



KEY: ① Recommend evaluation by a structural/geo-technical engineer ④ This item is a safety hazard - correction is needed
 ② Recommend evaluation and repairs by a licensed contractor ⑤ Upgrades are recommended for safety enhancement
 ③ Refer to qualified termite report for further information * This item warrants attention/repair or monitoring

63 Kitchen (general) N/A

COUNTERS:	<input type="checkbox"/> TILE	<input type="checkbox"/> LAMINATE	<input type="checkbox"/> SOLID SURFACE	<input type="checkbox"/>
<input type="checkbox"/> Items block view of counters / cabinets / floor*	<input type="checkbox"/> Minor wear / cracked tile(s)*	<input type="checkbox"/> Moderate / heavy wear / damage*	<input type="checkbox"/> Missing grout / caulking*	
<input type="checkbox"/> Appear serviceable	<input type="checkbox"/> Cabinet(s) appear serviceable	<input type="checkbox"/> Minor wear	<input type="checkbox"/> Moderate / heavy wear / damage*	
<input type="checkbox"/> Cabinets appear serviceable	<input type="checkbox"/> Missing handles*	<input type="checkbox"/> Drawer damaged / won't open*	<input type="checkbox"/> Drawers off tracks*	
<input type="checkbox"/> Window(s) appear(s) serviceable	<input type="checkbox"/> Non-operational / damaged*	<input type="checkbox"/> Not applicable		
<input type="checkbox"/> Cracked / broken glass*	<input type="checkbox"/> Frame damaged*			
FLOORING:	<input type="checkbox"/> TILE	<input type="checkbox"/> WOOD	<input type="checkbox"/> CARPET	<input type="checkbox"/> VINYL/ LINOLEUM
<input type="checkbox"/> Appears serviceable	<input type="checkbox"/> Minor damage	<input type="checkbox"/> Moderate / major damage*	<input type="checkbox"/> Cracked tile(s)*	
<input type="checkbox"/> Lighting appears serviceable	<input type="checkbox"/> Non-operational / flickering*	<input type="checkbox"/> Damaged light panel*		

COMMENTS: _____

64 Kitchen Sink(s) N/A

<input type="checkbox"/> Dishes block access to sink, could not inspect*	<input type="checkbox"/> Hot & cold water reversed* ④
<input type="checkbox"/> Sink(s) appear(s) serviceable	<input type="checkbox"/> Minor wear
<input type="checkbox"/> Recommend sealing at sink to counter connection*	<input type="checkbox"/> Heavy wear / chipped*
<input type="checkbox"/> Faucet serviceable	<input type="checkbox"/> Non-operational / defective ②
<input type="checkbox"/> Plumbing under sink serviceable	<input type="checkbox"/> Pipes are rusted / corroded / leaking*
<input type="checkbox"/> Moisture stains / damage below sink*	<input type="checkbox"/> Restricted view below sink*
	<input type="checkbox"/> Faucet leaks / drips / is corroded*
	<input type="checkbox"/> Improper piping ②
	<input type="checkbox"/> No hot water*
	<input type="checkbox"/> Slow draining*
	<input type="checkbox"/> Spray wand defective/leaks*

COMMENTS: _____

65 Disposal N/A

<input type="checkbox"/> Dishes block access to sink and disposal, could not inspect*	<input type="checkbox"/> No inspection (power off)*
<input type="checkbox"/> Appear serviceable	<input type="checkbox"/> Not functional / Unsafe / Worn / Near end of lifespan*
<input type="checkbox"/> Blades appear to be frozen/ missing ②	<input type="checkbox"/> Unit makes unusual noise*
<input type="checkbox"/> Wiring serviceable	<input type="checkbox"/> Improper wiring noted ②④
<input type="checkbox"/> Switch is in a hazardous location ②④	<input type="checkbox"/> Exposed wire splices ②④
	<input type="checkbox"/> Loose / missing wire clamp at disposal*
	<input type="checkbox"/> Missing junction box cover(s)*
	<input type="checkbox"/> Not fully visible*
	<input type="checkbox"/> Interior corroded*
	<input type="checkbox"/> Splash guard damaged / missing*

