

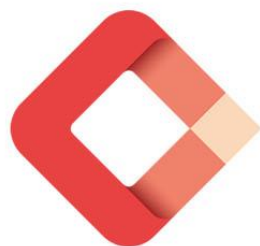
**LICIÉL**  
ENVIRONMENT

*sqft*



# Inspection Report

Exemple 20/INS/002



# LICIEL ENVIRONMENT

ADMINISTRATIVE  
DOCUMENTS



## Inspection Agreement

*This AGREEMENT is understood, made and voluntarily entered into by both parties: the CLIENT, **Mr. and Mrs. Christopher Miller**, and the Inspection Company, **MegaDiags**, further identified immediately below.*

Client Info	
Type:	<b>Buyer</b>
Name / Company:	<b>Mr. and Mrs. Christopher Miller</b>
Address:	<b>100 Biscayne Blvd MIAMI, FL 33132</b>
E-mail:	<b>demo.christophermiller@liciel.us</b>

Inspection company	
Company Name:	<b>MegaDiags</b>
Inspection Co. Name:	<b>John Smith</b>
License N°:	
Company Address:	<b>111 NW 1st St MIAMI, FL 33128</b>

*The agreement is for the Inspector to perform the following Inspection Service(s):*

Service(s):		
<input checked="" type="checkbox"/> Asbestos Inspection	<input checked="" type="checkbox"/> Home Inspection Module	<input checked="" type="checkbox"/> South Florida Termites Inspection
<input checked="" type="checkbox"/> Surface Area Computation	<input checked="" type="checkbox"/> 4 Points	
<input checked="" type="checkbox"/> Lead Exposure Risk Assessment	<input checked="" type="checkbox"/> Wind Mitigation	

*At the following property:*

Property Address	
Address:	<b>10710 S.W. 211 Street MIAMI, FL 33189</b>

*With the following details:*

Property's General Characteristics	
Attendee(s):	<b>Mr. and Mrs. Christopher Miller</b>
Property Use:	<b>Residential (Single-Family Home)</b>
Elements & Features:	<input type="checkbox"/> Basement/Storeroom, <input type="checkbox"/> Grounds Area, <input type="checkbox"/> Garage/Parking Lot, <input type="checkbox"/> Elevator, <input type="checkbox"/> Pet(s), <input type="checkbox"/> Other
Year Built:	<b>&lt; 2000</b>
Scope of Inspection:	<b>All Accessible Areas that Don't Require or Risk Damage/Displacement</b>
Keys:	<b>Obtain at property from tenant</b>
Addl. Details:	

Whose current owner is:

### Property Owner's Info

Name / Company: **Mr. and Mrs. Shawn Robinson**  
Address: **10710 S.W. 211 Street**  
City & State: **MIAMI, FL 33189**  
Phone: **(123) 456 7890**  
E-mail: **demo.shawnrobinson@liciel.us**

And whose current occupant is:

### Occupancy

Name / Company: **Mr. and Mrs. Dereck Miller**  
Address: **10710 S.W. 211 Street**  
**MIAMI, FL 33189**  
Phone : **(123) 456 7890**  
E-mail : **demo.dmiller@liciel.us**

The Client is agrees to and is responsible for the following payment for the services listed above:

### Payment Info

Responsible Party: ☐ Prop. Owner ☒ Client ☐ Notary  
Billing Address: **Mr. and Mrs. Christopher Miller - 100 Biscayne Blvd - MIAMI, FL 33132**  
Total Charges: **\$160**  
Payment Due Date: **10/23/2020**  
Remaining Balance: **\$40**

The services will be performed within the following additional Terms, Conditions, and Limitations:

### Additional Terms, Conditions, and Limitations

### Statements Pertaining to All Inspections:

**1.** This Agreement is to be interpreted as per the laws of the State of Gironde. **2.** Full Payment is due at or before the time of inspection. **3.** Inspections will not take place unless full payment has been made AND this agreement has been signed by the Client prior to commencement of the inspection. **4.** The inspector will survey and report only on components and systems existing, installed and readily accessible at the date and time of the inspection. **5.** Any and all latent, concealed or hidden defects and deficiencies will not be surveyed or reported on by the Inspector. **6.** The parties agree that the Standards of Practice subscribed to by the Inspection Company for the type of Inspection in question shall complement the exclusions, limitations, and conditions hereby listed for all inspections. In case that the State where the Inspection takes place dictates more rigid standards, the State standards shall rule the exclusions, limitations, and conditions of such Inspection. Likewise, any clauses contained in this agreement that may be contrary to local law will not be applicable or enforceable. **7.** No liability or responsibility is assumed by the Inspector, the Inspection Company, its employees, or sub-contractors for any damages, replacements, repairs, or injuries of any kind that may result from any unreported defects or deficiencies. The inspector's and inspection company's maximum liability is equal to the full price that was paid for the Inspection in question. However, the Inspector and Inspection Company shall not be liable for any repairs or replacements performed to the property without previous notice to the Inspector or Inspection Company. **8.** Both parties agree and understand that these inspections or their reports are not to be interpreted in any way as being warranty or insurance against present or future defects of any surveyed components or systems, or of the property as a whole. Therefore, the Inspector and Inspection Company, and their reports, do not warrant or insure, in any way, the present or future condition of the Property, its components, or systems, or their remaining useful life, nor the presence or absence of any latent or concealed deficiencies or defects that cannot be reasonably verified in an inspection performed by a certified inspector. **9.** This agreement constitutes the totality of the agreement, and no other written or oral agreement shall be deemed as being part of it. **10.** Inspections are completed and reports prepared for the exclusive use of the Client. The Client agrees to defend, indemnify and hold harmless the Inspector and the Inspection Company from any claims made by a third party against them as a result of their services or their reports, as well as protect them from any and all expenses, damages, costs and legal fees that may arise from such claims. **11.** These inspections do not include an appraisal or make claim of the value of a property. **12.** The Reports are not to be used or construed as certification for compliance with any present or past local, state or federal codes or regulations, but rather as limited opinions of a one-time, constrained survey of apparent conditions, to be further substantiated by a field expert in a subsequent, in-depth, specialized survey, as the case in question may demand, at the sole responsibility and ultimate discretion of the Client. **13.** The Client hereby agrees to notify the Inspector at least 3-days prior to replacing or repairing any component or system found not be in the condition that was reported by the Inspector. The Client further agrees that the Inspector is only liable if he/she failed to adhere to the standards followed in the report and/or dictated by local, state, or federal law. Furthermore, the Client agrees any legal action must be taken within two years from the date of the inspection in question, or else will be deemed forever waived and barred. **14.** The Client understands that these inspections do not determine a property's insurability. **15.** The Client understands that the Inspector(s) will not survey or report on components, items, or systems that are inaccessible, obstructed, hidden, concealed or not visible at the time of the inspection, or that present any other impediments to being surveyed. Impediments that may make a component, item or system not accessible include (this list is not exhaustive): Clutter, furniture, debris, equipment, locks, padlocks, personal items, snow, vegetation, pets, construction materials, trash, sealed access points, rust, insulation materials, condemned doors or windows, filth, lack of water or power service, flooding, damage, presence of pets or other animals, vandalism, material degradation, gaps, structural weakness or failure, narrowness, steepness, lack of permission, safety or security, floor/window/wall/roof/ceiling coverings, etc. **16.** The Client also understands the Inspector is not required to move any items that may obstruct visibility, hinder or impede access, nor to access any of the property areas that may put his/her life in probable danger. **17.** Likewise, the Inspector is not required to remove any equipment covers whereas he/she believes doing so would damage the cover itself and/or the equipment's structure in any way. The same applies for opening any access doors, windows or hatches. It is always the Client's responsibility to make sure that all areas to be inspected are clear and all access points, entryways, and access hatches easily operable on the day and time of the inspection. The Inspector and its report will not cover any portion of the Property whose inspection would necessitate tarnishing, defacing or removing any part of its structure. **18.** It is also the Client's responsibility to ensure that all utilities are connected and working in the property on the day of the inspection, for surveys to be completed. **19.** Inspectors will mark on the report any and all surveys that he/she was not able to complete due to any of the impediments listed above or any others. **20.** Items/systems/elements or components marked as 'Missing' by an inspector, may indeed turn out in some cases to just be hidden/buried/not visible or concealed. Likewise, items/systems/elements or components marked as 'Hidden' or 'Not Visible' by the inspector, may turn out



to actually be missing, absent or not present. **21.** Any items, components or systems not inspected for any of the above-listed reasons or any others, may be surveyed at a later date by the Inspector, for an additional charge. **22.** In ordering the inspection, the Client agrees that the inspection will be carried out in accordance with these clauses PLUS the respective ones of the inspection in question, listed below, which define the particular scope and additional terms and limitations of the respective inspection and its report.

### Statements Pertaining to Home Inspections:

**1.** Home Inspections are designed solely for the discovery of readily visible, obvious or noticeable defects and deficiencies, and of gathering and analyzing information that is of public record or voluntarily disclosed by the seller or a third party. **2.** The purpose of a Home Inspection is to aid the Client in evaluating the general condition of the Property and to provide a report that describes such defects per the 09/18/2020, 10:00 AM Standards of Practice. **3.** Defects or deficiencies, for the purpose of a Home Inspection, are any problems with the Property that would either signify an unreasonable risk to the property, its occupants, neighbors, or community, or else have an important negative impact on the Property's value. **4.** The following conditions, systems or items are excepted from the scope of a Home Inspection (this list is not exhaustive): Lead Paint, Radon, Asbestos, Radon, Toxic Materials, Formaldehyde, Flammable Materials, Fungi, Paint, Molds, Wallpaper, Window Treatments, Recreational Equipment, Trees, Plants, Tele-Communication Systems including Intercoms, TVs, Interior Walls, Ceilings, and Floors, Pools, Spas, Water Purification Systems, Underground Storage Tanks, Overflow Drains, Energy Wells, Solar Heating Systems, Heat Exchangers, Antennae, Sprinkler Systems, Water Softeners/Purification Systems, and Central Vacuuming Systems. **5.** Likewise, the Client understands that even in the case that the Inspector happens to possess an occupational license in addition to that of home inspector, that the inspector is only to perform his/her Home Inspection Duties within the framework of the mission and task at hand, and in no way his/her opinions or reports shall be construed as those of a plumber, electrician, engineer, or any other license he/she happens to hold, or expertise he/she happens to be capable or trained in.

### Statements Pertaining to 4-Point Inspections:

**1.** The Standard(s) to be used for this inspection will be 09/18/2020, 10:00 AM. **2.** Four-Point Insurance Inspections are far narrower in scope than standard home inspections; they are generally performed for homeowners when requested by an insurance company with the purpose of renewing or obtaining an insurance policy, and consist of a limited visual survey of the age and current condition of the Roof, Plumbing and HVAC systems, and of the basic components of the Electrical system. **3.** The inspector that performs a Four-Point inspection does not opine, make a determination, approve or disapprove any property for insurability. **4.** No warranty or guarantee is offered or implied. **5.** The Four-Point Insurance Inspection Report is not to be used for any purpose other than to obtain Home Owner's Insurance. Any other use renders it and its contents null and void. **6.** The purchaser of this report, by payment of the inspection fee, becomes the sole owner of the report and agrees to all its terms. **7.** Age of the property and square footage is obtained from public records.

### Statements Pertaining to Asbestos Inspections:

**1.** The Standard(s) to be used for this inspection will be 09/18/2020, 10:00 AM. **2.** The Client should refer to such Standards for the Regulatory Framework, Scope, Procedures, and Definitions governing this type of Inspection.

