkbox"/> Left Wall <input type="checkbox"/> Right Wall <input type="checkbox"/> Living Room <input type="checkbox"/> Hallway <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Kitchen <input type="checkbox"/> Dining Room <input type="checkbox"/> Foyer <input type="checkbox"/> Bedroom <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor
<b>Other</b>	

<b>COOLING LIMITATIONS</b>	
<b>Inspection limited/prevented by</b>	<input type="checkbox"/> Low outdoor temperature <input type="checkbox"/> Power turned off <input type="checkbox"/> System inoperative <input type="checkbox"/> Outdoor unit covered <input type="checkbox"/> Heat pumps are not operated in the heating mode when the outdoor temperature is above 70°F <input type="checkbox"/> Cannot verify proper operation of air filter <input type="checkbox"/> Cannot verify effectiveness of air filter
<b>Other</b>	

<b>COOLING RECOMMENDATIONS</b>	
<b>Air conditioning</b>	
<b>Heat pump</b>	
<b>Other</b>	

**BACKUP INSPECTION WORKSHEET**

<b>INSULATION DESCRIPTIONS</b>	
<b>Attic/roof insulation material</b>	<input type="checkbox"/> Glass fiber <input type="checkbox"/> Mineral wool (rock wool) <input type="checkbox"/> Cellulose <input type="checkbox"/> Vermiculite <input type="checkbox"/> Plastic/foam board <input type="checkbox"/> UFFI <input type="checkbox"/> Sprayed foam <input type="checkbox"/> Shredded leather <input type="checkbox"/> Gypsum slag <input type="checkbox"/> None <input type="checkbox"/> Not determined <input type="checkbox"/> Not visible
<b>Attic/roof insulation amount/value</b>	<input type="checkbox"/> R-4 <input type="checkbox"/> R-8 <input type="checkbox"/> R-12 <input type="checkbox"/> R-20 <input type="checkbox"/> R-24 <input type="checkbox"/> R-28 <input type="checkbox"/> R-32 <input type="checkbox"/> R-40 <input type="checkbox"/> R-50 <input type="checkbox"/> R-60 <input type="checkbox"/> None found <input type="checkbox"/> Not determined <input type="checkbox"/> Not visible <input type="checkbox"/> 1 inch <input type="checkbox"/> 2 inches <input type="checkbox"/> 3 inches <input type="checkbox"/> 4 inches <input type="checkbox"/> 5 inches <input type="checkbox"/> 6 inches <input type="checkbox"/> 7 inches <input type="checkbox"/> 8 inches <input type="checkbox"/> 9 inches <input type="checkbox"/> 10 inches <input type="checkbox"/> 11 inches <input type="checkbox"/> 12 inches <input type="checkbox"/> 13 inches <input type="checkbox"/> 14 inches <input type="checkbox"/> 15 inches <input type="checkbox"/> 16 inches
<b>Attic/roof air/vapor barrier</b>	<input type="checkbox"/> Plastic <input type="checkbox"/> Kraft paper <input type="checkbox"/> Foil <input type="checkbox"/> None found <input type="checkbox"/> Not determined <input type="checkbox"/> Not visible
<b>Wall insulation amount/value</b>	<input type="checkbox"/> R-4 <input type="checkbox"/> R-8 <input type="checkbox"/> R-12 <input type="checkbox"/> R-20 <input type="checkbox"/> Spot checked only <input type="checkbox"/> None found <input type="checkbox"/> Not determined <input type="checkbox"/> Not visible
<b>Floor above basement/crawlspace insulation amount/value</b>	<input type="checkbox"/> R-4 <input type="checkbox"/> R-8 <input type="checkbox"/> R-12 <input type="checkbox"/> R-20 <input type="checkbox"/> R-28 <input type="checkbox"/> None found <input type="checkbox"/> Not determined <input type="checkbox"/> Not visible <input type="checkbox"/> Spot checked only
<b>Other</b>	

