



REQUEST FOR PROPOSALS (RFP)

For

DESIGN-BUILD SERVICES FOR OFFICE BUILDING RENOVATIONS

Abingdon, Virginia

ISSUE DATE: November 8, 2024

CLOSING DATE: December 12, 2024 at 2:00 pm Local Time

DEADLINE FOR QUESTIONS: December 6, 2024 by 5:00 pm Local Time

The Request for Proposals (RFP) can be downloaded at:

<https://wellspringva.org/>

NOTE: ALL ADDENDA CAN BE ACCESSED AT THE WEBSITE ADDRESS ABOVE

ISSUED BY: Wellspring Foundation of Southwest Virginia

For inquiries contact:

Curtis Elswick
Owner's Representative Project Manager
(540) 423-2860
curtis.elswick@skanska.com

**REQUEST FOR PROPOSALS (RFP) FOR DESIGN-BUILD SERVICES
FOR OFFICE BUILDING RENOVATIONS**

Abingdon, Virginia

1. INTRODUCTION/SUMMARY

1.1. The Wellspring Foundation of Southwest Virginia (herein described as "Owner") desires to contract with an experienced Design-Builder to deliver renovations to an office building that will serve as the location of their new headquarters to be located at 848 French Moore Jr. Blvd. in Abingdon, Virginia currently serving as the offices for Spiegler Blevins & Company CPAs (herein referred to as the "Project").

1.2. The Project includes renovations to an office building located at the address above.

1.2.1. The office building is a one-story facility that is intended to house offices, conference rooms, storage space, kitchen/break room, and associated spaces. The Project will also include construction of an exterior deck on the southeast side of the building and potentially expansion of the parking lot the east on land owned by the Owner.

1.2.2. No recent geotechnical investigation has been undertaken. Drawings of the existing building are provided with this RFP as **Attachment A**.

An inspection was recently performed by First Step Home Inspections. Their report, dated May 24, 2024, is provided with this RFP as **Attachment B**. It is anticipated that the scope of the Project will include recommended repairs and deferred cost items noted in the inspection report with the exception of potential safety hazards which are anticipated to be resolved by Owner prior to start of any construction activity by Design-Builder. Unit 5 HVAC (Communications Closet) will be removed as a communications closet is not needed.

1.2.3. The Owner has proposed renovations to the existing building to accommodate their programmatic needs which are reflected in the marked-up floor plan included as **Attachment C** as well as proposed HVAC control zones and unit sizes included as **Attachment D**.

1.3. The RFP documents are available for download on the Owner's website at <https://wellspringva.org/>. Proposers are solely responsible for checking this website regularly for all Addenda.

1.4. The objective of this RFP is to select a short list of qualified Design-Builders deemed most suitable for this particular project. The short list of proposers may be requested to submit a more detailed proposal and participate in interviews. The Owner may, at any time, require the proposer to provide additional information, additional copies of prior submissions, and/or clarification to any submission. The Owner reserves the right to select one Design-Build Team to proceed to the next phase in the process of submission of a more detailed proposal or enter directly into contract negotiations based upon their initial submission. If more detailed proposals are requested, they will contain additional design, cost, and schedule information as well as any additional information the Owner considered to be important in the selection of the Design-Builder best-suited for this project.

1.5. The Owner intends to enter into a Design-Build Agreement with the successful Proposer that will have specific contract provisions that may include, but not limited to: an initial Contract Cost Limit (i.e. maximum budget) for all design and construction costs including site improvements, building renovation cost, design and consultant fees; Guaranteed Maximum Price at a TBD stage of design; open book contracting; design review process; allowances; reimbursable costs; contingencies; and may include liquidated damages.

1.6. Project Schedule - These dates are preliminary and are subject to change:

1.6.1 Issue Date: November 8, 2024

1.6.2 Mandatory Pre-Proposal Meeting: November 20, 2024 at 10:00 am Local Time

1.6.3 Last Day for Questions: December 6, 2024 by 5:00 pm Local Time

1.6.4 Conceptual Proposals Due: December 12, 2024 by 2:00 pm Local Time

1.6.5 Notification of Short-Listed Firms: December 2024

1.6.6 Issue Request for Additional Information, if applicable: December 2024/January 2025

1.6.7 Anticipated Selection of Design-Builder: January 2025

2. CONTACTS

Contact shall be with Curtis Elswick (curtis.elswick@skanska.com).

2.1. Issuing Office:

Sean McMurray, Executive Director
Wellspring Foundation of Southwest Virginia
851 French Moore Jr. Blvd., Suite 110
Abingdon, Virginia 24210
Office: (276) 451-2400

No contact shall be made with representatives of the Owner without prior approval. Any communications with representatives of the Owner may be grounds for rejection of proposal.

3. GENERAL INFORMATION

3.1. A mandatory Pre-Proposal Meeting to include a tour of the proposed site will be held at 10:00 a.m. local time, on November 20, 2024, at the site, 848 French Moore Jr. Blvd. in Abingdon, VA. The purpose is to review the administrative requirements of the RFP, scope of the Design-Build proposals, review the site and to receive any questions concerning the RFP process.

3.2. The Owner intends to announce by letter the short list of the selected Proposers that will be asked to respond to any requests for additional information. The Owner reserves the right to select one Design-Build Team to provide additional requested information or enter directly into contract negotiations based upon the initial proposal submission.

3.3. This document, and all referenced documents included on Owner's website related to this RFP constitute the entire Request for Proposals package. The RFP documents are only for the purpose of obtaining Proposals for the Work and do not confer a license or grant to Proposers for any other use.

3.4. On request, the Owner will provide each Proposer access to the Project site to conduct such examinations and investigations as each Proposer deems necessary for submission of a Proposal.

3.5. All questions shall be in written form by email to Curtis Elswick at curtis.elswick@skanska.com with the subject line, "Wellspring Foundation of Southwest Virginia RFP."

3.6. Interpretations or clarifications considered necessary by Owner in response to such questions will be issued by Addenda and posted on Owner's website. Proposers are solely responsible for checking this website regularly for all Addenda.

3.7. Questions received after the posted deadline may not be answered. Only questions answered by formal written Addenda will be binding. Oral and other interpretations or clarifications will not be binding.

3.8. Addenda may be issued to clarify, correct, or change the Proposal Documents as deemed necessary.

4. SUBMITTAL INFORMATION - MANDATORY CRITERIA

An unsatisfactory response to any item in the category titled "Mandatory Criteria" may be considered sufficient cause to disqualify an applicant from further consideration for short-listing for this Project. Responses to the RFP shall be complete for criteria requested by the Owner as it relates to the project. Additional information, examples of work, data shall be issued in a separate binder or identified by Index Tab as supplemental information.

4.1. Responsiveness to RFP – Only responsive applications will be considered and evaluated. A responsive application must be completed according to the instructions and include all required attachments and requested information.

4.2 Debarment Status – By submitting an application, the Proposer certifies that in the cover/transmittal letter that neither it nor any affiliated entity is currently debarred from submitting bids or has otherwise agreed not to submit bids on contracts with any government or business entity. If the Proposer experiences a material change in its debarment status after the application is submitted and prior to the award of the contract for the project, the Proposer shall notify the Owner of the change in writing at the time the change occurs or as soon thereafter as is reasonably practicable. If at any time during the

evaluation process the Proposer is issued a debarment judgment then this will be considered grounds for automatic disqualification.

4.3 Licenses – The Proposer must provide copies of their firm’s Commonwealth of Virginia Contractor’s and Architect’s Licenses with the RFP response. Contractors must hold a current Class A General Contractors license. *(Include this information in an appendix section of the proposal).*

4.4 Bonding Capacity/Statement – Proposers must provide a signed statement from their Surety stating that, based on present circumstances, the minimum and maximum amounts of performance and payment bonds per project and in aggregate in connection to this Project. *(Include this information in an appendix section of the proposal).*

4.5. Conflict of Interest - Identify any persons known to the applicant who would be obligated to disqualify themselves from participation in any transaction arising from or in connection to the Project. *(Include a statement in response to this section in an appendix section of the proposal).*

5. EVALUATION FACTORS

In considering a Proposer for short-listing, the Owner will be the sole judge of the Proposer’s qualifications and experience, including: experience with similar projects; demonstration of ability to perform work; leadership structure; project manager’s experience, project team and experience working together, management approach, financial condition, project understanding and project schedule. The Project understanding shall include the Owner’s desired level of construction quality, building site improvements, and general design intent as deemed appropriate for the Owner.

Proposals shall include, but not be limited to, the following:

- **Firm Profiles:**

Provide background on each firm to include location of offices, experience working within Southwest Virginia or within the larger region, and experience working with local trade contractors and suppliers.

- **Qualifications and Experience:**

Experience with similar projects and ability to perform work. Emphasis will be placed on a Proposer’s performance on recent projects of a similar size and nature to the Project, including Proposer’s ability to manage costs within an established construction budget and to develop a guaranteed maximum price (GMP) proposal. Other factors include, but not limited to, delivery of a quality product, and ability to meet scheduled completion dates. Preference will be given to firms with the following experience:

1. Construction Experience including the following:

A. Successful completion (on time, within budget, and per client's specifications) of at least two (2) building renovation projects in the last five (5) years by the Design-Build Contractor similar in scope to the Project in this RFP. Acceptable delivery methods include Design-Bid-Build, Design-Build and CM at Risk.

2. Design Experience including the following:

A. Completion of design documents of at least two office-type facility renovation designs similar in nature to the proposed Project by the designated Design Project Manager and/or Project Architect.

- **Resources:**

Provide details explaining how the firm or firms involved have current resources available to perform this Project including a list of current projects under construction.

- **Leadership structure/key personnel experience:**

Provide resumes demonstrating that the persons proposed for the following positions have the necessary qualifications and relevant experience on projects of similar size and scope. Proposer must dedicate all key personnel to the project and may not make changes without written approval from the Owner. No substitutions of the key personnel represented below will be accepted without prior approval by the Owner. Request for approval to substitute may be submitted by the Proposer only for reasons beyond the Proposer's control.

1. **Key Personnel** include the following:

A. Design-Build Project Manager – Experience on design/build projects of similar scope is required.

B. Design Project Manager and/or Project Architect - Experience with similar office renovation projects is required.

C. Construction Project Manager (if different from Design-Build Project Manager) – Experience with projects of similar scope is preferred.

D. Construction Superintendent – Experience with projects of similar scope is preferred.

2. **Other Team Members** include the following:

A. Civil Engineer - Experience in Abingdon and/or Washington County is preferred.

B. Structural, Mechanical, Electrical, Plumbing, and Fire Protection Engineers – Experience with office renovations or similar facilities is preferred.

- **Project Characteristics:**

Provide proposed project characteristics that the Design-Build Team would like the Owner to consider that differs from or expands upon the design included within the Attachments to this RFP. This may include, but not be limited to:

- a. Space program for the facility;
- b. Siting and/or floor plan for the facility;
- c. Material types or alternative MEP systems;
- d. Long-term operations and maintenance costs.