### Report Distribution:

Client has agreed for the report to be distributed to the following recipient(s):	<input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> Client <input type="checkbox"/> Notary <input type="checkbox"/> Agent <b>Mr. and Mrs. Christopher Miller - 10710 S.W. 211 Street - MIAMI, FL 33189</b>
Recipients' E-mail Address(es):	<b>demo.christophermiller@liciel.us</b>

*The client has carefully read this Agreement in its entirety and fully understands and accepts it as is acknowledged hereof. Unless where State regulations supersede, the resulting reports will adhere to the following Standards: , which are made available for review by the client at the Inspection Company's website: [www.liciel.us](http://www.liciel.us).*

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# LICIEL ENVIRONMENT

Mr. and Mrs. Christopher Miller  
100 Biscayne Blvd  
MIAMI, FL 33132

INVOICE N°:  
**20-INV-0002**

Dated:  
**09/15/2020**

**MegaDiags**  
**111 NW 1st St**  
**MIAMI, FL 33128**  
**Phone: (123) 456 7891**  
**www.liciel.us**  
**demo.company@liciel.us**

Invoice Associated to File:

Reference N°	Service Rendered On	Property Address
20/INS/002	09/18/2020	Mr. and Mrs. Shawn Robinson 10710 S.W. 211 Street MIAMI, FL 33189

Requested Inspections : Asbestos Inspection, Surface Area Computation, Lead Exposure Risk Assessment, Home Inspection Module, 4 Points, Wind Mitigation, South Florida Termites Inspection

Reference	Designation	Amount
IMO2003	Pack Selling - 2 Beds	102.80
IMO5102	WDO/Termite inspection - 2 Beds	46.73

Full Payment is due at or before the time of inspection.

Total (Before Taxes)	\$149.53
Tax Breakdown	Rate: 7% : \$10.47
Total Taxes	\$10.47
Total With Taxes	<b>\$160</b>

Payment History	<b>10/23/2020 - Online Payment - \$120</b>
Received in Payments	<b>\$120</b>
Amount Due (Remaining Balance)	<b>\$40</b>

----- ✂ -----  
Kindly Return Slip with Payment

Payment Due Date: **10/23/2020**

File number: **20/INS/002**  
Invoice number: **20-INV-0002**  
Amount Due: **\$40**  
Billing Address: **Mr. and Mrs. Christopher Miller - 100 Biscayne Blvd - MIAMI, FL 33132**

Make check payable to the Company Name that appears at footer just below, and mail to accompanying address.



Mr. and Mrs. Christopher Miller  
100 Biscayne Blvd  
MIAMI, FL 33132

03/20/2021

In reference to inspection file: 20/INS/002

**Subject: 1st Reminder for invoice 20-INV-0002**

Dear client,

Our most current information shows that there is an outstanding balance in your account.

**Invoice N°:** ..... 20-INV-0002  
**Service Date:** ..... 09/18/2020, 10:00 AM  
**Due Date:** ..... 10/23/2020  
**Remaining Balance:** ..... \$40

Property's Information	Owner's Information
Address: <b>10710 S.W. 211 Street MIAMI, FL 33189</b>	Name: <b>Mr. and Mrs. Shawn Robinson</b> Address: <b>10710 S.W. 211 Street MIAMI, FL 33189</b>

Service(s):		
<input checked="" type="checkbox"/> Asbestos Inspection	<input checked="" type="checkbox"/> Home Inspection Module	<input checked="" type="checkbox"/> South Florida Termites Inspection
<input checked="" type="checkbox"/> Surface Area Computation	<input checked="" type="checkbox"/> 4 Points	
<input checked="" type="checkbox"/> Lead Exposure Risk Assessment	<input checked="" type="checkbox"/> Wind Mitigation	

Be advised this letter is considered as a formal notice and if a response is not received from you within 8 days, we will be obliged to forward your account to our collections service.

Please disregard this reminder if your payment has recently been submitted.

Thank you for corresponding to our request and attending to this matter.

**John Smith**



# LICIÉL

## ENVIRONMENT

LICIÉL REPORT



# HOME INSPECTION REPORT

**File Number:** 20/INS/002  
**Date of Inspection:** 09/18/2020

## Property Address

**10710 S.W. 211 Street  
 MIAMI, FL 33189**



## Prepared for:

**Mr. and Mrs. Christopher Miller**  
 100 Biscayne Blvd  
 MIAMI, FL 33132

## Prepared by:

John Smith  
 License: NACHI12092203  
**MegaDiags**

## Contents

The following inspections were completed per customer request by MegaDiags:

### Inspection Type

- ☒ Exterior
- ☒ Structure
- ☒ Roofs
- ☒ Electrical
- ☒ Plumbing
- ☒ HVAC
- ☒ Interiors
- ☒ Appliances
- ☐ Garage
- ☐ Swimming Pool

### Type of Building

Residential (Single-Family Home)

**Property is:** Vacant

### Present at Inspection

- ☐ Client Mr. and Mrs. Christopher Miller
- ☐ Seller
- ☐ Buyer's Agent
- ☐ Listing Agent
- ☒ Inspector Only John Smith

# HOME INSPECTION REPORT

## A. Scope, Limitations and Conditions of the Inspection and its Report

1. The purpose of this report is to act as a general guide to the overall conditions of the home at the time of the inspection.
2. The inspection (and hence also the report) is limited to the areas that were visually, physically, and safely accessible on the day and time that the inspection took place. Inspectors do not open walls, disassemble equipment, move furniture, appliances, or stored items or perform any excavations as part of their inspection procedures.
3. The inspection is limited by the applicable Home Inspection Standards of Practice of the State where the property is located.
4. Its aim of the report is not to express any judgment or opinion as to the value of the premises, and its content and the inspector's opinions are not to be construed or interpreted as advising for or against purchase.
5. Home inspectors are not specialists; they have received training to recognize and report as accurately as possible on potential problems in home systems and their major components based on their visual and readily available evidence. The report represents but a group of opinions by an informed generalist, and hence is not technically exhaustive and is to be used as a springboard for further inspection by corresponding specialists in the applicable field (qualified contractors) when the inspector suspects a problem serious enough to warrant it.
6. The Home Inspector and the Home Inspection Company cannot be held liable for not reporting on any evidence that may have been hidden on the day and time of the inspection by home furnishings or decor, debris, or storage items; or that may have been located in the interior of walls, behind cabinets, or that if accessed may have put the life, integrity or health of the inspector at risk.
7. This report is not to be interpreted as being warranty or insurance against present or future defects of any surveyed components or systems, or of the property as a whole. Therefore, the Inspector and Inspection Company do not warrant or ensure, in any way, the present or future condition of the Property, its components, or systems, or their remaining useful life, present or future adequacy, performance, reparability, nor the presence or absence of any latent or concealed deficiencies or defects that cannot be reasonably verified in an inspection performed by a certified inspector.
8. Any opinions expressed in the report regarding the cost of repairs, adequacy, expected life, or the capacity of systems or components are to be construed only as a general guide. It is advised that the interested party/parties obtain specialized opinions and estimates from licensed contractors in the field for actual cost, longevity, competence, or the sufficiency of home systems or components.
9. The report is prepared for the sole use of the client. The Client agrees to defend, indemnify and hold harmless the Inspector and the Inspection Company from any claims made by a third party against them as a result of their services or their reports, as well as protect them from any and all expenses, damages, costs and legal fees that may arise from such claims.
10. No liability or responsibility is assumed by the Inspector, the Inspection Company, its employees, or sub-contractors for any damages, replacements, repairs, or injuries of any kind that may result from any unreported defects or deficiencies. The inspector's and inspection company's maximum liability is equal to the full price that was paid for the Inspection in question. However, the Inspector and Inspection Company shall not be liable for any repairs or replacements performed to the property without previous notice to the Inspector or Inspection Company.
11. Full Payment is due at or before the time of inspection. Inspections will not take place unless full payment has been made AND this agreement has been signed by the Client prior to commencement of the inspection.

## B. Key to Condition Ratings

<u>Satisfactory (N):</u>	Brand-new OR Unused
<u>Repair Replace (RR):</u>	Beyond its Service Life, Damaged; Needs Significant Repairs & May need to be replaced.
<u>Not Inspected (NI):</u>	The particular item, component or system was not surveyed.
<u>Not Present (NP):</u>	Absent or Not Present

# HOME INSPECTION REPORT

## C. Inspection

### Exterior



### EXTERIOR

The inspector's duties entail inspecting all flashing and trim, eaves, soffits, fascia, exterior wall-covering materials, adjoining walkways, stairs, steps, stoops, staircases, driveways, ramps, porches, patios, decks, balconies and carports, as well as handrails, guards and railings. In addition, the inspector duties include inspecting all exterior doors, plus a representative number of windows. The inspector shall also check vegetation, ground drainage, retaining walls, and property grading, all in relation to how they may affect the structure due to water or moisture penetration.

In addition, the inspector shall report on inadequate spacing when observed on railing, fencing or other exterior construction support elements.

### Description

Property Boundaries	<b>Fence</b>
Weather Conditions	<b>Cloudy</b>
Gate	<b>Swing Gate</b>
Driveway	<b>Grass</b>
Steps / Walkways	<b>Concrete</b>
Porch / Ext. Entry	<b>Concrete/Stamped Concrete</b>
Boundary Walls / Fencing	<b>Chain-Link</b>
Ext. Wall Covering	<b>Concrete</b>



FRONT ELEVATION (NORTH)



FRONT ELEVATION (EAST)



EXTERIOR GARDEN (WEST)




EXTERIOR GARDEN (SOUTH WEST)

# HOME INSPECTION REPORT

## Inspection

		S	RR	NI	NP
Gate	Noisy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carport	Loose Canopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Boundary Walls / Fencing	Fallen Rails	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ext. Wall Covering	Fallen Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	Signs of Possible Soil Compaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading / Drainage	East Negative Grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comments

		Type	Picture
Porch / Ext. Entry	Porch need to be repainted and steel colons need to be replaced.	RR	

## Repair Costs

\$4,800

## Limitation

The inspector is in no way required to inspect or operate window shutters, awnings, window/door/enclosure screens, storm windows, fences, outbuildings, accent lighting, or any items that are not visible or readily accessible from the ground, including door or window flashing; or identify geological, hydrological or general soil conditions, or verify the performance or integrity of multi-pane windows or thermal seals. Likewise, they are not required to inspect wastewater-treatment or septic equipment or systems, recreational equipment or facilities, seawalls, breakwalls or docks, earth-stabilization actions, or inspect for safety glass, underground utilities or equipment, springs/wells, alternative energy features, such as wind, solar or geothermal systems or equipment; pools or spas, sprinklers or irrigation systems, or drainage aid shafts, chambers or equipment.



# HOME INSPECTION REPORT

Structure



**STRUCTURE**

The inspector responsibilities involve surveying the property's foundation, crawlspace, and basement, including their visible structural elements or components.

The inspector's report shall include a description of the type of foundation and the crawlspace's access location.

The inspector shall indicate when any evidence of any of the following circumstances is observed on the property: wood components coming in contact with the ground; moisture intrusion into the property that appears to be active; alterations of framing elements that may put in jeopardy the structural integrity of the property; or evidence of foundation movement. In each and all of the above-listed cases, the inspector shall also indicate the concerned items, components or systems as in need of professional monitoring, specialized inspection, or remediation measures, as the case may require.