<b>INSULATION LIMITATIONS</b>	
<b>Attic inspection performed</b>	<input type="checkbox"/> From access hatch <input type="checkbox"/> By entering attic, but access was limited
<b>Other</b>	

<b>INSULATION RECOMMENDATIONS</b>	
<b>Attic/Roof</b>	
<b>Walls</b>	
<b>Floors</b>	
<b>Foundation</b>	
<b>Ventilation</b>	
<b>Crawlspace</b>	
<b>Other</b>	



**BACKUP INSPECTION WORKSHEET**

<b>PLUMBING DESCRIPTIONS</b>	
<b>Water supply source (based on observed evidence)</b>	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Not determined
<b>Supply piping in building</b>	<input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> PEX (cross-linked Polyethylene) <input type="checkbox"/> Polybutylene (PB) <input type="checkbox"/> CPVC (Chlorinated PolyVinylChloride) <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Brass <input type="checkbox"/> Not visible
<b>Main water shut off valve at the</b>	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Basement <input type="checkbox"/> Front of the basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Exterior wall <input type="checkbox"/> Utility room <input type="checkbox"/> Meter Garage <input type="checkbox"/> Water heater <input type="checkbox"/> Near water heater <input type="checkbox"/> Closet
<b>Water heater type</b>	<input type="checkbox"/> Conventional <input type="checkbox"/> Induced draft <input type="checkbox"/> Combination system <input type="checkbox"/> Tank <input type="checkbox"/> Tankless/On demand <input type="checkbox"/> Tankless/Indirect <input type="checkbox"/> Indirect <input type="checkbox"/> Rental <input type="checkbox"/> Owned
<b>Water heater fuel/energy source</b>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane
<b>Water heater tank capacity</b>	<input type="checkbox"/> Not determined <input type="checkbox"/> 30 gallons <input type="checkbox"/> 33.3 gallons <input type="checkbox"/> 38 gallons <input type="checkbox"/> 40 gallons <input type="checkbox"/> 41.6 gallons <input type="checkbox"/> 47 gallons <input type="checkbox"/> 48 gallons <input type="checkbox"/> 50 gallons <input type="checkbox"/> 60 gallons <input type="checkbox"/> 75 gallons <input type="checkbox"/> 100 gallons <input type="checkbox"/> 74 liters <input type="checkbox"/> 102 liters <input type="checkbox"/> 113 liters <input type="checkbox"/> 150 liters <input type="checkbox"/> 151 liters <input type="checkbox"/> 170 liters <input type="checkbox"/> 175 liters <input type="checkbox"/> 178 liters <input type="checkbox"/> 181 liters <input type="checkbox"/> 184 liters <input type="checkbox"/> 189 liters <input type="checkbox"/> 190 liters <input type="checkbox"/> 225 liters <input type="checkbox"/> 227 liters <input type="checkbox"/> 270 litres <input type="checkbox"/> 284 liters
<b>Waste and vent piping in building</b>	<input type="checkbox"/> Plastic <input type="checkbox"/> ABS plastic <input type="checkbox"/> PVC plastic <input type="checkbox"/> Copper <input type="checkbox"/> Cast iron <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Lead <input type="checkbox"/> Not visible <input type="checkbox"/> Chrome plated brass <input type="checkbox"/> XFR PVC
<b>Main fuel shut off valve at the</b>	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Basement <input type="checkbox"/> Front of basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Exterior <input type="checkbox"/> Utility room <input type="checkbox"/> Gas meter <input type="checkbox"/> Garage <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right
<b>Location of fuel storage tank/system</b>	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Right <input type="checkbox"/> Side <input type="checkbox"/> Left Side <input type="checkbox"/> Exterior <input type="checkbox"/> Basement
<b>Other</b>	