- **Estimated Design and Construction Costs:**

Provide estimated design and construction (renovation, site, utilities) costs in order for the Owner to determine the costs are adequate for funding available:

- a. Estimated costs for site and renovations, including proposed contingency
- b. Estimated design fees
- c. Estimated contractor fee or fee percentage

- **Management Approach:**

Provide a narrative explaining your approach to successfully manage the design and construction of the Project. Include a description and examples of how you will manage cost, quality and schedule. Schedule shall begin at “Notice to Proceed” and end with “Owner Occupancy.”

Participation by local trade contractors, vendors and suppliers is highly encouraged. Elaborate on your ability to utilize local resources on this project.

- **References:**

Include a minimum of 3 references to include name, company or governmental body, phone number and email address. The Owner reserves the right to contact any reference listed or non-listed party it deems appropriate. By submitting a response to this Request for Proposals, the Proposer releases the Owner and any references from all liability concerning this exchange of information.

- **Financial Condition:**

Financial data will be reviewed and compared to industry standards. Include on AIA Document A305.

- **Safety Performance:**

Safety data will be reviewed and compared to industry standards. Safety Performance (Contractor) – Please provide the following information on a separate sheet of paper:

1. Experience Modification Factor (EMF) for past five years.
2. A list of OSHA citations levied during the past three years. Describe the infractions and indicate whether there was a warning or fine imposed and the dollar amount of each.
3. Details from your organization’s OSHA 300 “Log of Work-Related Injuries and Illnesses” indicating:
 - Number of lost workday cases
 - Number of restricted workday cases
 - Number of cases with medical attention only
 - Number of fatalities

- **Claims/Final Resolution/Judgments:**

Evaluation of this data will be based on the number of affirmative answers to the questions and the details provided in the explanation for each occurrence. Include on AIA Document A305.

- **Failure to Complete:**

Evaluation of the Proposer’s failure to complete projects will be based primarily on the number of failure-to-complete occurrences and the explanations for the failure-to-complete occurrences. Include on AIA Document A305.

- **Other Relevant Information:**

Under separate Index Tab on binder include any relevant information, deemed to be in the best interest of the proposer and for benefit of the Owner but is not identified as mandatory to the proposal. Proposer is encouraged (not mandatory) to offer any creative methods for construction means and methods that may reduce the standard construction period.

6. PROCESS AND CRITERIA FOR REVIEW OF PROPOSALS AND SELECTION:

Only proposals that contain sufficient information for a meaningful evaluation, that are provided in an appropriate format, and comply with requirements as described in this solicitation, will be considered for further review. The Owner will establish a Selection Committee to review proposals received under this solicitation.

7. SUBMITTAL OF PROPOSALS

7.1. Six (6) copies of the Proposal, and one (1) electronic copy in PDF format, shall be submitted to the Owner on or before the due date and time listed in order to be considered. Late proposals will not be accepted. Proposals shall be clearly identified with — Request for Proposals for Wellspring Foundation of Southwest Virginia Office Renovations. The electronic copy shall be emailed to curtis.elswick@skanska.com and sean.mcmurray@wellspringva.org.

7.2. Proposals shall be enclosed in an opaque sealed envelope or box, marked with the Project title and name and address of Proposer and accompanied by all required documents. If the Proposal is sent through the mail or other delivery system the sealed envelope or box shall be enclosed in a separate envelope or box with the notation — PROPOSAL ENCLOSED on the face of it.

7.3. All Proposers should be available to give a presentation to the Owner with Key Staff present if required.

8. MODIFICATION AND WITHDRAWAL OF PROPOSAL

A proposal may be modified or withdrawn by an appropriate document duly executed in the same manner that a Proposal must be executed and shall be delivered to the Owner prior to the date and time for the opening of the Proposals.

9. OPENING OF PROPOSALS

The Owner will establish a Selection Committee to review proposals received under this solicitation and will open and evaluate proposals privately on a date and time convenient for members of the Selection Committee.

10. OWNER'S RIGHTS AND LIABILITIES

The Owner reserves the right, in its sole discretion and without limitation, to:

- 10.1. Reject any and all proposals at any time;
- 10.2. Terminate consideration or evaluation of any and all proposals at any time;
- 10.3. Suspend, discontinue and/or terminate discussions regarding confidentiality agreements, interim agreements and comprehensive agreements at any time prior to the authorized execution of such agreements by all parties;
- 10.4. Negotiate with a proposer without being bound by any provision in its proposal;
- 10.5. Negotiate with fewer than all proposers at any given time;
- 10.6. Request and/or receive additional information regarding any proposal;
- 10.7. Issue addenda to and/or cancel RFP;
- 10.8. Request revisions to proposals.
- 10.10. A Proposer who submits a proposal agrees to hold the Owner, its officers, employees, agents and volunteers harmless and free from all liability, loss, injury, and/or cost and expense which might be incurred by such Proposer in responding to, or as a consequence of the RFP, and agrees to waive any and all claims for damages arising in connection with the procurement process contemplated by the RFP.

11. PROPOSAL CONTENT

- 11.1. Clearly mark any information that is considered confidential and proprietary.
- 11.2. The Proposals submitted shall be structured in an orderly manner addressing all requested information and requirements. Contents for Information shall be satisfactory for posting and publication, unless expressly waived by the Owner.

12. ATTACHMENTS TO THIS REQUEST FOR PROPOSAL:

- Attachment A: Existing Building Drawings
- Attachment B: Building Inspection Report from First Step Home Inspections dated May 24, 2024
- Attachment C: Owner sketches of proposed renovations to existing floor plans.
- Attachment D: Proposed HVAC zones and unit sizes

END OF DOCUMENT



848 French Moore Jr Blvd., Abingdon, VA 24210

Inspection Date:

5-24-24

Prepared For:

Wellspring Foundation of SWVA

Prepared By:

First Step Home Inspections

P.O. Box 175

Meadowview, Virginia 24361

276-698-0922

firststepemail@gmail.com

Report Number:

134855

Inspector:

Mark McKinney



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REPORT OVERVIEW

THE HOUSE IN PERSPECTIVE

CONVENTIONS USED IN THIS REPORT

SATISFACTORY - Indicates the component is functionally consistent with its original purpose but may show signs of normal wear and tear and deterioration.

MARGINAL - Indicates the component will probably require repair or replacement anytime within five years.

POOR - Indicates the component will need repair or replacement now or in the very near future.

RECOMMENDED REPAIRS - A system or component that is considered deficient – repair is recommended.

NEEDED REPAIRS - A system or component that is considered significantly deficient or is unsafe – repair is needed.

SAFETY HAZARD - Denotes a condition that is unsafe and in need of prompt attention.

THE SCOPE OF THE INSPECTION

All components designated for inspection in the ASHI® Standards of Practice are inspected, except as may be noted in the “Limitations of Inspection” sections within this report.

It is the goal of the inspection to put a home buyer in a better position to make a buying decision. Not all improvements will be identified during this inspection. Unexpected repairs should still be anticipated. The inspection should not be considered a guarantee or warranty of any kind.

Please refer to the pre-inspection contract for a full explanation of the scope of the inspection.

BUILDING DATA

Approx. Year Built: 2007
Style: Office
Main Entrance Faces: North
State of Occupancy: Occupied
Weather Conditions: Partly Cloudy
Rain/Snow in last 3 days: Yes
Ground cover: Dry / Temperature: 75°F at 1:00 pm

INVOICE / RECEIPT

First Step Home Inspections
P.O. Box 175
Meadowview, VA 24361
276-698-0922

Date: 5-24-24

Inspection Number: 134855

Name: Wellspring Foundation of SWVA

Inspection:	\$
Other**	\$~~~~~
Total:	\$

Invoiced by email

Check #:

Cash

Credit Card: Visa MasterCard Discover American Express

** Radon Test Septic System Dye Test Water Test Re-Inspection Shipping

Inspected By:

Mark McKinney

Virginia License #: 3380 000481

Tennessee License #: 00001009

Radon Certification #: NRSB 13SS071



SIDEWALKS		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	<input type="checkbox"/> <i>Public sidewalk needs repair</i>
Material:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Gravel	<input type="checkbox"/> Brick
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Stepping Stones
	<input type="checkbox"/> <i>Pitched towards home</i>	<input type="checkbox"/> <i>Settling cracks</i>	<input type="checkbox"/> <i>Trip Hazard</i>	<input checked="" type="checkbox"/> Typical cracks

DRIVEWAY/PARKING		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	
Material:	<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Gravel/Dirt	<input type="checkbox"/> Brick
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Settling Cracks</i>
	<input type="checkbox"/> <i>Pitched towards home</i>	<input type="checkbox"/> <i>Trip hazard</i>	<input type="checkbox"/> Fill cracks and seal	<input checked="" type="checkbox"/> Typical cracks

FRONT PORCH		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	
Support Pier:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Brick	
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Railing/Balusters recommended</i>
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Safety Hazard</i>

STOOPS/STEPS		<input checked="" type="checkbox"/> None	<input type="checkbox"/> <i>Uneven risers</i>	<input type="checkbox"/> <i>Rotted/Damaged</i>	<input type="checkbox"/> <i>Cracked</i>	<input type="checkbox"/> <i>Settled</i>
Material:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Brick	<input type="checkbox"/> <i>Railing/Balusters recommended</i>		
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Safety Hazard</i>		

PATIO		<input type="checkbox"/> None			
Material:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Stone	<input type="checkbox"/> Brick	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Settling Cracks</i>	<input type="checkbox"/> <i>Trip hazard</i>
	<input type="checkbox"/> <i>Pitched towards home</i>			<input type="checkbox"/> Drainage provided	<input checked="" type="checkbox"/> Typical cracks

DECK/BALCONY <i>(flat, floored, roofless area)</i>		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Not visible	
Material:	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Composite	<input type="checkbox"/> <i>Railing/Balusters recommended</i>
Finish:	<input type="checkbox"/> Treated	<input type="checkbox"/> Painted/Stained		<input type="checkbox"/> Composite
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Railing loose</i>
	<input type="checkbox"/> <i>Safety Hazard</i>	<input type="checkbox"/> <i>Improper attachment to house</i>		<input type="checkbox"/> <i>Wood in contact with soil</i>

DECK/PATIO/PORCH COVERS		<input type="checkbox"/> None	<input type="checkbox"/> <i>Earth to wood contact</i>	<input type="checkbox"/> <i>Moisture/Insect damage</i>
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Posts/Supports need Repair</i>
Recommend:	<input type="checkbox"/> Metal Straps/Bolts/Nails/Flashing		<input type="checkbox"/> <i>Improper attachment to house</i>	

FENCE/WALL		<input type="checkbox"/> Not evaluated	<input checked="" type="checkbox"/> None	
Type:	<input type="checkbox"/> Brick/Block	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Chain Link
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks
Gate:	<input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
				<input type="checkbox"/> <i>Rusted</i>
				<input type="checkbox"/> Vinyl
				<input type="checkbox"/> <i>Loose Blocks/Caps</i>
				<input type="checkbox"/> <i>Planks missing/damaged</i>

LANDSCAPING AFFECTING FOUNDATION				
Negative Grade:	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> North	<input type="checkbox"/> South
	<input type="checkbox"/> <i>Recommend additional backfill</i>	<input type="checkbox"/> <i>Recommend window wells/covers</i>	<input checked="" type="checkbox"/> <i>Trim back trees/shrubberies/vines</i>	<input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> <i>Wood or siding in contact with/improper clearance to soil</i>			

RETAINING WALL		<input checked="" type="checkbox"/> None	Material:	<input type="checkbox"/> <i>Drainage holes recommended</i>
Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Safety Hazard</i>
	<small>(Relates to the visual condition of the wall)</small>			<input type="checkbox"/> <i>Leaning/cracked/bowed</i>

HOSE BIBS		<input type="checkbox"/> None	<input type="checkbox"/> No anti-siphon valve	<input type="checkbox"/> <i>Recommend Anti-siphon Valve</i>
Operable:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Loose	<input type="checkbox"/> Not tested
				<input type="checkbox"/> <i>Recommend Freeze Proof Hose Bib</i>

GENERAL COMMENTS

~ Exterior: Concrete at sidewalks is pitted in many areas.
 ~ Exterior: Hose bib at west wall near NW corner is not operating – most likely clogged from insects.
 ~ Exterior: Recommend updating sealant at bottom side of front exterior door frame.
 ~ Exterior: Concrete slab at south side for HVAC units is slightly settled and pitched towards exterior wall.