## Description

Occupancy	<b>Vacant</b>
Number of Stories	<b>1-Story</b>
Layout + Additions/Alteration to Orig. Structure	
Property Type	<b>Single-Family Home</b>
Foundation - Material	<b>Concrete Block</b>
Foundation - Type	<b>Slab on Grade</b>
Floor Structure Type	<b>Concrete Beams and Blocks</b>
Wall Structure - Material	<b>Brick</b>
Ceiling Structure -Type	<b>Plaster / Plasterboard, Wood / Wooden Planks</b>
Roof Structure - Type	<b>Trusses</b>



ENTRANCE





HALLWAY

## Inspection


		S	RR	NI	NP
Floor Structure	Evidence of Previous Moisture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Structure	Evidence of Previous Moisture, Evidence of Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Structure	Horizontal Cracks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Structure	Evidence of Fresh Moisture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# HOME INSPECTION REPORT

## Comments

		Type	Picture
Ceiling Structure	Ceiling structure needs to be fully restored.	RR	
Floor Structure	All floor structure was damaged by the time of inspection and need to be fully restored.	RR	

# HOME INSPECTION REPORT

		Type	Picture
Wall Structure	Painting and wall structure need to be fully restored.	RR	

## Repair Costs

\$23,000

## Limitation

The inspector is in no way required to enter any not readily-accessible crawlspace or crawlspace area(s), or any area where entry could his/her integrity or safety. The inspector is also not required to move items or debris to gain access or visibility to the components or systems to be inspected, or identify the adequacy or characteristics of foundation support systems or its elements. In the same way, inspectors are not qualified, trained, licensed, or required to provide architectural or engineering opinions, evaluations or services, or to report on the adequacy of structural systems or components.

## Photos



## HOME INSPECTION REPORT



WALL STRUCTURE



CEILING STRUCTURE



CEILING STRUCTURE



CEILING STRUCTURE



# HOME INSPECTION REPORT

## Roofs



## ROOF

The inspector's duties consist of inspecting and describing roof covering materials, gutter system components, vents, flashings, skylights, chimneys, other roof penetrations, as well as the roof's structure as observed from readily-accessible service access points or panels. The inspector shall report on any observed evidence of roof leaks that are, or appear to be, presently active.

### Description

Insp. Limiting Factor	<b>Unsafe conditions</b>
Vent Boots Material	<b>Lead</b>
Plumbing Vents Material	<b>Copper</b>
Gutters Material	<b>Aluminum</b>
Flashings Material	<b>Aluminum</b>

	<b>Roof</b>
Estimated Age	<b>20-25 Years</b>
Last Update	<b>20-25 Years</b>
Last Permit	<b>20-25 Years</b>
Est. Useful Life	<b>&lt; 5 Years</b>
Inspected From	<b>Ground w/ Binoculars</b>
Visibility	<b>Full Visibility</b>
Type	<b>Hip</b>
Pitch	<b>2:12</b>
Covering material	<b>Asphalt Comp. Shingles</b>
Layers	<b>1</b>
Ventilation	<b>Soffit Vents</b>
Sealant	<b>Polyurethane</b>



ROOFS (WEST)



ROOFS (NORTH)

# HOME INSPECTION REPORT



ROOFS (EAST)





ROOFS (SOUTH)

## Inspection

		S	RR	NI	NP
Tabs/Shingles/Tiles	Curling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Roof Damage	Leaks/Moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Membrane	Blistering/Bubbling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vent Boots	Flashing Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plumbing Vents	Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Valleys	Chips/Bruises	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fascia	Cracked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashings	Cracked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drip Edge	Chips/Bruises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gutters	Some gutters are missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soffits and Screen	Has Holes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comments

		Type	Picture
Gutters	Some gutters were missing by the time of the inspection.	RR	
Soffits and Screen - 400	Some soffits are missing and need to be installed.	RR	

# HOME INSPECTION REPORT

## Repair Costs

\$600

## Limitation

The inspector is in no way required to perform a water test on the subject roof, or to clear roof surfaces of ice, snow, vegetation debris or other debris or residue that may hinder examination of the roof's elements, surfaces or materials. Likewise, the inspector is not required to physically handle or put aside insulation or insulation materials, to walk on any roof surface, to predict the life expectancy of the system or of any of its components, to inspect roof antennas, satellite dishes, de-icing or lightning-arresting devices, or any other roof additions. Inspection of the roof system does not in any way warrant the roof or certify that its covering materials are properly secured or installed.

# HOME INSPECTION REPORT

Electrical



**ELECTRICAL**

In an electrical inspection an inspector visually examines and reports on: All visible elements of the service entry; the main service disconnect; panelboards and over-current protection devices (fuses and circuit breakers); service grounding and bonding; and finally, a representative number of switches, lighting fixtures and outlets, including those observed and deemed to be AFCI-protected using the AFCI test button, where possible. Additionally, all GFCI outlets and circuit breakers observed and deemed to be GFCIs equipped with a GFCI tester, where possible; and smoke and carbon-monoxide detectors.

As part of his/her descriptions, the inspector shall describe the main service disconnect amperage rating, when labeled, as well as the type of wiring observed.

As part of his/her reporting, inspector shall inform when any of the following elements are in need of correction: Defects or deficiencies in the integrity of the service entrance conductors' drip loop, insulation and vertical clearance from grade and roofs; any and all unused circuit-breaker panel opening that was not filled; the presence of aluminum branch-circuit wiring, when visible; any tested outlets in which there was no power present, where polarity was incorrect, a cover was not present or in place, GFCI devices were not installed properly or did not work properly, evidence of excessive heat or arcing, and where a receptacle was not grounded or not secured to the wall; or when a home is not equipped with an adequate amount of working smoke detectors.

## Description

Elec Service Entry	<b>Overhead</b>
Elec Service Size	<b>125A</b>
Main Disconnect Location	<b>By Electric Meter</b>
<b>Panel</b>	
Panel Location	<b>Kitchen</b>
Clearance	<b>Adequate</b>
Manufacturer	<b>GE</b>
Panel Age	<b>25-30 Years</b>
Last Update	<b>15-20 Years</b>
Amps Fuse	<b>- Other</b>
Main/Branch Wire Materials	<b>Copper</b>
GFCI Breaker	<b>Not Present</b>
Grounding	<b>Appears Grounded</b>



PANEL / PANEL LOCATION



PANEL / PANEL LOCATION






# HOME INSPECTION REPORT


## Inspection

		S	RR	NI	NP
Drip Loop		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Disconnect	Exposed Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater Disconnect	Inadequately Rated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Outlets	Damaged Cover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Outlets	Exposed Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Switches	Inoperative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Disconnect	Loose/Unsecured	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Celling Fans	Wobbling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring	Exposed Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comments

		Type	Picture
Celling Fans	Ceiling fans not working and need to be replaced.	RR	
Exterior Outlets	Exterior outlets and switches not working by the type of inspection.	RR	
Interior Outlets - Outlets / Switches	Wall outlet is damaged (overheating).	RR	

# HOME INSPECTION REPORT

		Type	Picture
Water Heater Disconnect	Water heater is failing and need to be replaced.	RR	

## Repair Costs

\$1,000

## Limitation

Inspectors are not required to: Introduce any tool or device into any of the panelboards or electrical fixtures; operate electrical systems that are inoperable, shut down or disconnected; remove panelboard cabinet covers; operate or reset over-current or overload protection devices; test or operate smoke or carbon-monoxide alarms or detectors; inspect, operate or test security, fire or alarm components or systems, or any warning systems; measure or determine service amperage/ voltage that is not properly or visibly labeled; inspect any supplementary wiring or any remotely-controlled equipment; activate electrical systems/branch circuits that are not energized; inspect low-voltage systems, de-icing devices, swimming pool wiring, or time-controlled devices; test or verify the service ground; inspect emergency electrical supply systems or equipment, including, among others: generators, windmills, photovoltaic solar collectors, or battery/electrical storage facility; inspect spark or lightning arrestors; conduct voltage -drop calculations; determine labeling accuracy; or inspect outdoor lighting equipment.

## Photos



SERVICE ENTRY



ELEC SERVICE SIZE



PANEL / GROUNDING



AC DISCONNECT

# HOME INSPECTION REPORT

## Plumbing



## PLUMBING

In a plumbing inspection an inspector determines if the source of the water supply is public or private based on his/her observations and ascertains and reports on the location of the main water supply shut-off valve and its apparent condition. Additionally, he/she inspects the home's water-heating equipment, logs its capacity (per its label, if present), and reports on the energy source, venting connections, valves, and seismic restraints. Furthermore, plumbing inspections entail: a survey of the interior water supply, including fixtures and faucets, via normal operation, likewise the inspector surveys toilets by flushing, and checks drainage at all sinks, tubs and showers. Inspectors inspect drain, waste and vent systems, as well as drainage sump pumps that have accessible floats. In their reports, inspectors also log the location of the main fuel supply shut-off valve and of visible fuel-storage systems.

The inspector shall indicate when any evidence of any of the following circumstances is observed on the property, as to alert of their needing corrective action: inadequacies in the water supply which become evident by observing water flow while operating two fixtures simultaneously; apparent deficiencies in the installation of hot and cold water faucets; missing or inoperative mechanical drain stops; or toilets with loose connection, leaks, deficient tank components, or presenting damage, be it material or operational.

### Description

Main Shutoff Location	<b>By Water Heater</b>
Service Supply	<b>City</b>
System Age	<b>15-20 Years</b>
System Update	<b>15-20 Years</b>
Entry Piping	<b>Copper</b>
Visible Distribution Piping	<b>Copper</b>
Drain/Waste/Vent Piping	<b>Galvanized Iron/Steel</b>


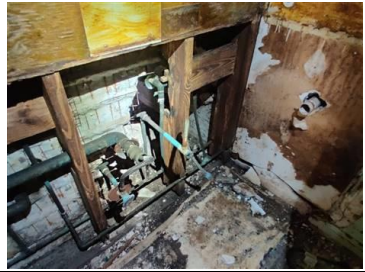


	<b>Water Heater</b>
Location	<b>Laundry Room</b>
Brand	<b>Rheem</b>
Age	<b>15-20 Years</b>
Capacity	<b>30 G</b>

### Inspection

		S	RR	NI	NP
Water Heater Deficiencies	No Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry Piping	Corroded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible Distribution Piping	Cross-Connection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain/Waste/Vent Piping	Dissimilar Metals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Sink	Rusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen Fixtures	Missing Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen Disposal	Leaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bath Sink	Rusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bath Sink Fixtures	Missing Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toilet	Cracked Bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathtub	Chipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tub/Shower Fixtures	Leaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shower Door/Rod	Broken Track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shower Pan	Cracked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# HOME INSPECTION REPORT

## Comments

		Type	Picture
Bath Sink	Bath sink missing.	RR	
Drain/Waste/Vent Piping	We noted cast iron sanitary piping under the home, visible in the crawl space. The piping has an original life expectancy of 50 years. Based on this, we recommend the buyer budget to replace the piping.	RR	
Kitchen Sink	Kitchen sink missing.	RR	
Visible Distribution Piping	Distribution piping need to be fully restored.	RR	

## Repair Costs

\$10,900



# HOME INSPECTION REPORT

## Limitation

Inspectors are not required to and should not be expected to: light/ignite pilot flames; measure, estimate or indicate the capacity, temperature, age, life expectancy or adequacy of the water heater; inspect water softener or filtering systems, well pumps or tanks, safety or shut-off valves, floor drains, lawn sprinkler systems, or fire sprinkler systems; determine or verify the precise flow rate, volume, pressure, temperature or adequacy of the water supply; determine or certify the quality of the water or whether it is potable or not, or the reliability of the water source/supply; open sealed plumbing access panels; inspect washing machines or their connections; operate valves; test shower pans, tub/shower surrounds/enclosures for leaks or overflow protection; evaluate compliance with building codes or conservation/energy standards, or the adequate design and sizing of water, venting or waste components, piping or fixture; ascertain as to the efficacy of anti-siphon, back-flow prevention or drain-stop devices; determine or indicate whether sufficient cleanouts are present for the effective clearing of drains; evaluate fuel storage tanks or supply systems; inspect water/wastewater treatment systems or water filters; inspect water storage tanks or pressure pumps; evaluate hot water wait times at fixtures; perform any kind of testing to water heater elements; determine or evaluate the adequacy of combustion air; operate, test, open or close: safety controls, manual stop valves, temperature or pressure-relief valves, control or check valves; examine auxiliary systems/components, including solar water heating and hot water circulation; determine the existence/condition of PB-1 or polybutylene plumbing; inspect or test for gas or fuel leaks, or evidence thereof.