COMMENTS: _____

66 Range/Cooktop N/A

<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> COMBINATION	<input type="checkbox"/> ELEC. IGNITION	# OF OVENS _____
<input type="checkbox"/> Free standing oven - not tested*	<input type="checkbox"/> Ranges/ cooktops not inspected*			
<input type="checkbox"/> Appear serviceable	<input type="checkbox"/> Not functional / Unsafe / Worn / Near end of lifespan*	<input type="checkbox"/> No inspection (power / gas off)*		
<input type="checkbox"/> Upper / lower - right / left - front / rear: element / burner not functional*	<input type="checkbox"/> Damage noted*	<input type="checkbox"/> Door does not close properly*	<input type="checkbox"/> Cracked glass ②	
<input type="checkbox"/> Oven door(s) appear(s) serviceable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Damaged gasket*	<input type="checkbox"/> Clock appears non functional*	
<input type="checkbox"/> Door(s) gasket(s) appear(s) serviceable	<input type="checkbox"/> Burner did not operate ② _____	<input type="checkbox"/> Element did not operate ② _____		
<input type="checkbox"/> Separate cooktop serviceable ___ N/A	<input type="checkbox"/> Gas valve is not visible*	<input type="checkbox"/> Gas shutoff valve not provided ②④		
<input type="checkbox"/> Gas shutoff valve installed ___ N/A	<input type="checkbox"/> Fan / hood did not operate ②	<input type="checkbox"/> Filter missing / blocked / dirty*		
<input type="checkbox"/> Fan / hood operational	<input type="checkbox"/> None provided			

COMMENTS: _____

Notice: Self- and/or continuous cleaning operations, clocks, timing devices, lights and thermostat accuracy are not tested during this inspection.* Appliances are not moved.*

67 Dishwasher N/A

<input type="checkbox"/> The dishwasher is not part of this inspection*	<input type="checkbox"/> No test (power / water off)*
<input type="checkbox"/> Appear serviceable	<input type="checkbox"/> Not functional / Unsafe / Worn / Near end of lifespan*
<input type="checkbox"/> Condition (door, liner, racks) serviceable	<input type="checkbox"/> Rust / damage at:*
<input type="checkbox"/> Soap dish inoperative*	<input type="checkbox"/> Washer arm appears frozen ②
<input type="checkbox"/> Door seals appear serviceable	<input type="checkbox"/> Deteriorated* <input type="checkbox"/> Leaking ②
DRAIN LINE INSTALLATION:	<input type="checkbox"/> Air gap device <input type="checkbox"/> Hi-loop method
<input type="checkbox"/> Leaking noted at drain lines*	<input type="checkbox"/> No / improper air gap provided*
	<input type="checkbox"/> Unit is not secured to cabinets*
	<input type="checkbox"/> Door won't close / open properly*
	<input type="checkbox"/> Drain line is improperly installed ②
	<input type="checkbox"/> Leaking noted at air gap device*

COMMENTS: _____

Notice: Determining adequacy of washing and drying functions of dishwashers is not part of this inspection.*

68 Special Features N/A

<input type="checkbox"/> Special features not inspected*	
<input type="checkbox"/> Trash compactor appears serviceable	<input type="checkbox"/> Non-operational
<input type="checkbox"/> Microwave appears serviceable	<input type="checkbox"/> Non-operational
<input type="checkbox"/> Water purifier installed, but is not a part of this inspection*	<input type="checkbox"/> No key / not inspected*
<input type="checkbox"/> Instant hot water maker installed, but is not a part of this inspection*	<input type="checkbox"/> Not inspected*
<input type="checkbox"/> Other features / appliances present but not inspected include:*	

COMMENTS: _____

Notice: Refrigerator, freezers and built-in ice makers are not part of this inspection.*