ROOF VISIBILITY All Partial None Limited by:

INSPECTED FROM Roof Ladder at eaves Ground (*Inspection Limited*) With Binoculars

STYLE OF ROOF

Type: Gable Hip Mansard Shed Flat Other
Pitch: Low Medium Steep Flat

Roof #1 Type: **Metal** Layers: **1 Layer** Approx. age **17** Years

VENTILATION SYSTEM **Type:** Soffit Ridge Gable Roof Turbine Powered

Ventilation Present: Yes No Insufficient

FLASHING **Material:** Not visible Aluminum Galvanized Asphalt

Copper Foam Rubber Lead
Condition: Not visible Satisfactory Marginal Poor *Rusted* *Missing*
 Separated from chimney/roof *Recommend updating sealant*

VALLEYS N/A **Material:** Not Visible Aluminum Asphalt Lead

Copper Galvanized
Condition: Not visible Satisfactory Marginal Poor
 Holes *Rusted* *Recommend Sealing*

CONDITION OF ROOF COVERINGS **Roof #1:** Satisfactory Marginal Poor

Roof #2: Satisfactory Marginal Poor

Roof #3: Satisfactory Marginal Poor

Condition: Curling Cracking Ponding Burn Spots Broken/Loose Tiles/Shingles
 Nail or Screw popping Granules missing Alligatoring Blistering Missing Tabs/Shingles/Tiles
 Moss buildup Exposed felt Cupping **Evidence of Hail Damage**
 Recommend roofer evaluate *Evidence of current leakage*

SKYLIGHTS N/A *Recommend updating sealant* *Cracked/Broken*

Condition: Satisfactory Marginal Poor

PLUMBING VENTS Not Visible Yes No Satisfactory Marginal Poor

Conditions reported above reflect visible portion only. See additional Comments

GENERAL COMMENTS

- ~ Roof: Recommend updating sealant at plumbing vent pipe and boot, and other roof penetrations.
- ~ Roof: 17 years old – average life is 50+ years with proper maintenance.



EXTERIOR

CHIMNEY(S) None Location(s):

Viewed From: Roof Ladder at eaves Ground (*Inspection Limited*) With Binoculars

Rain Cap/Spark Arrestor: Yes No *Recommended*

Chase: Brick Stone Masonry Blocks Framed

Evidence of: Holes in metal Cracked chimney cap Loose mortar joints Flaking Missing Brick Rust

Flue: Tile Metal *Unlined* Not visible

Evidence of: Scaling Cracks Creosote *Not evaluated*

Have flue(s) cleaned and re-evaluated *Recommend Cricket/Saddle/Flashing*

Condition: Satisfactory Marginal Poor *Recommend Repair*

GUTTERS None *Need to be cleaned* *Downspouts needed*

Material: Copper Vinyl/Plastic Galvanized Aluminum

Condition: Satisfactory Marginal Poor *Rusting*

Leaking: Corners Joints/End caps *Hole in main run*

Attachment: *Loose* *Loose / missing spikes* *Improperly sloped or Holding water*

Extension needed: North South East West *Recommend repair/replacement of damaged sections*

SIDING (*See remark)

Material: Stone Slate Block/Brick Fiberboard Fiber-cement Stucco

EIFS* Not Inspected Asphalt Wood Metal/Vinyl Possible asbestos type

Typical cracks Peeling paint *Monitor* *Wood rot* *Loose/Missing/Holes*

Condition: Satisfactory Marginal Poor *Recommend repair/painting*

1.)TRIM 2.)SOFFIT 3.)FASCIA 4.)FLASHING

Material: Wood Fiberboard Aluminum/Steel Vinyl Stucco

Recommend repair/painting *Damaged wood* Other

Condition: Satisfactory Marginal Poor

CAULKING

Condition: Satisfactory Marginal Poor

Recommend around windows/doors/masonry ledges/corners/utility penetrations

WINDOWS & SCREENS *Failed/fogged insulated glass*

Material: Wood Metal Vinyl Aluminum/Vinyl Clad

Screens: Torn Holes Bent Not installed Glazing Compound/Caulk needed

Condition: Satisfactory Marginal Poor *Wood rot* *Recommend repair/painting*

STORMS WINDOWS None Wood Wood/metal comb. Metal

Putty: Satisfactory *Needed* N/A

Condition: Satisfactory Marginal *Broken / Cracked* *Recommend repair/painting*

SLAB-ON-GRADE/FOUNDATION

Foundation Wall: Concrete block Poured concrete Brick Not visible (Most)

Condition: Satisfactory Marginal Monitor Have Evaluated

Concrete Slab: Satisfactory Marginal Monitor Not visible (Most)

Condition reported above reflect visible portion only.

GENERAL COMMENTS

~ Exterior: Sealant needs updated at windows and doors in several areas.

~ Exterior: Mortar is missing at several brick near east and west sides of front porch roof.

~ Exterior: A few brick at front porch columns show evidence of previous movement – should be re-mortared.



EXTERIOR

SERVICE ENTRY		<input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Overhead	<input type="checkbox"/> <i>Overhead wires too low</i>	<input type="checkbox"/> <i>Weather head/mast needs repair</i>
Exterior receptacles:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Loose	
GFCI present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> <i>Safety Hazard</i>	
	<input type="checkbox"/> Reverse polarity		<input type="checkbox"/> <i>Open ground(s)</i>	<input type="checkbox"/> Recommend GFCI Receptacles	
Condition:	<input type="checkbox"/> Satisfactory		<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	

BUILDING(S) EXTERIOR WALL CONSTRUCTION

Type:	<input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> Framed	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor

EXTERIOR DOORS

Entrance Doors:	<input type="checkbox"/> N/A	Quantity: 4			
Weather-stripping:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Missing	<input type="checkbox"/> Replace
Door Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Patio Doors:	<input checked="" type="checkbox"/> N/A	Quantity: 0			
Weather-stripping:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Missing	<input type="checkbox"/> Replace
Door Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		
Storm Doors:	<input checked="" type="checkbox"/> N/A	Quantity: 0			
Weather-stripping:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Missing	<input type="checkbox"/> Replace
Door Condition:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		

EXTERIOR A/C - HEAT PUMP-1 **Location: South side**

UNIT #1:	<input type="checkbox"/> N/A	Model #: 226CNA036-A			
Brand: Carrier		Serial #: 3820E21486	Approximate age: 4 years		
Outside Disconnect:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maximum fuse/breaker rating: 35 Amp	Fuses/breakers installed: 30 Amp		
Level:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Cabinet/housing rusted</i>	<input type="checkbox"/> <i>Improperly sized fuses/breakers</i>		
Condenser Fins:	<input type="checkbox"/> <i>Damaged</i>	<input type="checkbox"/> Need cleaning	<input type="checkbox"/> <i>Damaged base/pad</i>		
	<input type="checkbox"/> <i>Damaged Refrigerant Line</i>		Insulation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Replace		
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	Improper Clearance (air flow) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

EXTERIOR A/C - HEAT PUMP-2 **Location: South side**

UNIT #2:	<input type="checkbox"/> N/A	Model #: 25HCC548B310			
Brand: Carrier		Serial #: 0421E10320	Approximate age: 3 years		
Outside Disconnect:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maximum fuse/breaker rating: 45 Amp	Fuses/breakers installed: 50 Amp		
Level:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Cabinet/housing rusted</i>	<input checked="" type="checkbox"/> <i>Improperly sized fuses/breakers</i>		
Condenser Fins:	<input type="checkbox"/> <i>Damaged</i>	<input type="checkbox"/> Need cleaning	<input type="checkbox"/> <i>Damaged base/pad</i>		
	<input type="checkbox"/> <i>Damaged Refrigerant Line</i>		Insulation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Replace		
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	Improper Clearance (air flow) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

EXTERIOR A/C - HEAT PUMP-3 **Location: South side**

UNIT #3:	<input type="checkbox"/> N/A	Model #: 25HPA436A300			
Brand: Carrier		Serial #: 0308E09516	Approximate age: 16 years		
Outside Disconnect:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maximum fuse/breaker rating: 35 Amp	Fuses/breakers installed: 40 Amp		
Level:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Cabinet/housing rusted</i>	<input checked="" type="checkbox"/> <i>Improperly sized fuses/breakers</i>		
Condenser Fins:	<input type="checkbox"/> <i>Damaged</i>	<input type="checkbox"/> Need cleaning	<input type="checkbox"/> <i>Damaged base/pad</i>		
	<input type="checkbox"/> <i>Damaged Refrigerant Line</i>		Insulation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Replace		
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	Improper Clearance (air flow) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

EXTERIOR A/C - HEAT PUMP-4 Location: South side

UNIT #4: N/A Model #: ASZ160361LB
 Brand: Amana Serial #: 1804292488 Approximate age: 6 years
Outside Disconnect: Yes No Maximum fuse/breaker rating: 30 Amp Fuses/breakers installed: 40 Amp
Level: Yes No Cabinet/housing rusted Improperly sized fuses/breakers
Condenser Fins: Damaged Need cleaning Damaged base/pad
 Damaged Refrigerant Line
Condition: Satisfactory Marginal Poor
Insulation: Yes No Replace
 Improper Clearance (air flow) Yes No

EXTERIOR A/C - HEAT PUMP-5 Location: South side

UNIT #5: N/A Model #: 38MARBQ12AA3
 Brand: Carrier Serial #: 0321V18342 Approximate age: 3 years
Outside Disconnect: Yes No Maximum fuse/breaker rating: 15 Amp Fuses/breakers installed: 20 Amp
Level: Yes No Cabinet/housing rusted Improperly sized fuses/breakers
Condenser Fins: Damaged Need cleaning Damaged base/pad
 Damaged Refrigerant Line
Condition: Satisfactory Marginal Poor
Insulation: Yes No Replace
 Improper Clearance (air flow) Yes No

GENERAL COMMENTS

- ~ Exterior: GFCI receptacle at east wall is tripped and will not reset.
- ~ Exterior: West side GFCI receptacle at north wall is tripped and will not reset.
- ~ Exterior: Unit 1 HVAC is 4 years old – average life is 10-15 years.
- ~ Exterior: Unit 2 HVAC is 3 years old – average life is 10-15 years.
- ~ Exterior: Unit 3 HVAC is 16 years old – average life is 10-15 years.
- ~ Exterior: Unit 4 HVAC is 6 years old – average life is 10-15 years.
- ~ Exterior: Unit 5 HVAC is 3 years old – average life is 10-15 years.
- ~ Exterior: Unit 2 HVAC manufacturer recommends a maximum breaker size of 45 amps for over-current protection – 50 amp breaker installed.
- ~ Exterior: Unit 3 HVAC manufacturer recommends a maximum breaker size of 35 amps for over-current protection – 40 amp breaker installed.
- ~ Exterior: Unit 4 HVAC manufacturer recommends a maximum breaker size of 30 amps for over-current protection – 40 amp breaker installed.
- ~ Exterior: Unit 5 HVAC manufacturer recommends a maximum breaker size of 15 amps for over-current protection – 20 amp breaker installed.
- ~ Exterior: Recommend extending Unit 5 HVAC condensate drain pipe away from exterior wall.