## Photos



DRAIN/WASTE/VENT PIPING



WATER HEATER / LOCATION



TOILET



TUB/SHOWER FIXTURES

# HOME INSPECTION REPORT

HVAC



HVAC

In what respects Heating and Cooling, the inspector's survey of such systems shall be limited to what can be observed or ascertained through the use of normal operating controls and access to readily-operable panels.

When inspecting heating systems, the inspector must report on the following: indicate what is the energy source and the heating method, and log the location of its thermostat.

Whether inspecting a heating or cooling system, the inspector shall report whenever any system was not accessible or inoperative.

## Description

Air Conditioning - Type	Packaged Unit, Through Wall Air Conditioner
Heating Equipment - Type	
	AC
Energy Source	Electric
AHU Brand	Amana
AHU Age	15-20 Years
AHU Tonnage	2 ton
Condenser Brand	Amana
Condenser Age	10-15 Years
Condenser Tonnage	2 ton
Condensate Line/Drain	To Exterior




## Inspection

		S	RR	NI	NP
Evaporator Coils	Damaged, Needs Cleaning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerant Lines	Damaged, Missing Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AHU Temp differential		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensate Line/Drain	Leaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Handler Unit(s)	Noisy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensing Unit(s)	Short Cycling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pumps	Icing Up, Running Constantly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Thermostats	Inaccurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Flow	Blocked Vents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ductwork	Damaged Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filters	Missing Casing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust fans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# HOME INSPECTION REPORT

## Comments

		Type	Picture
Air Handler Unit(s)	Air handler unit outdated and need to be replaced.	RR	
Condensing Unit(s)	Condensing unit not working by the time of inspection and need to be fixed by a specialist.	RR	
Ductwork	Ductwork damaged and needed to be replaced.	RR	

## Repair Costs

\$5,500

## Limitation

When inspecting heating or cooling systems, the inspector is not required to determine any of the following: size, capacity, BTU, suitability or supply adequacy, uniformity, temperature, flow, balance, or distribution of the system.

In the same manner, it is not required that inspectors do any of the following: inspect fuel tanks or underground/concealed fuel storage or supply systems; light, ignite or start pilot flames; check the interior of chimneys or flues, heat exchangers, combustion air systems, fire chambers, fresh-air intakes, humidifiers or dehumidifiers, electronic-air filters, solar heating systems or geothermal systems; activate heating systems when circumstances are in any way not conducive to their safe operation or may cause damage to the equipment; override electronic thermostats; evaluate fuel quality; or verify thermostat calibration, heating anticipation, or automatic setbacks, timers, programming devices or clocks.

When inspecting cooling systems, the inspector must report on the following: indicate the cooling method, and log the location of its thermostat.

In the course of a cooling system inspection, the inspector is never required to inspect portable or window units, through-wall units, or electronic air filters; operate equipment or systems if the exterior temperature is below 65° F, or whenever circumstances impede the safe operation of the equipment or may damage it; determine the calibration of a thermostat, cooling anticipation, or programming devices or clocks; or examine coolant leakage, electrical current, or coolant fluids/gases.

## Photos



AIR CONDITIONING - TYPE



AIR CONDITIONING - TYPE



AIR CONDITIONING - TYPE



DUCTWORK



DUCTWORK



DUCTWORK

# HOME INSPECTION REPORT

Interiors



**INTERIOR**

The inspector shall inspect, report on and describe: a representative number of doors and windows by operating them when possible; in addition, an inspector shall survey visible and accessible floors, walls, ceilings, stairs, steps, landings, stairways, ramps, railings, guards, handrails, garage doors and garage door openers operation using traditional operating controls.


The inspector shall indicate whenever any of the following is in need of correction: improper spacing between intermediate balusters, spindles and rails for steps, stairways, guards and railings; photo-electric safety sensors that did not operate properly; and any window having evidence of condensation or other indications of having damaged or worn seals.

## Description




Baseboard Material	<b>Composite</b>
Kitchen - Floor	<b>Concrete</b>
Kitchen - Walls	<b>Drywall</b>
Kitchen - Cabinets	<b>No cabinets present</b>
Kitchen - Countertops	<b>No countertops present</b>
Kitchen - Window(s)	<b>Aluminum</b>
Kitchen - Ceiling	<b>Drywall</b>
Living Room - Floor	<b>Concrete</b>
Living Room - Walls	<b>Drywall</b>
Living Room - Window(s)	<b>Aluminum</b>
Living Room - Closet Door(s)	<b>Missing closet door</b>
Living Room - Ceiling	<b>Drywall</b>

	<b>Bedroom</b>	<b>Bathroom</b>	<b>Bedroom # 2</b>
Floor	<b>Concrete</b>	<b>Concrete</b>	<b>Concrete</b>
Door(s)	<b>Wood</b>	<b>Wood</b>	<b>Wood</b>
Walls	<b>Drywall</b>	<b>Drywall</b>	<b>Drywall</b>
Window(s)	<b>Aluminum</b>		<b>Aluminum</b>
Ceiling	<b>Drywall</b>	<b>Drywall</b>	<b>Missing drywall</b>

## Comments

		Type	Picture
Baseboard Material - Deteriorated Baseboard	Baseboard is deteriorated and needs to be repaired or replaced. Some baseboard is missing.	RR	
Bathroom / Walls	Bathroom walls are damaged and deteriorated.	RR	

# HOME INSPECTION REPORT

		Type	Picture
Kitchen - Walls	Kitchen Walls needs to be partially replaced.	RR	
Living Room - Closet Door(s)	Living Room Closet Door is missing.	RR	
Living Room - Walls	Living room walls show signs of moisture.	RR	

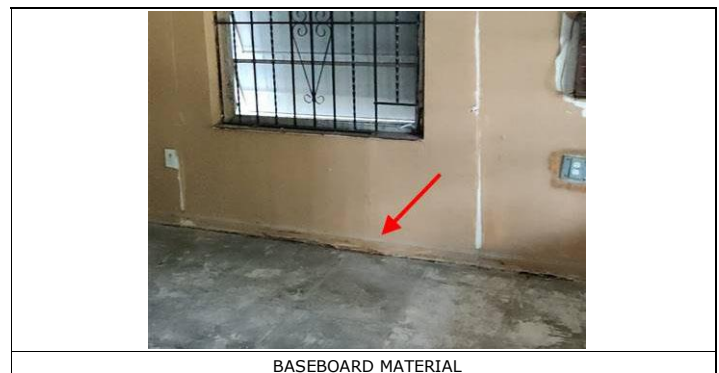
## Limitation

The inspector is not required to survey, report on, describe or evaluate any of the following: Wall coverings such as paint or wallpaper, window/finish treatments, floor coverings or carpeting, central vacuum systems, glazing safety, security systems or components, or the fastening of islands, countertops, cabinets, sink tops or fixtures.

Likewise, inspectors are not required to move any furniture, items, or coverings, including carpets or rugs, among others, to carry out the survey of concealed floor, wall or ceiling structures. This shall include not moving ceiling tiles, or any appliances or equipment.

In addition, the inspector shall not: Survey, activate or operate any garage devices, except as noted above; check or validate as to the proper operation of garage door electronic safety features; evaluate or operate any type of security bar release or opening mechanisms, or appraise their compliance with any local, state or federal standards; or access, inspect or operate any systems, appliances or components necessitating that special keys/codes/combinations/devices be used.

## Photos



## HOME INSPECTION REPORT



KITCHEN - FLOOR



BATHROOM / FLOOR



# HOME INSPECTION REPORT

## Appliances



## APPLIANCES

Inspectors shall check for the basic operation of built-in or installed appliances, and verify if they present obvious visual or functional defects.



### Description

Refrigerator	<b>Frigidaire</b>
Oven	<b>GE</b>
Washer	<b>Avanti</b>

### Inspection

		S	RR	NI	NP
Refrigerator	Malfunctioning Electronic Panel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oven	Missing Hardware	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer	No Anti-tip Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Comments

		Type	Picture
Oven	Oven outdated and not properly working, need to be replaced.	RR	
Refrigerator	Refrigerator infected by bugs need to be replaced for health reasons.	RR	

### Repair Costs

\$1,800

### Limitation

Inspectors are not required to inspect appliances that are not built-in or installed. Likewise, inspectors are not required to check an appliance's performance in any way (e.g. if the oven's temperature is off). In-depth appliance inspections have to be contracted separately with an appliance technician specialized in appliance diagnosis and repair.



## HOME INSPECTION REPORT

### Photos



REFRIGERATOR



REFRIGERATOR



OVEN



WASHER

# HOME INSPECTION REPORT

## D. Standard Lead Paint Disclaimer

### Lead-based paint is hazardous to your health.

Lead-based paint is a major source of lead poisoning for children and can also affect adults. In children, lead poisoning can cause irreversible brain damage and can impair mental functioning. It can retard mental and physical development and reduce attention span. It can also retard fetal development even at extremely low levels of lead. In adults, it can cause irritability, poor muscle coordination, and nerve damage to the sense organs and nerves controlling the body. Lead poisoning may also cause problems with reproduction (such as a decreased sperm count). It may also increase blood pressure. Thus, young children, fetuses, infants, and adults with high blood pressure are the most vulnerable to the effects of lead.

### Children should be screened for lead poisoning.

In communities where the houses are old and deteriorating, take advantage of available screening programs offered by local health departments and have children checked regularly to see if they are suffering from lead poisoning. Because the early symptoms of lead poisoning are easy to confuse with other illnesses, it is difficult to diagnose lead poisoning without medical testing. Early symptoms may include persistent tiredness, irritability, loss of appetite, stomach discomfort, reduced attention span, insomnia, and constipation. Failure to treat children in the early stages can cause long-term or permanent health damage.

The current blood lead level which defines lead poisoning is 10 micrograms of lead per deciliter of blood.

However, since poisoning may occur at lower levels than previously thought, various federal agencies are considering whether this level should be lowered further so that lead poisoning prevention programs will have the latest information on testing children for lead poisoning.

### Consumers can be exposed to lead from paint.

Eating paint chips is one way young children are exposed to lead. It is not the most common way that consumers, in general, are exposed to lead. Ingesting and inhaling lead dust that is created as lead-based paint "chinks, "chips, or peels from deteriorated surfaces can expose consumers to lead. Walking on small paint chips found on the floor, or opening and closing a painted frame window, can also create lead dust. Other sources of lead include deposits that may be present in homes after years of use of leaded gasoline and from industrial sources like smelting. Consumers can also generate lead dust by sanding lead-based paint or by scraping or heating lead based paint.

Lead dust can settle on floors, walls, and furniture. Under these conditions, children can ingest lead dust from hand-to-mouth contact or in food. Settled lead dust can re-enter the air through cleaning, such as sweeping or vacuuming, or by movement of people throughout the house.

### Older homes may contain lead based paint.

Lead was used as a pigment and drying agent in "alkyd" oil based paint. "Latex" water based paints generally have not contained lead. About two-thirds of the homes built before 1940 and one-half of the homes built from 1940 to 1960 contain heavily-lead-paint. Some homes built after 1960 also contain heavily-lead-paint. It may be on any interior or exterior surface, particularly on woodwork, doors, and windows. In 1978, the U.S. Consumer Product Safety Commission lowered the legal maximum lead content in most kinds of paint to 0.06% (a trace amount). Consider having the paint in homes constructed before the 1980s tested for lead before renovating or if the paint or underlying surface is deteriorating. This is particularly important if infants, children, or pregnant women are present.