<b>PLUMBING LIMITATIONS</b>	
<b>Inspection limited/prevented by</b>	<input type="checkbox"/> Water supply turned off <input type="checkbox"/> System winterized
<b>Fixtures not tested/not in service</b>	<input type="checkbox"/> Sink <input type="checkbox"/> Basin <input type="checkbox"/> Shower <input type="checkbox"/> Bathtub <input type="checkbox"/> Whirlpool bath <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Laundry tub <input type="checkbox"/> Water heater <input type="checkbox"/> Hot tub <input type="checkbox"/> Sauna <input type="checkbox"/> Outdoor faucet (hose bibs/bibbs) shut off for winter
<b>Other</b>	

**BACKUP INSPECTION WORKSHEET**

<b>PLUMBING RECOMMENDATIONS</b>	
<b>Supply plumbing</b>	
<b>Gas supply</b>	
<b>Water heater</b>	
<b>Waste plumbing</b>	
<b>Fixtures and faucets</b>	
<b>Low-Flow   Fixtures</b>	
<b>Other</b>	

<b>INTERIOR DESCRIPTIONS</b>		
<b>Major floor finishes</b>		
<b>Major wall and ceiling finishes</b>		
<b>Windows</b>		
<b>Exterior doors - type/material</b>		
<b>Inventory Air Conditioner</b>	<b>M#:</b>	<b>S#:</b>
<b>Inventory Boiler</b>	<b>M#:</b>	<b>S#:</b>
<b>Inventory Carbon Monoxide Detector</b>	<b>M#:</b>	<b>S#:</b>
<b>Inventory Cooktop</b>	<b>M#:</b>	<b>S#:</b>
<b>Inventory Garbage disposal (food waste grinder)</b>	<b>M#:</b>	<b>S#:</b>
<b>Inventory Dishwasher</b>	<b>M#:</b>	<b>S#:</b>
<b>Inventory Dryer</b>	<b>M#:</b>	<b>S#:</b>
<b>Inventory Exhaust Fan</b>	<b>M#:</b>	<b>S#:</b>
<b>Inventory Fireplace</b>	<b>M#:</b>	<b>S#:</b>

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<b>Inventory Freezer</b>	M#:	S#:
<b>Inventory Furnace</b>	M#:	S#:
<b>Inventory Garage Door Opener</b>	M#:	S#:
<b>Inventory Heat Pump</b>	M#:	S#:
<b>Inventory Microwave or Microwave/Rangehood</b>	M#:	S#:
<b>Inventory Range</b>	M#:	S#:
<b>Inventory Refrigerator</b>	M#:	S#:
<b>Inventory Smoke Alarm</b>	M#:	S#:
<b>Inventory Thermostat</b>	M#:	S#:
<b>Inventory Wall Oven</b>	M#:	S#:
<b>Inventory Washing Machine</b>	M#:	S#:
<b>Inventory Water Heater</b>	M#:	S#:
<b>Inventory Water Pumps</b>	M#:	S#:
<b>Inventory HEPA Filters</b>	M#:	S#:
<b>Inventory Water Softener</b>	M#:	S#:
<b>Inventory Heat Recovery Ventilator (HRV)</b>	M#:	S#:
<b>Inventory Central Vacuum</b>	M#:	S#:
<b>Other</b>		

**INTERIOR LIMITATIONS**

<b>Inspection limited/prevented by</b>	<input type="checkbox"/> Carpet <input type="checkbox"/> Storage/furnishings <input type="checkbox"/> New finishes/paint <input type="checkbox"/> Storage in closets and cabinets / cupboards
<b>Other</b>	

**BACKUP INSPECTION WORKSHEET****INTERIOR RECOMMENDATIONS**

<b>Ceilings</b>	
<b>Walls</b>	
<b>Floors</b>	
<b>Windows</b>	
<b>Doors</b>	
<b>Carpentry</b>	
<b>Stairs</b>	
<b>Exhaust fans</b>	
<b>Basement</b>	
<b>Crawlspace</b>	
<b>Garage</b>	
<b>Appliances</b>	
<b>Fire egress</b>	
<b>Potentially hazardous materials</b>	
<b>Other</b>	