GARAGE/CARPORT

TYPE None
 Attached Detached 1-car 2-car 3-car 4-car

AUTOMATIC OPENER Yes No Operable Inoperable Not tested

SAFETY REVERSE **Operable:** Yes No N/A *Need(s) adjusting* **Safety hazard**

ROOFING **Material:** Same as house

GUTTERS **Condition:** Satisfactory Marginal Poor Same as House

SIDING / TRIM
Siding: Same as house Wood Metal Vinyl
 Stucco Masonry Slate Fiberboard
Trim: Same as house Wood Aluminum Vinyl

FLOOR
Material: Concrete Gravel Asphalt Dirt Other
Condition: Satisfactory Typical cracks *Settling Cracks* *Recommend evaluation/repair*
Burners less than 18" above garage floor: N/A Yes No **Safety hazard**

SILL PLATES Not visible Floor level Elevated *Rotted/Damaged* *Recommend repair*

OVERHEAD DOOR(S) N/A
Material: Wood Fiberglass Masonite Metal *Recommend repair*
Condition: Satisfactory Marginal Poor *Overhead door hardware loose*
Recommend Priming/Painting Inside & Edges: Yes No *Safety Cable Recommended* *Weather-stripping missing/damaged*

EXTERIOR SERVICE DOORS None
Condition: Satisfactory Marginal Poor *Damaged/Rusted*

ELECTRICAL RECEPTACLES PRESENT Yes No Not visible Loose
Reverse polarity: Yes No **Open ground:** Yes No **Safety hazard**
GFCI Present: Yes No **Operable:** Yes No *Handyman/extension cord wiring*
 Recommend GFCI Receptacles Cover plates missing

FIRE SEPARATION WALLS & CEILING *(Between garage & living area)*
 N/A Present *Missing*
Condition: Satisfactory Marginal *Recommend repair* *Holes walls/ceiling* **Safety hazard(s)**
Moisture Stains Present: Yes No **Typical Cracks:** Yes No
Fire door: Not verifiable *Not a fire door* *Recommend repair* Satisfactory

GENERAL COMMENTS
 N/A



COUNTERTOPS Satisfactory Marginal *Recommend repair/caulking* Loose

CABINETS Satisfactory Marginal Loose Hinges *Recommend repair/adjustment*

PLUMBING COMMENTS

Faucet Leaks: Yes No **Pipes leak:** Yes No
Sink/Faucet: Satisfactory Marginal Corroded Chipped Cracked
Functional Drainage: Satisfactory Marginal Poor
Functional Flow: Satisfactory Marginal Poor

WALLS & CEILING

Condition: Satisfactory Marginal Poor Typical cracks *Moisture stains*
Ceiling Fan: N/A Satisfactory Marginal Poor Blades Loose

HEATING SOURCE Yes No

FLOOR **Condition:** Satisfactory Marginal Poor Sloping Squeaks

APPLIANCES

Disposal *Operable:* Yes No Trash compactor *Operable:* Yes No
 Oven *Operable:* Yes No Exhaust fan *Operable:* Yes No
 Range *Operable:* Yes No Refrigerator *Operable:* Yes No
 Dishwasher *Operable:* Yes No Microwave *Operable:* Yes No
 Cooktop *Operable:* Yes No Other *Operable:* Yes No
Dishwasher Air gap: Yes No **Dishwasher Drain Line Looped:** Yes No
Receptacles Present: Yes No *Operable:* Yes No Loose
GFCI: Yes No *Operable:* Yes No Recommend GFCI Receptacles
Open ground/Reverse polarity: Yes No *Potential safety hazard(s)* Cover plates missing

GENERAL COMMENTS

N/A



LAUNDRY

Laundry sink: N/A **Faucet leaks:** Yes No **Pipes leak:** Yes No
Cross connections: Yes No **Heat source present:** Yes No **Room vented:** Yes No
Dryer vented: N/A Wall Ceiling Floor Not vented
 Plastic Dryer Vent not recommended *Not vented to Exterior* *Recommend repair* *Safety hazard*
Electrical: *Open ground/reverse polarity* within 6' of water: Yes No *Safety hazard*
GFCI present: Yes No **Operable:** Yes No Recommend GFCI Receptacles
Appliances: Washer Dryer Water heater Furnace/Boiler
Washer hook-up lines/valves: Leaking Corroded Not visible
Gas Shut-off Valve: N/A Yes No Cap Needed *Safety hazard* Not visible

GENERAL COMMENTS

N/A



BATHROOM(S)

LOCATION: MEN'S RESTROOM

Sinks:	Faucet leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tubs: <input checked="" type="checkbox"/> N/A	Faucet leaks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Showers: <input checked="" type="checkbox"/> N/A	Faucet leaks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toilet:	Bowl Loose:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracked bowl <input type="checkbox"/> Toilet leaks
Urinal:	Bowl Loose:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracked bowl <input type="checkbox"/> Urinal leaks
Whirlpool:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operable:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> No access door
Shower/Tub area:		<input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Cast Iron <input type="checkbox"/> Plastic		
	Condition:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rotted floors		
	Caulk/Grouting Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	
Drainage:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor		
Water flow:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor		
Moisture stains present:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> Cabinet(s)		
Window/doors:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor		
Receptacles Present:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cover plates missing
GFCI:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Open ground/Reverse polarity:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Potential Safety Hazard(s)</i> (See remarks)		
Heat source present:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ceiling or Wall Heater:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy
Exhaust fan:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy

GENERAL COMMENTS

~ Men's Restroom: Floor tiles are cracked near center of room.
 ~ Men's Restroom: Toilet bowl is slightly loose.

LOCATION: WOMEN'S RESTROOM

Sinks:	Faucet leaks:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tubs: <input checked="" type="checkbox"/> N/A	Faucet leaks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Showers: <input checked="" type="checkbox"/> N/A	Faucet leaks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pipes leak:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toilet:	Bowl Loose:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cracked bowl <input checked="" type="checkbox"/> Toilet leaks
Whirlpool:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operable:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> No access door
Shower/Tub area:		<input type="checkbox"/> Ceramic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Cast Iron <input type="checkbox"/> Plastic		
	Condition:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rotted floors		
	Caulk/Grouting Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	
Drainage:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor		
Water flow:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor		
Moisture stains present:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Walls <input type="checkbox"/> Ceilings <input checked="" type="checkbox"/> Floor		
Window/doors:		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor		
Receptacles Present:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cover plates missing
GFCI:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Open ground/Reverse polarity:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Potential Safety Hazard(s)</i> (See remarks)		
Heat source present:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ceiling or Wall Heater:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy
Exhaust fan:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operable:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy

GENERAL COMMENTS

~ Women's Restroom: Current moisture stains present at floor near both sides of toilet due to apparent leak at toilet seal.



BATHROOM(S)

LOCATION: SHARED RESTROOM

Sinks: **Faucet leaks:** Yes No **Pipes leak:** Yes No
Tubs: N/A **Faucet leaks:** Yes No **Pipes leak:** Yes No
Showers: N/A **Faucet leaks:** Yes No **Pipes leak:** Yes No
Toilet: **Bowl Loose:** Yes No **Operable:** Yes No Cracked bowl Toilet leaks
Whirlpool: Yes No **Operable:** Yes No Not tested No access door
Shower/Tub area: Ceramic Fiberglass Cast Iron Plastic
 Condition: Satisfactory Marginal Poor Rotted floors
 Caulk/Grouting Needed: Yes No Where:
Drainage: Satisfactory Marginal Poor
Water flow: Satisfactory Marginal Poor
Moisture stains present: Yes No Walls Ceilings Cabinet(s)
Window/doors: Satisfactory Marginal Poor
Receptacles Present: Yes No **Operable:** Yes No Cover plates missing
GFCI: Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No *Potential Safety Hazard(s)* (See remarks)
Heat source present: Yes No **Ceiling or Wall Heater:** Yes No Operable: Yes No Noisy
Exhaust fan: Yes No **Operable:** Yes No Noisy

GENERAL COMMENTS



LOCATION: NE CONFERENCE RM / EAST HALLWAY **UNIT # 1**

Walls & Ceiling: Satisfactory Marginal (Hallway) Poor Typical cracks Damage
Moisture stains: Yes No Where: At south side of hallway ceiling.
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor Blades Loose
Electrical: **Switches:** Yes No **Receptacles:** Yes No **Operable:** Yes No Loose
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass Broken Counter-Balance
 Evidence of leaking insulated glass Broken/Missing hardware Door(s) need adjustment

LOCATION: SE CONFERENCE RM **UNIT # 2**

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No Where:
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor Blades Loose
Electrical: **Switches:** Yes No **Receptacles:** Yes No **Operable:** Yes No Loose
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass Broken Counter-Balance
 Evidence of leaking insulated glass Broken/Missing hardware Door(s) need adjustment

LOCATION: WAITING ROOM / FOYER **UNIT # 3**

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No Where: At east and west walls in Foyer.
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor Blades Loose
Electrical: **Switches:** Yes No **Receptacles:** Yes No **Operable:** Yes No Loose
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass Broken Counter-Balance
 Evidence of leaking insulated glass Broken/Missing hardware Door(s) need adjustment

LOCATION: NW CONFERENCE RM / WEST HALLWAY **UNIT # 4**

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No Where: At north wall in Conference Room below window.
Floor: Satisfactory Marginal (West Hallway) Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor Blades Loose
Electrical: **Switches:** Yes No **Receptacles:** Yes No **Operable:** Yes No Loose
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass Broken Counter-Balance
 Evidence of leaking insulated glass Broken/Missing hardware Door(s) need adjustment

GENERAL COMMENTS

~ East Hallway: Moisture stains with slight damage present at south side ceiling near interior door – currently test dry – should be repaired and monitored.

~ Foyer: Moisture stains present at east and west walls near NE, NW, SE, and SW corners – currently test dry – should be monitored.

- ~ Foyer: Evidence of leaking insulated glass (fogging) at center window above exterior doors.
- ~ NW Conference Room: Light moisture stains present at north wall below window – currently test dry – should be monitored.
- ~ West Hallway: Several floor tiles are cracked.