### Consumers can have paint tested for lead.

There are do-it-yourself kits available. However, the U.S. Consumer Product Safety Commission has not evaluated any of these kits. One home test kit uses sodium sulfide solution. This procedure requires you to place a drop of sodium sulfide solution on a paint chip. The paint chip slowly turns darker if lead is present. There are problems with this test, however. Other metals may cause false positive results, and resins in the paint may prevent the sulfide from causing the paint chip to change color. Thus, the presence of lead may not be correctly indicated. In addition the darkening may be detected only on very light-colored paint.

Another in-home test requires a trained professional who can operate the equipment safely. This test uses X-ray fluorescence to determine if the paint contains lead. Although the test can be done in your home, it should be done only by professionals trained by the equipment manufacturer or who have passed a state or local government training course, since the equipment contains radioactive materials. In addition, in some tests, the method has not been reliable.

Consumers may choose to have a testing laboratory test a paint sample for lead. Lab testing is considered more reliable than other methods. Lab tests may cost from \$20 to \$50 per sample. To have the lab test for lead paint, consumers may:

- Get sample containers from the lab or use re-sealable plastic bags. Label the containers or bags with the consumer's name and the location in the house from which each paint sample was taken. Several samples should be taken from each affected room (see HUD Guidelines discussed below).
- Use a sharp knife to cut through the edges of the sample paint. The lab should tell you the size of the sample needed. It will probably be about 2 inches by 2 inches.
- Lift off the paint with a clean putty knife and put it into the container. Be sure to take a sample of all layers of paint, since only the lower layers may contain lead. Do not include any of the underlying wood, plaster, metal, and brick.
- Wipe the surface and any paint dust with a wet cloth or paper towel and discard the cloth or towel.

The U.S. Department of Housing and Urban Development (HUD) recommends that action to reduce exposure should be taken when the lead in paint is greater than 0.5% by lab testing or greater than 1.0 milligrams per square centimeter by X-ray fluorescence. Action is especially important when paint is deteriorating or when infants, children, or pregnant women are present. Consumers can reduce exposure to lead-based paint.

If you have lead-based paint, you should take steps to reduce your exposure to lead. You can:

#### 1. Have the painted item replaced.

You can replace a door or other easily removed items if you can do it without creating lead dust. Items that are difficult to remove should be replaced by professionals who will control and contain lead dust.

#### 2. Cover the lead-based paint.

You can spray the surface with a sealant or cover it with gypsum wallboard. However, painting over lead-based paint with non-lead paint is not a long-term solution. Even though the lead-based paint may be covered by non-lead paint, the lead-based paint may continue to loosen from the surface below and create lead dust. The new paint may also partially mix with the lead-based paint, and lead dust will be released when the new paint begins to deteriorate.

#### 3. Have the lead-based paint removed.

Have professionals trained in removing lead-based paint do this work. Each of the paint-removal methods (sandpaper, scrapers, chemicals, sandblasters, and torches or heat guns) can produce lead fumes or dust. Fumes or dust can become airborne and be inhaled or ingested. Wet methods help reduce the amount of lead dust. Removing moldings, trim, window sills, and other painted surfaces for professional paint stripping outside the home may also create dust. Be sure the professionals contain the lead dust. Wet-wipe all surfaces to remove any dust or paint chips. Wetclean the area before re-entry. You can remove a small amount of lead-based paint if you can avoid creating any dust. Make sure the surface is less than about one square foot (such as a window sill). Any job larger than about one square foot should be done by professionals. Make sure you can use a wet method (such as a liquid paint stripper).

#### 4. Reduce lead dust exposure.

You can periodically wet mop and wipe surfaces and floors with a high phosphorous (at least 5%) cleaning solution. Wear waterproof gloves to prevent skin irritation. Avoid activities that will disturb or damage lead based paint and create dust. This is a preventive measure and is not an alternative to replacement or removal. Professionals are available to remove, replace, or cover lead-based paint.

Contact your state and local health department's lead poisoning prevention programs and housing authorities for information about testing labs and contractors who can safely remove lead-based paint.

The U.S. Department of Housing and Urban Development (HUD) prepared guidelines for removing lead-based paint which appear in Section IV of Chapter 12 of the Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing, July 2012. Ask contractors about their qualifications, experience removing lead-based paint, and plans to follow these guidelines.

# HOME INSPECTION REPORT


## E. General Maintenance Advice

The following checklist was developed by the National Center for Healthy Housing as a tool for healthy home maintenance. A healthy home is one that is constructed, maintained, and rehabilitated in a manner that is conducive to good occupant health.

To maintain a healthy home, occupants should keep it dry, clean, well-ventilated, free from contaminants, pest-free, safe and well-maintained. Good home maintenance can act to reduce allergens, prevent illness, and reduce injury from accidents. This checklist provides basic guidelines; items may need to be checked more often depending on local conditions and manufacturer suggestions.

		Spring	Fall	Annual	As Needed	Pro Needed?
Yard and Exterior	Ensure that water drains away from house	✓				
	Check for trip, fall, choking, sharp-edge hazards	✓	✓			
	Verify that fence around pool intact	✓	✓			
	Check for signs of rodents, bats, roaches, termites	✓	✓			
	Drain outdoor faucets and hoses		✓			
	Clean window wells and check drainage	✓	✓			
	Clean gutters and downspouts	✓	✓			
Exterior Roof, Walls, Windows	Ensure shingles in good condition	✓				
	Check chimney, valley, plumbing vent, skylight flashing	✓				
	Make sure gutters discharge water away from building	✓				
	Check attic vents		✓			
	Check attic for signs of roof leaks	✓				
	Check for icicles and ice dams (In winter)	✓			✓	
	Look for peeling paint	✓				
	Look for signs of leaks where deck attaches to house	✓				
	Check below window & door that flashing intact	✓				
	Repair broken, cracked glass		✓			
	Look for signs of leaks at window and door sills	✓				
	Clean dryer vent	✓	✓			
	Check exhaust ducts are clear	✓	✓			
Basement and Crawl Space	No wet surfaces, puddles	✓	✓			
	Sump pump and check valve working	✓	✓			
	Floor drain working	✓				
	Vacuum basement surfaces	✓				
	Check for signs of rodents, bats, roaches, termites		✓			
Interiors	Check for signs of water damage			✓		
	Check operation of windows and doors	✓				
	Lubricate and repair windows and doors	✓			✓	
Appliances	Clean kitchen range hood screens				✓	
	Clean dryer vents and screens	✓				
	Clean exhaust fan outlets and screens	✓				
	Clean outdoor air intakes and screens		✓			
	Clean air conditioning coils, drain pans	✓				✓
	Clean dehumidifier coils, check operation	✓				
	Clean and tune furnaces, boilers, hot water heaters		✓			✓
	Clean and tune ovens and ranges		✓			✓

## Attachments



**HI Insurance** **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not constitute a certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> HI Insurance 123 Sun Street New York NY 10001	<b>CONTACT</b> NAME: PHONE (A/C, No, EXT): E-MAIL: ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVER: INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>INSURED</b> LICI EL Environment, LLC 244 Fifth Avenue, Suite C38 New York, NY 10001	NAIC # <b>123456</b>
-------------------------------------------------------------------------------------------------	-------------------------

**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		1234567890	09/01/20 09/01/21	EACH OCCURRENCE \$ 10000000 MED EXP (Any one person) \$ 1000000 PERSONAL & ADV INJURY \$ 10000000 GENERAL AGGREGATE \$ 10000000 PRODUCTS - COM/OP AGG \$ 10000000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		1234567890	09/01/20 09/01/21	COMBINED SINGLE LIMIT (Ea accident) \$ 10000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property Section		1234567890	09/01/20 09/01/21	

DESCRIPTION OF OPERATIONS / VEHICLES (Additional Remarks Schedule, may be attached if more space is required)

Home Inspection company

**CERTIFICATE HOLDER**  
 Insured Copy

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  
 AUTHORIZED REPRESENTATIVE: 

All rights reserved.

## Four Point Inspection Report

Insured/Applicant Name: Mr. and Mrs. Shawn Robinson

Application / Policy # 123456US

Address Inspected: 10710 S.W. 211 Street MIAMI, FL 33189

Date Inspected: 09/18/2020

Actual Year Built: < 2000

### Minimum Photo Requirements:

- ☐ Dwelling: Each side   
 ☒ Roof: Each slope   
 ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves  
☒ Main electrical service panel with interior door label  
☒ Electrical box with panel off  
☒ All hazards or deficiencies noted in this report

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness, or longevity of any of the systems inspected.

## Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

### Main Panel

Type: ☒ Circuit breaker    ☐ Fuse

Total Amps: 125A

Is amperage sufficient for current usage? ☐ Yes    ☒ No (explain)

Electrical system need to be replaced

### Second Panel

Type: ☐ Circuit breaker    ☐ Fuse

Total Amps:

Is amperage sufficient for current usage? ☐ Yes    ☐ No (explain)

### Indicate the presence of any of the following:

- ☐ Cloth wiring  
☐ Active knob and tube  
☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):  
 \* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*  
☐ Connections repaired via COPALUM crimp  
☐ Connections repaired via AlumiConn

### Hazards Present

- ☒ Blowing fuses  
☒ Tripping breakers  
☐ Empty sockets  
☐ Loose wiring  
☒ Improper grounding  
☐ Corrosion  
☐ Over fusing
- ☐ Double taps  
☒ Exposed wiring  
☒ Unsafe wiring  
☒ Improper breaker size  
☐ Scorching  
☐ Other (explain)

General condition of the electrical system: ☐ Satisfactory    ☐ Unsatisfactory (explain)

## Supplemental Information

### Main Panel

Panel age: 25-30 Years  
 Year last updated: 15-20 Years  
 Brand/Model: GE

### Main Panel

Panel age:  
 Year last updated:  
 Brand/Model:

### Wiring Type

- ☒ Copper  
☐ NM, BX or Conduit



## HVAC System

Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf no central heat, indicate **primary** heat source and fuel type:Are the heating, ventilation, and air conditioning systems in good working order? ☐ Yes ☒ No (explain)Date of last HVAC servicing/inspection: 1982

## Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs the source portable? ☐ Yes ☒ NoDoes the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?  
☐ Yes ☐ No

## Supplemental Information

Age of system: 1982Year last updated: 2000

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

## Plumbing System

Is there a temperature-pressure relief valve on the water heater? ☐ Yes ☒ NoIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Laundry Room

## General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washing-machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All other visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

## Supplemental Information

Age of Piping System:

- ☒ Original to home  
☐ Completely re-piped  
☐ Partially re-piped

(Provide the year and extent of renovation in the comments below)

Type of pipes (check all that apply)

- ☒ Copper  
☐ PVC/CPVC  
☐ Galvanized  
☐ PEX  
☐ Polybutylene  
Other (specify):



**Roof** (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)**Predominant Roof**Covering material: Asphalt Comp. ShinglesRoof age (years): 20-25 YearsRemaining useful life (years): < 5 YearsDate of last roofing permit: 20-25 YearsDate of last update: 20-25 Years

If updated (check one):

☐ Full replacement☐ Partial replacement

% of replacement

Overall condition:

☐ Satisfactory☐ Unsatisfactory (explain below)**Any visible signs of damage / deterioration?**

(check all that apply and explain below)

☒ Cracking☒ Cupping/curling☐ Excessive granule loss☐ Exposed asphalt☐ Exposed felt☐ Missing/loose/cracked tabs or tiles☐ Soft spots in decking☐ Visible hail damage**Any visible signs of leaks?** ☒ Yes ☐ NoAttic/underside of decking ☒ Yes ☐ NoInterior ceilings ☒ Yes ☐ No**Secondary Roof**

Covering material:

Roof age (years):

Remaining useful life (years):

Date of last roofing permit:

Date of last update:

If updated (check one):

☐ Full replacement☐ Partial replacement

% of replacement

Overall condition:

☐ Satisfactory☐ Unsatisfactory (explain below)**Any visible signs of damage / deterioration?**

(check all that apply and explain below)

☐ Cracking☐ Cupping/curling☐ Excessive granule loss☐ Exposed asphalt☐ Exposed felt☐ Missing/loose/cracked tabs or tiles☐ Soft spots in decking☐ Visible hail damage**Any visible signs of leaks?** ☐ Yes ☐ NoAttic/underside of decking ☐ Yes ☐ NoInterior ceilings ☐ Yes ☐ No**Additional Comments/Observations** (use additional pages if needed):

All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.  
 I certify that the above statements are true and correct.