LOCATION: RECEPTIONIST / COPY AREA				UNIT # 5	
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance	
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware <input type="checkbox"/> Door(s) need adjustment		

LOCATION: NE OFFICE				UNIT # 6	
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At both window sills.		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance	
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware <input type="checkbox"/> Door(s) need adjustment		

LOCATION: NE-1 OFFICE				UNIT # 7	
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At both window sills & north wall below east window.		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance	
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware <input type="checkbox"/> Door(s) need adjustment		

LOCATION: SE OFFICE				UNIT # 8	
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At both window sills.		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance	
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware <input type="checkbox"/> Door(s) need adjustment		

GENERAL COMMENTS

~ NE Office: Moisture stains present at both window sills – currently test dry – should be monitored.
 ~ NE-1 Office: Moisture stains present at both window sills, and also at north wall below east side window – currently test dry – should be monitored.
 ~ SE Office: Moisture stains present at both window sills – currently test dry – should be monitored.



LOCATION: SE-1 OFFICE			UNIT # 5		
Walls & Ceiling: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage	
Moisture stains: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:			
Floor: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes	
Ceiling Fan: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose	
Electrical: Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing		
Heating Source Present: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings
Egress Restricted: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Doors & Windows: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance		
<input type="checkbox"/> Evidence of leaking insulated glass	<input type="checkbox"/> Broken/Missing hardware	<input type="checkbox"/> Door(s) need adjustment			

LOCATION: SE-2 OFFICE			UNIT # 6		
Walls & Ceiling: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage	
Moisture stains: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At window sill.			
Floor: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes	
Ceiling Fan: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose	
Electrical: Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing		
Heating Source Present: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings
Egress Restricted: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Doors & Windows: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance		
<input type="checkbox"/> Evidence of leaking insulated glass	<input type="checkbox"/> Broken/Missing hardware	<input type="checkbox"/> Door(s) need adjustment			

LOCATION: BREAK ROOM / SOUTH HALLWAY			UNIT # 7		
Walls & Ceiling: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage	
Moisture stains: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At Break Room window sill.			
Floor: <input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal (Hallway)	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input checked="" type="checkbox"/> Slopes (Hallway)	
Ceiling Fan: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose	
Electrical: Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing		
Heating Source Present: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings
Egress Restricted: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Doors & Windows: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance		
<input type="checkbox"/> Evidence of leaking insulated glass	<input type="checkbox"/> Broken/Missing hardware	<input type="checkbox"/> Door(s) need adjustment			

LOCATION: NW OFFICE			UNIT # 8		
Walls & Ceiling: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage	
Moisture stains: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:			
Floor: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes	
Ceiling Fan: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose	
Electrical: Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing		
Heating Source Present: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceilings
Egress Restricted: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Doors & Windows: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance		
<input type="checkbox"/> Evidence of leaking insulated glass	<input type="checkbox"/> Broken/Missing hardware	<input type="checkbox"/> Door(s) need adjustment			

GENERAL COMMENTS

~ SE-2 Office: Moisture stains present at window sill – currently test dry – should be monitored.
 ~ Break Room: Moisture stains present at window sill – currently test dry – should be monitored.
 ~ South Hallway: Floor is raised and cracked near center.

~ South Hallway: Current moisture stains with bio-growth and damage at south wall below HVAC unit inside communications closet – recommend evaluation of wall framing for damage and bio-growth along with repair.



LOCATION: NW-2 OFFICE			UNIT # 5		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At window sill.		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance	
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware	<input type="checkbox"/> Door(s) need adjustment	

LOCATION: NW-3 OFFICE			UNIT # 6		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At window sill.		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance	
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware	<input type="checkbox"/> Door(s) need adjustment	

LOCATION: NW-4 OFFICE			UNIT # 7		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance	
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware	<input type="checkbox"/> Door(s) need adjustment	

LOCATION: SW OFFICE			UNIT # 8		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance	
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware	<input type="checkbox"/> Door(s) need adjustment	

GENERAL COMMENTS

~ NW-2 Office: Moisture stains present at window sill – currently test dry – should be monitored.
 ~ NW-3 Office: Moisture stains present at window sill – currently test dry – should be monitored.



LOCATION: SW-1 OFFICE			UNIT # 5		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At window sill.		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware <input type="checkbox"/> Door(s) need adjustment		

LOCATION: SW-2 OFFICE			UNIT # 6		
Walls & Ceiling:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input type="checkbox"/> Damage
Moisture stains:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Where:		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware <input type="checkbox"/> Door(s) need adjustment		

LOCATION: SW-3 OFFICE			UNIT # 7		
Walls & Ceiling:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	<input checked="" type="checkbox"/> Damage
Moisture stains:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Where: At east side ceiling in several areas.		
Floor:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Squeaks	<input type="checkbox"/> Slopes
Ceiling Fan:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Blades Loose
Electrical:	Switches: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Receptacles: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loose
Open ground/Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety Hazard	<input type="checkbox"/> Cover plates missing	
Heating Source Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Not visible	Holes:	<input type="checkbox"/> Doors	<input type="checkbox"/> Walls <input type="checkbox"/> Ceilings
Egress Restricted:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Doors & Windows:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Cracked glass	<input type="checkbox"/> Broken Counter-Balance
	<input type="checkbox"/> Evidence of leaking insulated glass		<input type="checkbox"/> Broken/Missing hardware <input type="checkbox"/> Door(s) need adjustment		

GENERAL COMMENTS

~ SE-1 Office: Moisture stains present at window sill – currently test dry – should be monitored.

~ SE-3 Office: Moisture stains present at east side ceiling in several areas with some damage present to ceiling tiles near NE corner – currently test dry – should be repaired and monitored.



INTERIOR WINDOWS / GLASS

Condition: Satisfactory Marginal Poor *Recommend repair*
 Representative number of windows operated Painted or sealed shut
 Glazing compound needed Cracked glass Hardware broken/missing *Broken counter-balance mechanism(s)*
Evidence of Leaking Insulated Glass: Yes No N/A **Safety Glass Recommended:** Yes No

FIREPLACE

None Location(s):
Type: Gas Wood *Wood burner stove* Electric Vent less
Material: Masonry Metal (pre-fabricated) Metal insert *Gas Logs operable:* Yes No Not Tested
Miscellaneous: Blower built-in **Operable:** Yes No *Damper operable:* Yes No N/A
 Open joints or cracks in firebrick/panels should be sealed *Fireplace doors need repair*
Damper Modified for Gas Operation: Yes No N/A *Damper missing*
Hearth Extension Adequate: Yes No **Mantel:** N/A Secure Loose
Physical Condition: Satisfactory Marginal Poor *Recommend having flue cleaned and re-examined*

STAIRS / STEPS / BALCONIES

Satisfactory Marginal Poor None
Handrail: Satisfactory Marginal Poor *Safety hazard*
 Hand Rail Recommended **Balusters Recommended** **Loose Handrail/Balusters**
Risers/Treads: Satisfactory Marginal Poor *Risers/Treads uneven*

SMOKE / CARBON MONOXIDE DETECTORS

Present: Smoke Detector(s): Yes No **Operable:** Yes No Not tested
 CO Detector(s): Yes No **Operable:** Yes No Not tested

ATTIC/STRUCTURE/FRAMING/INSULATION

N/A (See remarks)
Access: Stairs Pull-down Scuttle hole/Hatch Door *No access*
Inspected From: Access panel Inside the attic Other
Location: Bedroom hall Receptionist Area Garage Other
Flooring: Complete Partial None
Insulation: Fiberglass Batts Loose Cellulose Foam Other
 Vermiculite Rockwool Depth: 8-10" *Recommend Baffles @ Eaves*
 Damaged *Displaced* *Missing* *Compressed*
Installed In: Rafters Walls Between ceiling joists Underside of Roof Deck Not visible
 Recommend additional insulation
Vapor Barriers: Kraft faced Foil faced Plastic Not visible *Improperly Installed*
Ventilation: *Ventilation appears adequate* *Recommend additional ventilation*
Fans Exhausted To: Attic: Yes No **Outside:** Yes No Not visible
HVAC Duct: N/A Satisfactory *Damaged* *Split* *Disconnected* *Leaking* *Repair/Replace* *Recommend Insulation*
Chimney Chase: N/A Satisfactory Marginal *Needs repair* Not visible
Structural Problems Observed: Yes No *Recommend repair* *Recommend Structural Engineer*
Roof Structure: Rafters w/ Ceiling Joists Trusses Other
 Collar Ties Purlins Knee Wall(s) Not Visible
Sheathing: Plywood OSB Planking *Rotted* *Stained* *Delaminated*
Evidence of current Condensation/Moisture Leaking: Yes Not visible
Firewall Between Units: N/A Yes No *Needs repair/sealing*
Electrical: *Open junction box(es)* *Handyman wiring* *Visible knob-and-tube*

GENERAL COMMENTS

~ Attic: Insulation is displaced / missing in numerous areas.
 ~ Attic: Ridge vents are not cut open in most areas to allow for proper ventilation – currently covered with zip tape.
 ~ Attic: A few visible open junction boxes present – should be covered.



STAIRS TO BASEMENT

Condition: Satisfactory Marginal Poor Typical wear and tear Need repair
Handrail: Yes No **Condition:** Satisfactory Loose
 Hand Rail Recommended **Balusters Recommended** **Loose Handrail/Balusters**
Headway Over Stairs: Satisfactory *Low clearance* *Safety hazard*

FOUNDATION

Condition: Satisfactory Marginal *Have evaluated* *Monitor* *Not visible*
Material: ICF Brick Concrete block Fieldstone Poured concrete
Horizontal Cracks: North South East West
Step Cracks: North South East West
Vertical Cracks: North South East West
Covered Walls: North South East West
Movement Apparent: North South East West
Indication of Moisture: Yes No Current Should be monitored

BASEMENT WALLS

Diagram represents basement walls:

N = Not Visible C = Crack(s)
 D = Drywall M = Moisture West
 S = Storage E = Evaluate East

O = Other * = Main Water Shut-Off

Condition reported above reflects visible portion only

FLOOR

Material: Concrete Dirt/Gravel Not visible Other
Condition: Satisfactory Marginal Poor Typical cracks

DRAINAGE

Sump Pump: Yes No Working Not working Needs cleaning *Pump not tested*
Floor Drains: Yes Not visible Drains not tested

GIRDERS / BEAMS

Material: Steel Wood Concrete Block LVL Not visible
Condition: Satisfactory Marginal Poor Stained/rusted

COLUMNS / POSTS

Material: Steel Wood Concrete Block Brick Not visible
Condition: Satisfactory Marginal Poor Stained/rusted

FLOOR JOISTS

Material: Wood Steel Not visible
 2x6 2x8 2x10 2x12 Engineered I-Joists Floor Trusses
Condition: Satisfactory Marginal Poor *Sagging/altered joists*

SUB FLOOR

Indication of moisture stains/rotting
 ** Areas around shower stalls, etc., as viewed from basement or crawl space

GENERAL COMMENTS

N/A



CRAWL SPACE N/A Full crawlspace Combination basement/crawl space/slab
 Conditioned (heated/cooled): Yes No

ACCESS Exterior Interior hatch/door Via basement No Access
Inspected from: Access panel In the crawl space

FOUNDATION WALLS
Material: Satisfactory Marginal *Have evaluated* *Monitor*
 Concrete block Poured Concrete Stone ICF
 Wood Brick Piers & columns
 Typical Cracks Movement

FLOOR Concrete Gravel Dirt Other
 Typical cracks Not Visible

DRAINAGE Sump pump: Yes No Operable: Yes No Pump Not tested
 Standing Water: Yes No Not visible **Evidence of moisture damage:** Yes Not visible

VENTILATION Wall vents Power vents None apparent

GIRDERS / BEAMS / COLUMNS Steel Wood Masonry Not visible
Condition: Satisfactory Marginal Poor

FLOOR JOISTS **Material:** Wood Steel Not visible
 2x6 2x8 2x10 2x12 Engineered I-Joists Floor Trusses
Condition: Satisfactory Marginal Poor *Sagging/altered joists*

SUB FLOOR indication of moisture stains/rotting
 **Areas around shower stalls, etc., as viewed from basement or crawl space.

INSULATION None **Type:**
Location: Walls Between floor joists Other

VAPOR BARRIER
 Yes No
 Kraft faced Foil faced Plastic Other Not visible

CRAWLSPACE WALLS
 Diagram represents crawlspace walls:
 N = Not Visible C = Crack(s)
 S = Standing Water M = Moisture West
 O = Other E = Evaluate East

* = Main Water Shut-Off

GENERAL COMMENTS
 N/A

 **PLUMBING**

WATER SERVICE **Main Shut-off Location:** Utility Closet

Water Entry Piping: Not visible Copper Galvanized **Plastic*** (PVC, CPVC, Polybutylene, PEX)
Lead Other Than Solder Joints: Yes No Unknown Service entry
Visible Water Distribution Piping: Copper Galvanized **Plastic*** (PVC, CPVC, Polybutylene, PEX) Other
Condition: Satisfactory Marginal Poor
Functional Flow: Satisfactory Marginal Poor *Water pressure over 80 psi*
Pipes, Supply/Drain: *Corroded* *Rusted* *Leaking* *Valves broken/missing/need repair*
 Dissimilar metal **Cross connection:** Yes No
Drain/Waste/Vent Pipe: Copper Cast iron Galvanized PVC ABS Plastic
Condition: Satisfactory Marginal Poor
Support: **Type:** Metal Strapping Plastic Strapping Other
Insulation: None Partial Foam Insulation Fiberglass Insulation Other
Traps Proper P-Type: Yes No *P-traps recommended*
Functional Drainage: Satisfactory Marginal Poor
Interior Fuel Storage System: N/A Yes No Leaking: Yes No
Gas Line: N/A Copper Brass Black iron Stainless steel CSST Not visible
Condition: Satisfactory Marginal Poor *Recommend plumber evaluate*

MAIN FUEL SHUT-OFF LOCATION N/A Propane Tank Outside at Gas Meter Oil Tank

WELL PUMP N/A Submersible In basement Well house Well pit Shared well
Pressure Gauge Operable: Yes No Well pressure: *???* psi Not visible

SANITARY / GRINDER PUMP N/A Not inspected **Sealed Crock:** Yes No
Check Valve: Yes No **Vented:** Yes No Operable: Yes No

WATER HEATER #1 N/A
Brand name: State **Serial #:** J07A005063
Type: Gas Electric Oil Other
Capacity: 30 gal. On demand **Approx. Age:** 17 year(s)
Relief Valve: Yes No **Extension proper:** Yes No *Missing* *Recommend repair*
Combustion Air Venting Present: Yes No N/A
Vent Pipe: N/A Satisfactory Pitch proper *Improper* *Rusted* *Recommend repair*
Condition: Satisfactory Marginal Poor **Hot Water Temp.:** **118°F** (Recommended = 110°F to 120°F)

WATER HEATER #2 N/A
Brand name: Eemax **Serial #:** 723507
Type: Gas Electric Oil Other
Capacity: ?? gal. On demand **Approx. Age:** 17 year(s)
Relief Valve: Yes No **Extension proper:** Yes No *Missing* *Recommend repair*
Combustion Air Venting Present: Yes No N/A
Vent Pipe: N/A Satisfactory Pitch proper *Improper* *Rusted* *Recommend repair*
Condition: Satisfactory Marginal Poor **Hot Water Temp.:** **120°F** (Recommended = 110°F to 120°F)

WATER SOFTENER *(Unit not evaluated)* **Softener Present:** Yes No
Plumbing Hooked Up: Yes No **Loop Installed:** Yes No **Plumbing Leaking:** Yes No

GENERAL COMMENTS

~ Unit 1 Water Heater: 17 years old – average life is 5-10 years.
 ~ Unit 2 Water Heater: 17 years old – average life is 20 years.
 ~ Plumbing: CSST type gas piping installed - Manufacturers believe that this product is safer if properly bonded and grounded as required by the manufacturer’s installation instructions. Proper bonding and grounding of the product should be determined by a contractor licensed to perform the work in the Commonwealth of Virginia.

HEATING SYSTEM

HEATING SYSTEM : Unit #1 Location: **Attic** Unit #2 Location: **Attic**
 Unit #3 Location: **Attic** Unit #4 Location: **Attic**
 Unit #5 Location: **Communications Closet**

Unit #1 Brand Name: **Carrier** Approximate age: **17** year(s) Unknown
 Model #: **FV4BNF003** Serial #: **4207A87380**

Inlet Temp.: ???°F Heat Mode Temp.: ???°F Emergency Heat Temp.: ???°F Auxiliary Heat Temp.: ???°F

Unit #2 Brand Name: **Carrier** Approximate age: **17** year(s) Unknown
 Model #: **FV4BNF005** Serial #: **0307A84394**

Inlet Temp.: ???°F Heat Mode Temp.: ???°F Emergency Heat Temp.: ???°F Auxiliary Heat Temp.: ???°F

Unit #3 Brand Name: **Carrier** Approximate age: **17** year(s) Unknown
 Model #: **FV4BNF003** Serial #: **3007A69963**

Inlet Temp.: ???°F Heat Mode Temp.: ???°F Emergency Heat Temp.: ???°F Auxiliary Heat Temp.: ???°F

Unit #4 Brand Name: **Amana** Approximate age: **6** year(s) Unknown
 Model #: **ASPT37C14AC** Serial #: **1805024158**

Inlet Temp.: ???°F Heat Mode Temp.: ???°F Emergency Heat Temp.: ???°F Auxiliary Heat Temp.: ???°F

Unit #5 Brand Name: **Carrier** Approximate age: **3** year(s) Unknown
 Model #: **(Not visible)** Serial #: **(Not visible)**

Inlet Temp.: ???°F Heat Mode Temp.: ???°F Emergency Heat Temp.: ???°F Auxiliary Heat Temp.: ???°F

Energy Source: Gas LP Oil Electric Solid Fuel

Warm Air System: Belt drive Direct drive Gravity Central system Floor/Wall unit (5)

Heat Exchanger: N/A (sealed) Visual w/mirror *Flame distortion* *Rusted* *Carbon/soot buildup*

Carbon Monoxide: N/A Detected at Plenum/Register Not tested

CO Test: Tester: **Combustion Air Venting Present:** N/A Yes No

Controls: Disconnect: Yes No Normal operating and safety controls observed

Distribution: Metal duct Insulated flex duct Cold air returns Duct board **Recommend cleaning**

Flue Piping: N/A Satisfactory Rusted Improper slope *Safety hazard*

Filter: Standard Electrostatic Satisfactory Needs cleaning/replacement Missing

When Turned On By Thermostat: Fired Did not fire Did not fire properly

Proper Operation: Yes No Not tested

Heat Pump: N/A Aux. electric Aux. gas

#1 – System Condition: Satisfactory Marginal Poor **Recommend HVAC Technician Examine**

#2 – System Condition: Satisfactory Marginal Poor **Recommend HVAC Technician Examine**

#3 – System Condition: Satisfactory Marginal Poor **Recommend HVAC Technician Examine**

#4 – System Condition: Satisfactory Marginal Poor **Recommend HVAC Technician Examine**

#5 – System Condition: Satisfactory Marginal Poor **Recommend HVAC Technician Examine**

System(s) Not Operated Due To: Exterior temperature Other

OTHER SYSTEMS N/A Electric baseboard Bathroom Ceiling Heater(s) Radiant ceiling heat

Gas space heater Electric Wall Heater(s)

Proper Operation: Yes No

System Condition: Satisfactory Marginal Poor

GENERAL COMMENTS

~ Unit 1 HVAC (Attic unit): 17 years old – average life is 8-12 years.
 ~ Unit 2 HVAC (Attic unit): 17 years old – average life is 8-12 years.
 ~ Unit 3 HVAC (Attic unit): 17 years old – average life is 8-12 years.

- ~ Unit 4 HVAC (Attic unit): 6 years old – average life is 8-12 years.
- ~ Unit 5 HVAC (Communications Closet unit): 3 years old – average life is 8-12 years.
- ~ HVAC: Heat modes of heat pump not tested due to exterior temperature – tested in A/C mode.



MAIN PANEL MPD Location: Utility Closet Condition: Satisfactory Marginal Poor
Adequate Clearance to Panel: Yes No **Amperage:** 600 Volts 120/240 Breakers Fuses
Appears Grounded: Yes No Not visible
GFCI Breaker(s): Operable: Yes No **AFCI Breaker(s):** Operable: Yes No
MAIN WIRE: Copper Aluminum Not visible *Double tapping of the main wire*
Condition: Satisfactory Poor **Federal Pacific Panel Stab Lok® (See remarks)***
BRANCH WIRE: Copper Aluminum* All wiring not visible
Condition: Satisfactory Poor *Recommend electrician evaluate/repair*
 Romex BX cable Conduit *Knob & tube**
 Double tapping *Wires undersized/oversized breaker/fuse*
 Panel not accessible Not evaluated **Reason:**

MAIN PANEL P1 Location: Utility Closet Condition: Satisfactory Marginal Poor
Adequate Clearance to Panel: Yes No **Amperage:** 200 Volts 120/240 Breakers Fuses
Appears Grounded: Yes No Not visible
GFCI Breaker(s): Operable: Yes No **AFCI Breaker(s):** Operable: Yes No
MAIN WIRE: Copper Aluminum Not visible *Double tapping of the main wire*
Condition: Satisfactory Poor **Federal Pacific Panel Stab Lok® (See remarks)***
BRANCH WIRE: Copper Aluminum* All wiring not visible
Condition: Satisfactory Poor *Recommend electrician evaluate/repair*
 Romex BX cable Conduit *Knob & tube**
 Double tapping *Wires undersized/oversized breaker/fuse*
 Panel not accessible Not evaluated **Reason:**

MAIN PANEL P2 Location: Utility Closet Condition: Satisfactory Marginal Poor
Adequate Clearance to Panel: Yes No **Amperage:** 200 Volts 120/240 Breakers Fuses
Appears Grounded: Yes No Not visible
GFCI Breaker(s): Operable: Yes No **AFCI Breaker(s):** Operable: Yes No
MAIN WIRE: Copper Aluminum Not visible *Double tapping of the main wire*
Condition: Satisfactory Poor **Federal Pacific Panel Stab Lok® (See remarks)***
BRANCH WIRE: Copper Aluminum* All wiring not visible
Condition: Satisfactory Poor *Recommend electrician evaluate/repair*
 Romex BX cable Conduit *Knob & tube**
 Double tapping *Wires undersized/oversized breaker/fuse*
 Panel not accessible Not evaluated **Reason:**