*J. Smith*

Inspector Signature

John Smith

Title

NACHI12092203

License Number

09/18/2020

Date

MegaDiags

Company Name

Home Inspector

License Type

(123) 456 7891

Work Phone



**Special Instructions:** This sample *4-Point Inspection Form* includes the minimum data needed for underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

## Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

## Inspector Requirements

To be accepted, all inspection forms must be completed, signed, and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

*Note:* A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

## Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

## Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed, and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

## Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.

## Additional Comments or Observations Page

Open Neutral outlets in kitchen, 20amp breaker not properly seated to bus bar, and exposed wiring at water heater.



### Photos



FRONT ELEVATION (NORTH)



FRONT ELEVATION (EAST)



ELECTRIC PANEL



CONDENSING UNIT



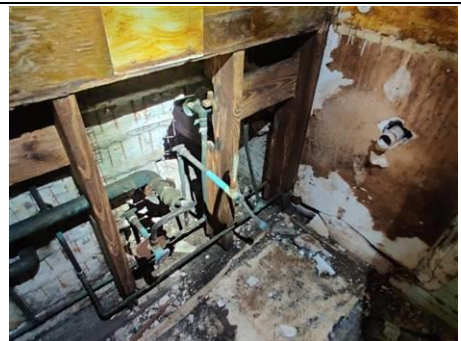
AIR HANDLER UNIT



WATER HEATER



SUBPANEL



UNDER CABINET PLUMBING





FRONT ELEVATION (NORTH)



FRONT ELEVATION (EAST)



FRONT ELEVATION (WEST)



FRONT ELEVATION (SOUTH WEST)



ROOF GEOMETRY



ROOF COVERING



## Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy.

Inspection Date <b>09/18/2020</b>			
<b>Owner Information</b>			
Owner Name: <b>Mr. and Mrs. Shawn Robinson</b>		Contact Person: <b>Mr. and Mrs. Christopher Miller</b>	
Address: <b>10710 S.W. 211 Street</b>		Home Phone:	
City: <b>MIAMI</b>	Zip: <b>33189</b>	Work Phone:	
County: <b>FL</b>	Cell Phone: <b>(123) 456 7890</b>		
Insurance Company: <b>HI Insurance</b>		Policy #: <b>123456US</b>	
Year of Home: <b>&lt; 2000</b>	# of Stories: <b>0</b>	Email: <b>demo.shawnrobinson@liciel.us</b>	

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

### 1. Building Code:

Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?

- ☐ A. Built in compliance with the FBC; Year Built . For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)
- ☐ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built . For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)
- ☒ C. Unknown or does not meet the requirements of Answer "A" or "B"

### 2. Roof Covering:

Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering installed.

2.1 Roof Covering Type:	Permit Application Date	FBC or MBC Product Approval #	Year of Orig. Installation or Replacement	No Information Provided for
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass shingle	<b>10-15 Years</b>			<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile				<input type="checkbox"/>
<input type="checkbox"/> 3. Metal				<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up				<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane				<input type="checkbox"/>
<input type="checkbox"/> 6. Other				<input type="checkbox"/>

- ☐ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
- ☐ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
- ☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
- ☒ D. No roof coverings meet the requirements of Answer "A" or "B".

Inspector's Initials: **SMJ** Property Address: **10710 S.W. 211 Street, MIAMI**

\*This verification is valid for up to five (5) years provided no material changes have been made to the structure.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155



### 3. Roof Deck Attachment:

What is the **weakest** form of roof deck attachment?

- ☒ A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced at a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. **—OR—** Batten decking supporting wood shakes or wood shingles. **—OR—** Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
- ☐ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced at a maximum of 24" inches o.c.) by 8d common nails spaced at a maximum of 12" in the field. **—OR—** Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
- ☐ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced at a maximum of 24" inches o.c.) by 8d common nails spaced at a maximum of 6" in the field. **—OR—** Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (Or 1 nail per board if each board is equal to or less than 6 inches in width) **—OR—** Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.
- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other:
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

### 4. Roof to Wall Attachment:

What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- ☐ A. Toe Nails
- ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
- ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

#### **Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:**

- ☒ Secured to truss/rafter with a minimum of three (3) nails, and
- ☐ Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
- ☒ B. Clips
- ☒ Metal connectors that do not wrap over the top of the truss/rafter, or ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- ☐ C. Single Wraps
- ☒ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
- ☐ D. Double Wraps
- ☐ Metal connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each straps wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
- ☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of 3 nails on each side.
- ☐ E. Structural Anchor bolts structurally connected, or reinforced concrete roof.
- ☐ F. Other:
- ☐ G. Unknown or Unidentified.
- ☐ H. No attic access.

**Inspector's Initials: SMJ Property Address: 10710 S.W. 211 Street, MIAMI**

**\*This verification is valid for up to five (5) years provided no material changes have been made to the structure.**

**OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155**



**5. Roof Geometry:**

What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area or roof geometry classification.)

- ☒ A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features: **5 feet**; Total roof system: **6 feet**.
- ☐ B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a slope of less than 2:12. Roof area with slope less than 2:12: sq. ft.; Total roof area: sq. ft.
- ☐ C. Other Roof Any roof that does not qualify as either (A) or (B) above.

**6. Secondary Water Resistance (SWR):** (standard underlayments or hot mopped felts do not qualify as an SWR)

- ☐ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR Barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☒ B. No SWR.
- ☐ C. Unknown or undetermined.

**7. Opening Protection:**

What is the **weakest** form of wind borne debris protection installed on the structure? First, use the table to determine the weakest form of protection for each category of opening. Second, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings, and (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure.	<b>X</b>					
A	Verified cyclic pressure & lg. missile (9-lb for windows doors/4.5 lb for skylights)		<b>X</b>				
B	Verified cyclic pressure & lg. missile (4-8 lb for windows doors/2 lb for skylights)					<b>X</b>	
C	Verified plywood/SOB meeting table 1609.1.2 of the FIB 2007	<b>X</b>					
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DAMS 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified			<b>X</b>			
N	Other protective coverings that cannot be identified as A, B, or C		<b>X</b>				
X	No Windborne Debris Protection			<b>X</b>			

- ☒ **A. Exterior Opening Protection- Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)** All Glazed openings are protected at a minimum, with impact-resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above):

- \* Miami-Dade County PA 201, 202, **and** 203
- \* Florida Building Code Testing Application Standard (TAS) 201, 202, **and** 203
- \* American Society for Testing and Materials (ASTM) E 1886 **and** ASTM E 1996
- \* Southern Standards Technical Document (STUD) 12
- \* For Skylights Only: ASTM E 1886 **and** ASTM E 1996
- \* For Garage Doors Only: ANSI/DAMS 115

- ☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- ☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- ☐ A.3 One or More Non-Glazed openings is classified as Level B, C, N, or X in the table above

- ☐ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)** All Glazed openings are protected, at a minimum, with impact-resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):

**Inspector's Initials: SMJ Property Address: 10710 S.W. 211 Street, MIAMI**

**\*This verification is valid for up to five (5) years provided no material changes have been made to the structure.**

**OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155**



\* ASTM E 1886 **and** ASTM E 1996. (Large Missile – 4.5 lb.)

\* STUD 12 (Large Missile – 4 lb. to 8 lb.)

\* For Skylights Only: ASTM E 1886 **and** ASTM E 1996 (Large Missile – 2 lb. to 4.5 lb.)

☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist

☒ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above

☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above

☒ **C. Exterior Opening Protection- Wood Structural Panels meeting FIB 2007** All Glazed openings are covered with plywood/SOB meeting the requirements of Table 1609.1.2 of the FIB 2007 (Level C in the table above).

☐ C.1 All Non-Glazed openings classified as A, B or C in the table above, or no Non-Glazed openings exist

☒ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above

☐ C.3 One or More Non-Glazed openings is classified as Level N, or X in the table above

☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).

☐ N.1 All Non-Glazed openings classified as A, B, C, or N in the table above, or no Non-Glazed openings exist

☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above

☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above

☐ **X. None or Some Glazed Openings** One or more Glazed openings classified as Level X in the table above.

**Inspector's Initials: SMJ Property Address: 10710 S.W. 211 Street, MIAMI**

**\*This verification is valid for up to five (5) years provided no material changes have been made to the structure.**

**OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155**



**MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.**  
**Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.**

Qualified Inspector Name: <b>John Smith</b>	License Type: <b>InterNACHI</b>	License or Certificate #: <b>NACHI12092203</b>
Inspection Company: <b>MegaDiags</b>	Phone: <b>(123) 456 7891</b>	

**Qualified Inspector – I hold an active license as a: (check one)**

- ☒ Home Inspector, Licensed under Section 468.8314, Florida Statutes, who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building Code Inspector, Certified under Section 468.607, Florida Statutes.
- ☐ General, Building, or Residential Contractor, Licensed under Section 489.111, Florida Statutes.
- ☐ Professional Engineer, Licensed under Section 471.015, Florida Statutes.
- ☐ Professional Architect, Licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

**Individuals other than licensed contractors licensed under section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or S.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.**

**I, John Smith, am a qualified InterNACHI, and I personally performed the inspection or (licensed contractors and professional engineers only) had my employee (John Smith) perform the inspection and I agree to be responsible for his/her work.**

**Qualified Inspector Signature:**

*J. Smith*

**Date: 09/18/2020**

**An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud, and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.**

**Homeowner to complete:** I certify that the named Qualified Inspector or his/her employee did perform an inspection of the residence identified on this form, and that proof of identification was provided to me or my Authorized Representative.

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)**

**The definitions on this form are for inspection purposes only and cannot be used to certify and product or construction feature as offering protection from hurricanes.**

**Inspector's Initials: SMJ Property Address: 10710 S.W. 211 Street, MIAMI**

**\*This verification is valid for up to five (5) years provided no material changes have been made to the structure.**

**OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155**

## Wind mitigation Report



WIND MITIG.



WINDOW



ROOF DECK ATTACHMENT (NAIL SIZE)



ROOF TO WALL ATTACHMENT (FACE)



ENTRY DOOR



UNRATED SHUTTERS



ROOF DECK ATTACHMENT



WINDOW



ROOF TO WALL ATTACHMENT (BACK)

Inspector's Initials: **SMJ** Property Address: **10710 S.W. 211 Street, MIAMI**

\*This verification is valid for up to five (5) years provided no material changes have been made to the structure.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155





FRONT ELEVATION (NORTH)



FRONT ELEVATION (EAST)



FRONT ELEVATION (WEST)



FRONT ELEVATION (SOUTH WEST)



ROOF GEOMETRY



ROOF COVERING

**Inspector's Initials: SMJ Property Address: 10710 S.W. 211 Street, MIAMI**

**\*This verification is valid for up to five (5) years provided no material changes have been made to the structure.**

**OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155**



## Surface Area Computation

File Number: 20/INS/002  
Inspection Date: 09/18/2020  
Arriving Time: 10:00 AM

This mission consists of establishing a certificate relating to the living area of the properties designated below, with a view to transferring their area to the residential lease for empty accommodation in the main residence.

The living area of a dwelling is the built floor area, after deduction of the areas occupied by walls, partitions, steps and stairwells, ducts, door and window openings; the living volume corresponds to the total living areas thus defined multiplied by the ceiling heights.

The area of undeveloped attics, cellars, basements, sheds, garages, terraces, loggias, balconies, dryers outside the accommodation, verandas, glazed spaces, common rooms, and other outbuildings of the accommodation, nor parts of premises with a height of less than 6 ft.

### Designation of the building(s)

*Location of the building(s):*

State: ..... **FL**  
Address: ..... **10710 S.W. 211 Street**  
City: ..... **33189 MIAMI (FL)**

Designation and location of the co-ownership lot(s):  
**Lot Not Disclosed,**

### Designation of owner

*Client designation:*

First & Last Name: **Mr. and Mrs. Shawn Robinson**  
Address: ..... **10710 S.W. 211 Street**  
**33189 MIAMI (FL)**

### Client

First & Last Name: **Mr. and Mrs. Christopher Miller**  
Address: ..... **100 Biscayne Blvd**  
**33132 MIAMI (FL)**

### Inspection

Scope of inspection: **All Accessible Areas that Don't Require  
or Risk Damage/Displacement**

### Inspector's Information

First & Last Name: ..... **John Smith**  
Company Name: ..... **MegaDiags**  
Address: ..... **111 NW 1st St**  
**33128 MIAMI**  
LBTR Number: ..... **750 7500**  
Insurance Company: ..... **HI Insurance**  
Policy Number and Validity Date: ..... **123456US / 03/01/2020**

### Living Area of the Lot(s)

**Total living area : 737.00 ft<sup>2</sup> (seven hundred thirty-seven square feet)**  
**Total Floor Area total : 737.00 ft<sup>2</sup> (seven hundred thirty-seven square feet)**

## Inspection Results

Documents given by the client to the inspector:

**Intentionally left blank**

Owner's representative (guide):

**Mr. and Mrs. Christopher Miller**

Parts of the Building Visited	Living Area	Total Floor Area	Comments
1st Floor - Living Room	425	425	
1st Floor - Kitchen	74	74	
1st Floor - Bathroom	56	56	
1st Floor - Bedroom	104	104	
1st Floor - Bedroom 2	78	78	
1st Floor - Sunroom	119	119	
1st Floor - Carport	352	352	

Living area of the lot(s):

**Total living area : 737.00 ft<sup>2</sup> (seven hundred thirty-seven square feet)**  
**Total Floor Area total : 737.00 ft<sup>2</sup> (seven hundred thirty-seven square feet)**

## Identification Result - Additional Parts

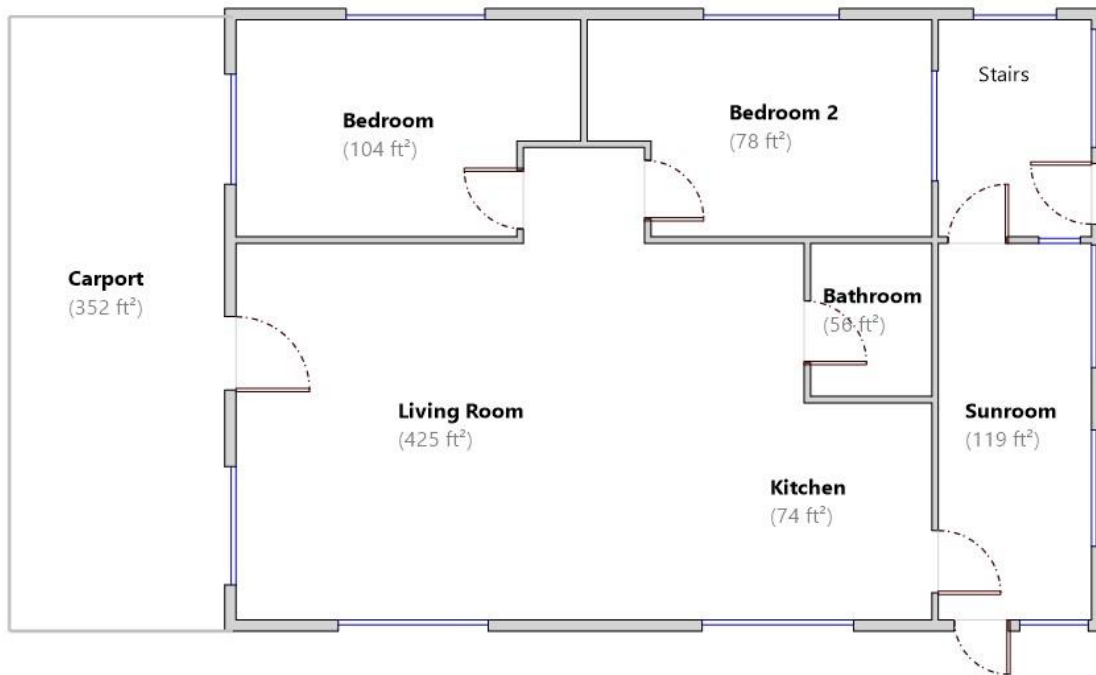
Parts of the Building Visited	Living Area	Total Floor Area	Reason for Not Taking Into Account
1st Floor - Sunroom	119	119	
1st Floor - Carport	352	352	

Made in **MIAMI**, on **09/18/2020**

By: John Smith

*J. Smith*

No document has been appended





## ASBESTOS SURVEY REPORT

File Number: **20/INS/002**  
Date of Inspection: **09/18/2020**  
Time of Inspection: **10:00 AM**  
Inspection Duration: **01 h 00**

### Property Inspected

Address	..... <b>10710 S.W. 211 Street</b> Building, Stairs, Floors, Apt. n°, Lot n°: <b>Lot Not Disclosed,</b> Zip Code, City: ..... <b>33189 MIAMI (FL)</b>
Elevation Perimeter:	..... <b>All Accessible Areas that Don't Require or Risk Damage/Displacement</b>
Housing Type: Main Function of Property: Year of Construction:	..... <b>Single-Family Home</b> ..... <b>Residential (Single-Family Home)</b> ..... <b>&lt; 2000</b>

### Client & Owner

Owner(s) Info:	Last & First Name: . <b>Mr. and Mrs. Shawn Robinson</b> Address: ..... <b>10710 S.W. 211 Street</b> <b>33189 MIAMI (FL)</b>
Client	Last & First Name: . <b>Mr. and Mrs. Christopher Miller</b> Address: ..... <b>100 Biscayne Blvd</b> <b>33132 MIAMI (FL)</b>

### Signatories

	Name	Function	License Organization	License Details
Inspector	John Smith	Home Inspector	InterNACHI	Obtained: 03/22/2019 Expires: 03/21/2034 License #: NACHI12092203

Company Name: **MegaDiags** (LBT: **750 7500**)  
Address: **111 NW 1st St, 33128 MIAMI**  
Insurance Company: **MIAMI**  
Policy Number & Validity Date: **123456US / 03/01/2020**

### Laboratory Exam

Company Name	Asbestos Lab
Address	123 Avenue Washington Av. 33000 Miami
NVLAP Lab Code	330NVLAP

## Summary

### 1. Introduction

### 2. Scope of Survey

2.1 Purpose of Assignment

2.2 Effective Location Perimeter

### 3. Results details of survey

3.1 List of Materials or Products Containing Asbestos

3.2 List of Materials or Products Likely to Contain Asbestos, but Not Containing It after Analysis

3.3 List of Materials or Products Not Containing Asbestos

## 1. – Introduction

This survey was requested by **Mr. and Mrs. Christopher Miller** to uncover potential sources of asbestos containing materials (ACM). The survey provides sufficient information to prevent the disturbance of asbestos-containing materials (ACM) during building demolition and renovation activities. The survey was conducted on **09/21/2020** by **John Smith**, a licensed asbestos inspector.

Interior building components were surveyed and homogeneous areas of suspect asbestos-containing materials (ACM) were visually identified and documented.

Asbestos abatement is grouped into three categories:

- **Surfacing Materials:** Material sprayed, troweled, or applied to surfaces, such as acoustical plaster on ceilings and fireproofing materials on structural elements, or other material on surfaces for acoustical, fireproofing, or other purposes.
- **Thermal System Insulation:** Material applied to pipes, fittings, boilers, ducts, breeching tanks, or other interior structural components to prevent heat loss/gain, water condensation or other purposes.
- **Miscellaneous Materials:** Interior construction materials on structural components or accessories like ceiling tiles or floor that does not include surfacing material or thermal system insulation.

Asbestos cannot be visually identified. The only way its presence in a suspect material can be ascertained is via a thorough inspection, which involves the collection of samples, and microscopic inspection in a lab.



## 2. – Scope of Survey

### 2.1 Purpose of Assignment

The scope of work for this mission has been established and agreed upon as follows: Inspection/survey performed by an Accredited Asbestos Inspector, which will consist of the following steps:

- Visual inspection of building materials that are suspected of potentially being Asbestos-Containing Materials, and which are accessible at the time of the inspection.
- Collections of bulk samples of suspect friable and non-friable ACM.
- Logging and submittal of bulk samples to a NVLAP accredited laboratory for adequate analysis and determination of asbestos presence.
- Interpretation of the laboratory's report to identify the location(s) of asbestos-containing materials.
- Preparation and submittal of an Asbestos Survey Report, communicating all findings, including conclusions and recommendations for further actions if warranted.

The present Asbestos Survey Report is not intended as a bid document or as the specification for abatement. Any and all information used for abatement or bidding purposes is used solely at the user's risk. No demolition of building components was performed as part of this survey.

Although no hidden materials are suspected, no warranty can be provided as to the discovery of such. It must be seriously considered that, as the result of previous renovations, there may be hidden materials, such as floor tile, sheet vinyl flooring, etc. These materials may be found in various areas hidden under existing flooring materials. Any materials found during construction activities, that are either not addressed in this report, or are similar to the ACM identified in this survey, should be assumed to be ACM until sampling and analysis documents prove it to be otherwise.

Due to the hidden nature of many building components, it may be impossible to determine if all of the suspect building materials have been located and thereby tested. Destructive testing is not a viable option in some instances. We cannot, therefore, guarantee that all potential ACMs have been located. For the same reasons, quantity estimates and/or condition assessments are susceptible to readily apparent situations, and our findings reflect this characteristic. We do guarantee, however, that the investigations and methodology reflect our best efforts based upon the prevailing standards of practice in the industry.

The information contained in this report was prepared based upon specific regulations and parameters in force at the time of this report. The information herein is strictly for the specific use of the client and **MegaDiags**. **MegaDiags** accepts no responsibility for the use, interpretation, or reliance by third parties on the information contained herein, unless prior written authorization has been obtained from **MegaDiags**.

### 2.2 Effective location perimeter

These are all the premises or parts of the building concerned by the location assignment appearing on the location diagram attached in the appendix, excluding the premises or parts of the building that could not be visited.

#### Descriptions of rooms visited

1st Floor - Living Room,  
1st Floor - Kitchen,  
1st Floor - Bathroom,  
1st Floor - Bedroom,

1st Floor - Bedroom 2,  
1st Floor - Sunroom,  
1st Floor - Carport,  
Stairs

#### Descriptions of rooms and parts of rooms EXCLUDED in this survey


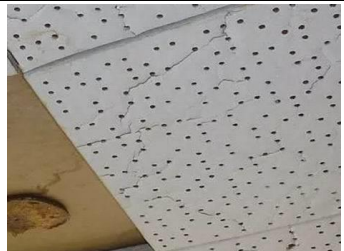
Location	Part(s) of the building	Reason
1st Floor - Living Room	-	Boarded-up door
1st Floor - Living Room	Non-Removable Attic Trap Door	Further inspection would cause damage

Certain premises, parts of premises or components could not be surveyed, further investigations must be carried out in order to verify the possible presence of asbestos.