SUB PANEL(S) None apparent
 Location 1: Panel not accessible Not evaluated **Reason:**
 Location 2: Copper Aluminum
 Location 3: Copper Aluminum
 Neutral/ground separated: Yes No Neutral isolated: Yes No **Safety hazard**
Condition: Satisfactory Marginal Poor *Recommend separating/isolating neutrals*

ELECTRICAL FIXTURES A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested.
Condition: Satisfactory Marginal Poor
 Open grounds Reverse polarity Receptacles not operating Switches not operating
 Ungrounded 3-prong receptacles Loose Receptacles Bad or missing bulbs
 *Solid conductor aluminum branch wiring circuits**
 Recommend electrician evaluate/repair

UNIT #1	<input checked="" type="checkbox"/> Central system	<input type="checkbox"/> Wall Unit	Location: Attic	Age: 17 years	<input type="checkbox"/> N/A
Energy Source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other		
Unit Type:	<input type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Geothermal	<input checked="" type="checkbox"/> Heat pump	
Evaporator Coil:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Recommend cleaning	<input type="checkbox"/> Damaged	
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damage	<input type="checkbox"/> Insulation missing	<input checked="" type="checkbox"/> Satisfactory	
Condensate Line/Drain:	<input checked="" type="checkbox"/> To exterior	<input type="checkbox"/> To pump	<input type="checkbox"/> Floor drain	<input type="checkbox"/> Other	
Safety Pan Installed:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Float Switch Installed:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Operation:	Differential 22°F (Inlet Temperature =72°F) (Outlet Temperature =50°F)				
	Difference in temperature (split) should be 14-22° Fahrenheit				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Recommend HVAC technician examine/clean/service	
	<input type="checkbox"/> Not operated due to exterior temperature				
UNIT #2	<input checked="" type="checkbox"/> Central system	<input type="checkbox"/> Wall Unit	Location: Attic	Age: 17 years	<input type="checkbox"/> N/A
Energy Source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other		
Unit Type:	<input type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Geothermal	<input checked="" type="checkbox"/> Heat pump	
Evaporator Coil:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Recommend cleaning	<input type="checkbox"/> Damaged	
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damage	<input type="checkbox"/> Insulation missing	<input checked="" type="checkbox"/> Satisfactory	
Condensate Line/Drain:	<input checked="" type="checkbox"/> To exterior	<input type="checkbox"/> To pump	<input type="checkbox"/> Floor drain	<input type="checkbox"/> Other	
Safety Pan Installed:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Float Switch Installed:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Operation:	Differential 22°F (Inlet Temperature =74°F) (Outlet Temperature =52°F)				
	Difference in temperature (split) should be 14-22° Fahrenheit				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Recommend HVAC technician examine/clean/service	
	<input type="checkbox"/> Not operated due to exterior temperature				
UNIT #3	<input checked="" type="checkbox"/> Central system	<input type="checkbox"/> Wall Unit	Location: Attic	Age: 17 years	<input type="checkbox"/> N/A
Energy Source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other		
Unit Type:	<input type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Geothermal	<input checked="" type="checkbox"/> Heat pump	
Evaporator Coil:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Recommend cleaning	<input type="checkbox"/> Damaged	
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damage	<input type="checkbox"/> Insulation missing	<input checked="" type="checkbox"/> Satisfactory	
Condensate Line/Drain:	<input checked="" type="checkbox"/> To exterior	<input type="checkbox"/> To pump	<input type="checkbox"/> Floor drain	<input type="checkbox"/> Other	
Safety Pan Installed:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Float Switch Installed:	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Operation:	Differential 22°F (Inlet Temperature =74°F) (Outlet Temperature =52°F)				
	Difference in temperature (split) should be 14-22° Fahrenheit				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Recommend HVAC technician examine/clean/service	
	<input type="checkbox"/> Not operated due to exterior temperature				
UNIT #4	<input checked="" type="checkbox"/> Central system	<input type="checkbox"/> Wall Unit	Location: Attic	Age: 6 years	<input type="checkbox"/> N/A
Energy Source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other		
Unit Type:	<input type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Geothermal	<input checked="" type="checkbox"/> Heat pump	
Evaporator Coil:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Recommend cleaning	<input type="checkbox"/> Damaged	
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damage	<input type="checkbox"/> Insulation missing	<input checked="" type="checkbox"/> Satisfactory	
Condensate Line/Drain:	<input checked="" type="checkbox"/> To exterior	<input type="checkbox"/> To pump	<input type="checkbox"/> Floor drain	<input type="checkbox"/> Other	
Safety Pan Installed:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Float Switch Installed:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operation:	Differential 22°F (Inlet Temperature =74°F) (Outlet Temperature =52°F)				
	Difference in temperature (split) should be 14-22° Fahrenheit				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Recommend HVAC technician examine/clean/service	
	<input type="checkbox"/> Not operated due to exterior temperature				

UNIT #5	<input type="checkbox"/> Central system	<input checked="" type="checkbox"/> Wall Unit	Location: Communications Closet	Age: 3 years	<input type="checkbox"/> N/A
Energy Source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other		
Unit Type:	<input type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Geothermal	<input checked="" type="checkbox"/> Heat pump	
Evaporator Coil:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Recommend cleaning	<input type="checkbox"/> Damaged	
Refrigerant lines:	<input type="checkbox"/> <i>Leak</i>	<input type="checkbox"/> <i>Damage</i>	<input type="checkbox"/> <i>Insulation missing</i>	<input checked="" type="checkbox"/> Satisfactory	
Condensate Line/Drain:	<input checked="" type="checkbox"/> To exterior	<input type="checkbox"/> To pump	<input type="checkbox"/> Floor drain	<input type="checkbox"/> Other	
Safety Pan Installed:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Float Switch Installed:	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Operation:	Differential 22°F (Inlet Temperature =68°F) (Outlet Temperature =46°F)				
	Difference in temperature (split) should be 14-22° Fahrenheit				
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> <i>Recommend HVAC technician examine/clean/service</i>	
	<input type="checkbox"/> <i>Not operated due to exterior temperature</i>				

GENERAL COMMENTS

~ Main Panel (MPD): 40 amp double pole breaker at top right side of panel with #10 wires connected – breaker too large for wire size – should be a 30 amp breaker max.

~ Main Panel (MPD): Rodents nest present at bottom side of unit – recommend electrician clean and seal access location(s).

~ A/C Units: No visible float switch installed at Units 1, 2, and 3 HVAC safety pans – should be monitored for issues with condensation during A/C operation.



MAIN ENTRANCE FACES

North

ITEMS NOT INSPECTED

1. ~ Several areas not visible or accessible.
2. ~ HVAC: Heat modes of heat pump not tested due to exterior temperature – tested in A/C mode.
3. ~ Parking lot lights not tested or inspected.

ITEMS NOT OPERATING OR (NOT OPERATING PROPERLY)

1. ~ Exterior: Hose bib at west wall near NW corner is not operating – most likely clogged from insects.
2. ~ Exterior: GFCI receptacle at east wall is tripped and will not reset.
3. ~ Exterior: West side GFCI receptacle at north wall is tripped and will not reset.
4. ~ Exterior: Recommend extending Unit 5 HVAC condensate drain pipe away from exterior wall.

RECOMMEND EVALUATION / REPAIR

- A system or component that is considered deficient – evaluation and/or repair is recommended.

1. ~ Exterior: Recommend updating sealant at bottom side of front exterior door frame.
2. ~ Exterior: Concrete slab at south side for HVAC units is slightly settled and pitched towards exterior wall.
3. ~ Roof: Recommend updating sealant at plumbing vent pipe and boot, and other roof penetrations.
4. ~ Exterior: Mortar is missing at several brick near east and west sides of front porch roof.
5. ~ Exterior: A few brick at front porch columns show evidence of previous movement – should be re-mortared.
6. ~ Men's Restroom: Toilet bowl is slightly loose.
7. ~ Foyer: Evidence of leaking insulated glass (fogging) at center window above exterior doors.
8. ~ South Hallway: Floor is raised and cracked near center.
9. ~ SE-3 Office: Moisture stains present at east side ceiling in several areas with some damage present to ceiling tiles near NE corner – currently test dry – should be repaired and monitored.
10. ~ A/C Units: No visible float switch installed at Units 1, 2, and 3 HVAC safety pans – should be monitored for issues with condensation during A/C operation.

NEEDS EVALUATION / REPAIR

- A system or component that is considered significantly deficient or is unsafe – evaluation and/or repair is needed.

1. ~ Exterior: Sealant needs updated at windows and doors in several areas.
2. ~ Women's Restroom: Current moisture stains present at floor near both sides of toilet due to apparent leak at toilet seal.
3. ~ South Hallway: Current moisture stains with bio-growth and damage at south wall below HVAC unit inside communications closet – recommend evaluation of wall framing for damage and bio-growth along with repair.
4. ~ Attic: Insulation is displaced / missing in numerous areas.
5. ~ Attic: Ridge vents are not cut open in most areas to allow for proper ventilation – currently covered with zip tape.

POTENTIAL SAFETY HAZARDS

- A condition that is unsafe and in need of prompt attention.

1. ~ Exterior: Unit 2 HVAC manufacturer recommends a maximum breaker size of 45 amps for over-current protection – 50 amp breaker installed.
2. ~ Exterior: Unit 3 HVAC manufacturer recommends a maximum breaker size of 35 amps for over-current protection – 40 amp breaker installed.
3. ~ Exterior: Unit 4 HVAC manufacturer recommends a maximum breaker size of 30 amps for over-current protection – 40 amp breaker installed.
4. ~ Exterior: Unit 5 HVAC manufacturer recommends a maximum breaker size of 15 amps for over-current protection – 20 amp breaker installed.
5. ~ Main Panel (MPD): 40 amp double pole breaker at top right side of panel with #10 wires connected – breaker too large for wire size – should be a 30 amp breaker max.
6. ~ Main Panel (MPD): Rodents nest present at bottom side of unit – recommend electrician clean and seal access location(s).

DEFERRED COST ITEMS

Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.

1. ~ Exterior: Unit 3 HVAC is 16 years old – average life is 10-15 years.
2. ~ Unit 1 Water Heater: 17 years old – average life is 5-10 years.
3. ~ Unit 2 Water Heater: 17 years old – average life is 20 years.
4. ~ Unit 1 HVAC (Attic unit): 17 years old – average life is 8-12 years.
5. ~ Unit 2 HVAC (Attic unit): 17 years old – average life is 8-12 years.
6. ~ Unit 3 HVAC (Attic unit): 17 years old – average life is 8-12 years.
7. ~ Unit 4 HVAC (Attic unit): 6 years old – average life is 8-12 years.
8. ~ Unit 5 HVAC (Communications Closet unit): 3 years old – average life is 8-12 years.

* Items listed in this report may inadvertently have been left off the Summary Sheet. Customer should read the entire report, including the Remarks.

Photo Summary

Comm. Closet:
Current moisture with damage and light bio-growth at wall below HVAC unit.



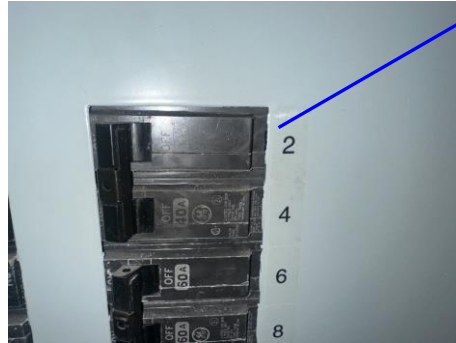
Women's Restroom:
Toilet is leaking slightly at base of unit.



Main Panel (MPD):
Rodents nest present at bottom side of panel.



Main Panel (MPD):
40 amp breaker with #10 wires connected.



Exterior:
Sealant needs updated at windows.

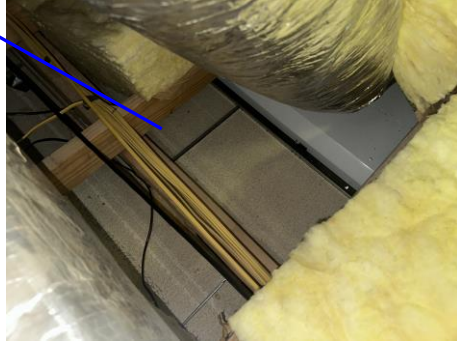


Exterior:
Concrete slab for HVAC units is settled and pitched towards exterior wall.

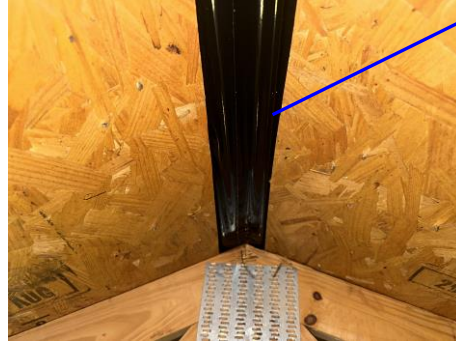


Photo Summary

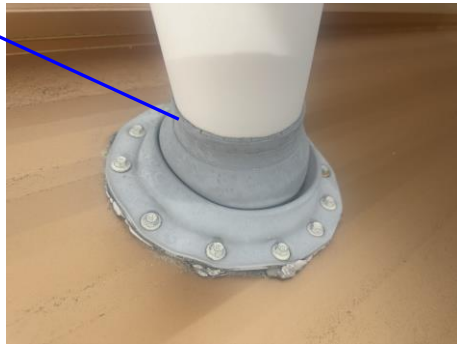
Attic:
Insulation is displaced and missing in numerous areas.



Attic: Ridge vents are not cut open to attic – currently covered with tape.



Roof: Sealant needs updated at plumbing vent boot & pipe.



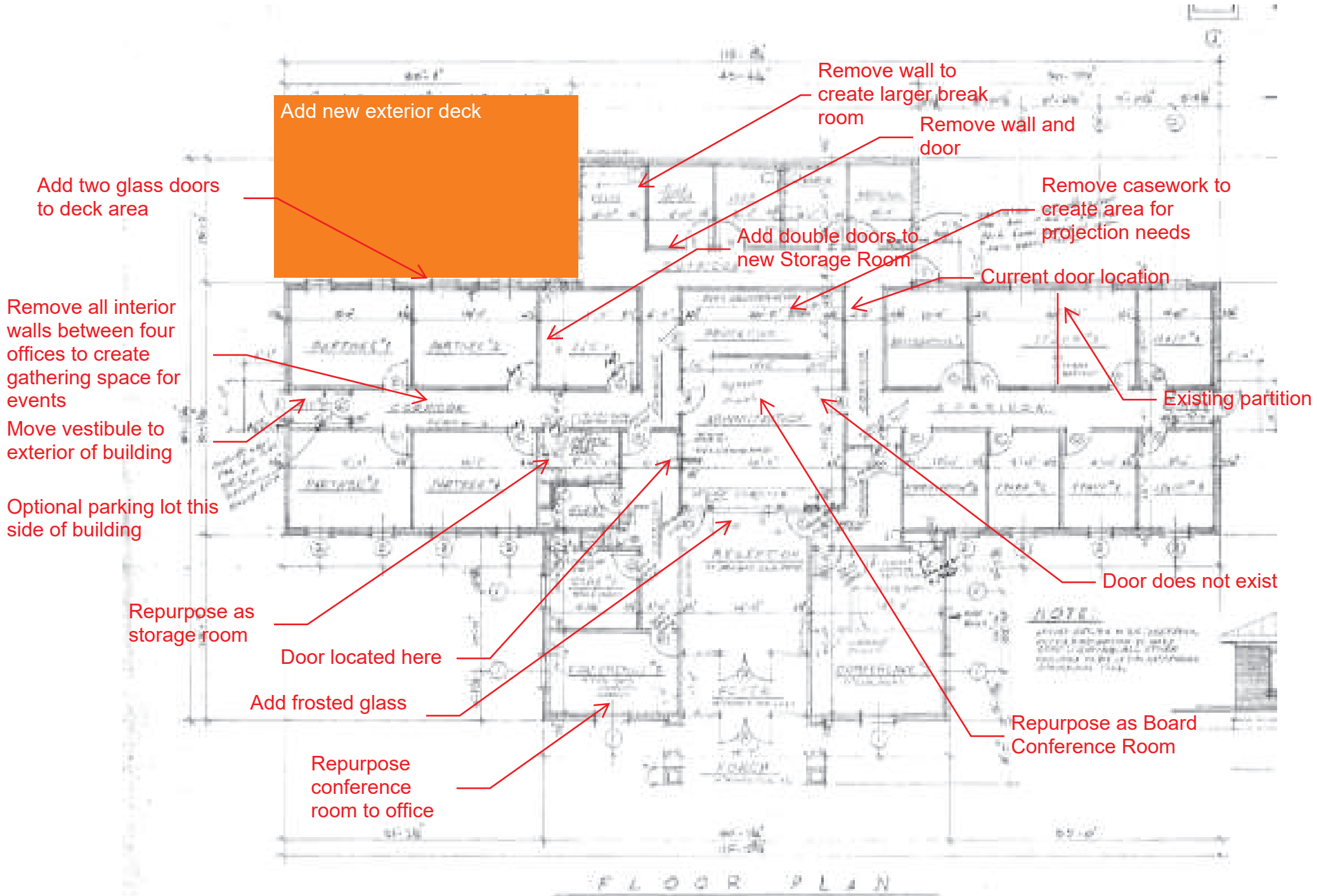
Exterior:
Evidence of previous movement in brick at top side of front porch columns.



Exterior:
Mortar is missing at brick near east and west sides of front porch.



ATTACHMENT C - PROPOSED RENOVATIONS



Add new exterior deck

Add two glass doors to deck area

Remove wall to create larger break room

Remove wall and door

Remove casework to create area for projection needs

Add double doors to new Storage Room

Current door location

Existing partition

Remove all interior walls between four offices to create gathering space for events

Move vestibule to exterior of building

Optional parking lot this side of building

Door does not exist

Repurpose as storage room

Door located here

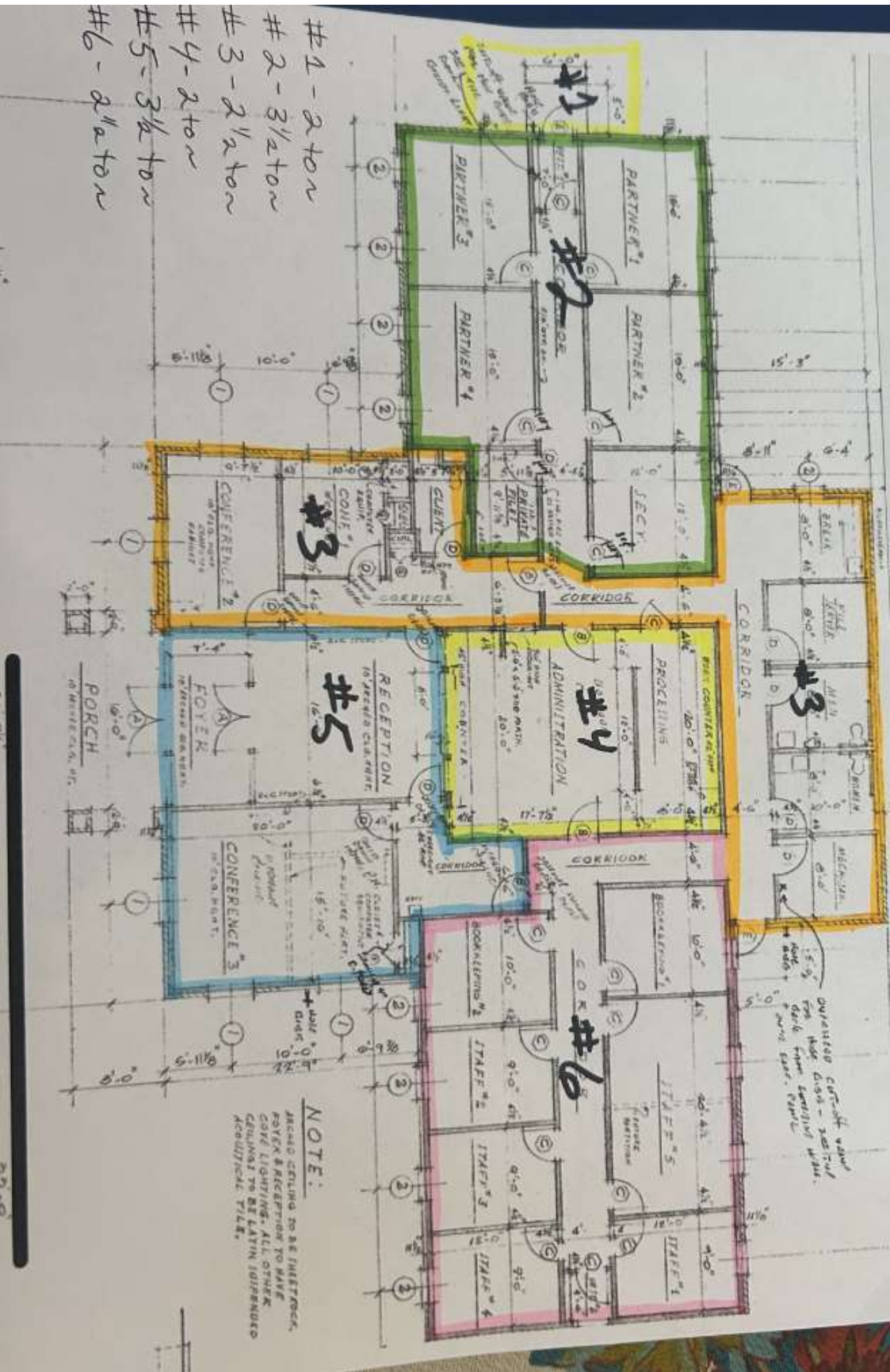
Add frosted glass

Repurpose conference room to office

Repurpose as Board Conference Room

FLOOR PLAN

ATTACHMENT D - PROPOSED HVAC ZONES AND UNIT SIZES



- #1 - 2 ton
- #2 - 3 1/2 ton
- #3 - 2 1/2 ton
- #4 - 2 ton
- #5 - 3 1/2 ton
- #6 - 2 1/2 ton