### 3. – Result Details of Survey

#### 3.1 List of Materials or Products Confirmed Asbestos Containing

##### Materials or Products Containing Asbestos

Location	Identification + Description	Conclusion (Justification)	Conservation State	Photo
1st Floor - Living Room	<u>Material ID:</u> ACBM-001-P001 <u>Description:</u> Vinyl tiles <u>Type:</u> RACM	Asbestos presence detected (Following lab analysis)	Deteriorated (Significant erosion)	
1st Floor - Kitchen; 1st Floor - Bathroom	<u>Material ID:</u> ACBM-003-P003 <u>Description:</u> Ceiling Insulations <u>Type:</u> RACM	Asbestos presence detected (Following lab analysis)	Deteriorated (Fall of material)	

#### 3.2 List of Materials and Products Not Asbestos Containing After Analysis

Location	Identification + Description	Photo
1st Floor - Sunroom	<u>Material ID:</u> ACBM-002-P002 <u>Description:</u> Projected coatings <u>Type:</u> RACM	

#### 3.3 List of Materials or Products Not Asbestos Containing concluded without Analysis

Location	Identification + Description
Nothing	-

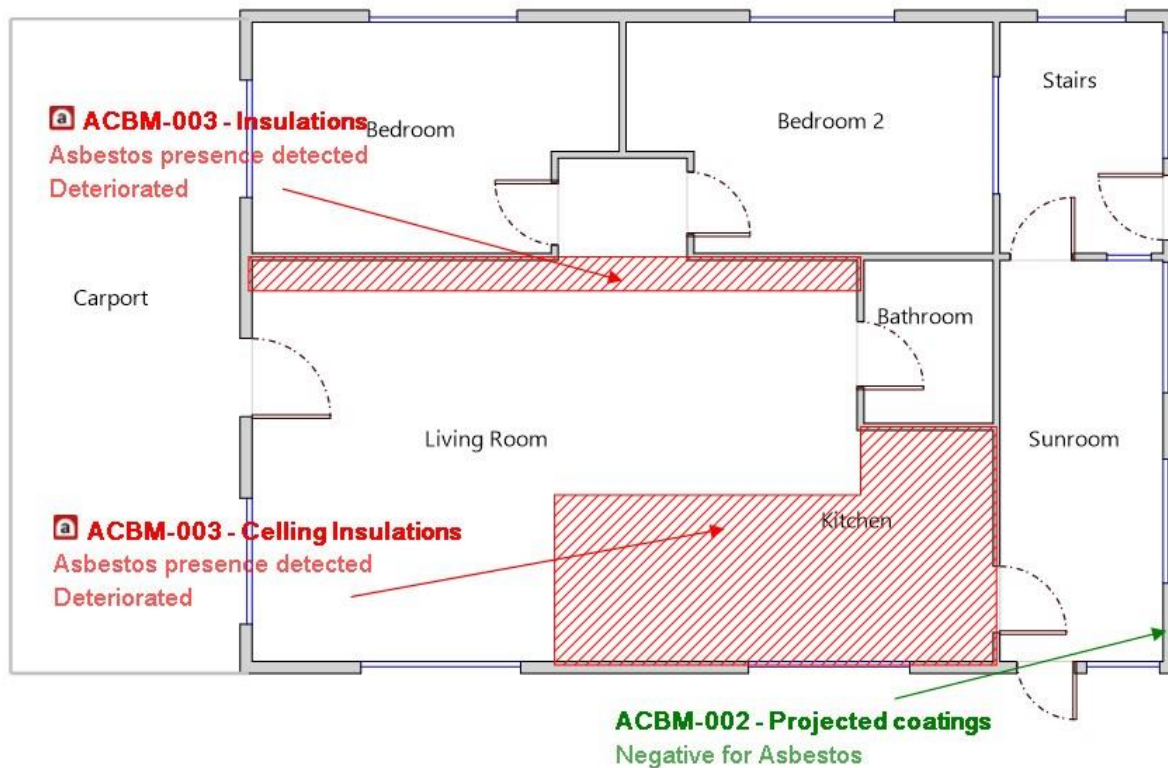
Done at **MIAMI**, on **09/18/2020**

By: John Smith

*J. Smith*




Signature of Representative:

## 5. – Appendix – Floor Plan



## 5.1 – Appendix – Lab results

### List of samples:

Samples ID	Location	Building's Part	Parts of component	Description	Photo
20/INS/002/ACBM-001-P001	1st Floor - Living Room	5. Floors and technical floors - Flooring	Vinyl tiles	Vinyl tiles <b>Lab ID: X10001</b> <b>Analyze requested: 1 layer</b>	
20/INS/002/ACBM-002-P002	1st Floor - Sunroom	3. Inner vertical walls - Wall and partitions "hard"	Projected coatings, thick plastic coating, smoothed or floated	Projected coatings <b>Lab ID: X10002</b> <b>Analyze requested: 1 layer</b>	
20/INS/002/ACBM-003-P003	1st Floor - Bathroom	Boilers, pipes, drying rooms, generators, convectors and radiators, air heaters ...	Insulations	Celling Insulations <b>Sample comments: Insulations</b> <b>Lab ID: X10003</b> <b>Analyze requested: 1 layer</b>	

## Laboratory sample analysis report:



November 11, 2020

MegaDiags  
111 NW 1 Street  
Miami, USA 33128

**CLIENT PROJECT:** Mr. Miller's House  
**CEI LAB CODE:** A12-12345

Dear Customer:

Enclosed are asbestos analysis results for PLM Bulk samples received at our laboratory on November 7, 2020. The samples were analyzed for asbestos using polarizing light microscopy (PLM) per the EPA 600 Method.

Sample results containing >1% asbestos are considered asbestos-containing materials (ACMs) per EPA regulatory requirements. The detection limit for the EPA 600 Method is <1% asbestos by weight as determined by visual estimation.

Thank you for your business and we look forward to continuing good relations. If you have any questions, please feel free to call our office at 123-456-7890.

Kind Regards,

*Richard Smith*

Richard Smith, Ph.D., CIH  
Laboratory Director

123 Main Street • Miami, M 33101 • 123.456.7890





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**ASBESTOS ANALYTICAL REPORT**  
**By: Polarized Light Microscopy**

Prepared for  
**MegaDiags**

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CLIENT PROJECT: Mr. Smith's House

LAB CODE: A12-12345

TEST METHOD: EPA 600 / R93 / 116 and EPA 600 / M4-82 / 020

REPORT DATE: 11/10/20

TOTAL SAMPLES ANALYZED: 3

# SAMPLES >1% ASBESTOS: 2

**TEL: 123-456-7890**

[www.abestolab.com](http://www.abestolab.com)



## Asbestos Report Summary

By: POLARIZING LIGHT MICROSCOPY

**PROJECT:** Mr. Miller's House

**LAB CODE:** A12-12345

**METHOD:** EPA 600 / R93 / 116 and EPA 600 / M4-82 / 020

Client ID	Layer	Lab ID	Color	Sample Description	ASBESTOS %
101		X10001	Black,White	Glued or screwed panels	None Detected
102		X10002	White	Wall/floor junction	None Detected
103		X10003	Red	Insulations	Chrysotile 5%



## ASBESTOS BULK ANALYSIS

By: POLARIZING LIGHT MICROSCOPY

Client: Megadiags  
111 NW 1 Street  
Miami, USA 33128

Lab Code: X12-12345  
Date Received: 11-07-20  
Date Analyzed: 11-07-20

Project: Mr. Miller's House

Date Reported: 11-07-20

## ASBESTOS BULK PLM, EPA 600 METHOD

Client ID Lab ID	Lab Description	Lab Attributes	NON-ASBESTOS COMPONENTS		ASBESTOS %
			Fibrous	Non-Fibrous	
101 X10001	Glued panels	Heterogeneous	25% Fiberglass	55% Tar	None Detected
		Black, White		10% Gravel	
		Fibrous		10% Silicates	
		Bound			
102 X10002	Floor Junction	Heterogeneous		60% Binder	None Detected
		White		35% Calc Carb	
		Non-fibrous		5% Paint	
		Bound			
103 X10003	Insulations	Homogeneous		80% Vinyl	5% Chrysotile
		Red		15% Mastic	
		Fibrous			
		Tightly Bound			



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**LEGEND:**

Non-Anth	= Non-Asbestiform Anthophyllite
Non-Trem	= Non-Asbestiform Tremolite
Calc Carb	= Calcium Carbonate

---

**METHOD:** EPA 600 / R93 / 116 and EPA 600 / M4-82 / 020

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**REPORTING LIMIT:** <1% by visual estimation

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**REPORTING LIMIT FOR POINT COUNTS:** 0.25% by 400 Points or 0.1% by 1,000 Points

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**REGULATORY LIMIT:** >1% by weight

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Due to the limitations of the EPA 600 method, nonfriable organically bound materials (NOBs) such as vinyl floor tiles can be difficult to analyze via polarized light microscopy (PLM). EPA recommends that all NOBs analyzed by PLM, and found not to contain asbestos, be further analyzed by Transmission Electron Microscopy (TEM). Please note that PLM analysis of dust and soil samples for asbestos is not covered under NVLAP accreditation. Estimated measurement of uncertainty is available on request.

This report relates only to the samples tested or analyzed and may not be reproduced, except in full, without written approval by AbestoLab makes no warranty representation regarding the accuracy of client submitted information in preparing and presenting analytical results. Interpretation of the analytical results is the sole responsibility of the client. Samples were received in acceptable condition unless otherwise noted. This report may not be used by the client to claim product endorsement by NVLAP or any other agency of the U.S. Government.

**ANALYST:** *Anna Montana***APPROVED BY:** *Michael Miler*

Michael Miler, Ph.D., CIH  
Laboratory Director

## 5.2 – Appendix – Other Documents

**HI Insurance** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not constitute a certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>HI Insurance</b> 123 Sun Street New York NY 10001	<b>CONTACT</b> NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____  <b>INSURER(S) AFFORDING COVER</b> INSURER A: _____ NAIC # <b>123456</b> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
-------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**INSURED**  
**LICIEL Environment, LLC**  
 244 Fifth Avenue, Suite C38  
 New York, NY 10001

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLY (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		<b>1234567890</b>	<b>09/01/20</b>	<b>09/01/21</b>	EACH OCCURRENCE \$ <b>10000000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1000000</b> MED EXP (Any one person) \$ <b>1000000</b> PERSONAL & ADV INJURY \$ <b>10000000</b> GENERAL AGGREGATE \$ <b>10000000</b> PRODUCTS - COMP/OP AGG \$ <b>10000000</b> \$ _____
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/>		<b>1234567890</b>	<b>09/01/20</b>	<b>09/01/21</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>10000000</b> BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <b>N/A</b>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
<b>A</b>	<b>Property Section</b>		<b>1234567890</b>	<b>09/01/20</b>	<b>09/01/21</b>	

**DESCRIPTION OF OPERATIONS / VEHICLES** (Additional Remarks Schedule, may be attached if more space is required)  
**Home Inspection company**

**CERTIFICATE HOLDER** **CANCELLATION**

**Insured Copy**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE 

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## Lead Exposure

File Number: 20/INS/002  
Inspection Date: 09/18/2020  
Arriving Time: 10:00 AM  
Duration of Inspection: 01 h 00

### Regulations and Objectives of the Lead Exposure Inspection

The lead exposure inspection over the risk of lead poisoning of paints consists of measuring the lead concentration of all the paints of the property concerned, in order to identify those containing lead, whether they are degraded or not, to describe their state of conservation and to identify, if applicable, the factors of degradation of the building allowing to identify situations of insalubrity.

The results of the inspection should make it possible to know not only the immediate risk linked to the presence of degraded coatings containing lead (which spontaneously generates dust or scales that can be ingested by a child) but also the potential risk linked to the presence of coatings in good condition containing lead (not yet accessible). The search for lead pipes is not part of the scope of the lead exposure inspection.

### The Lead Exposure Inspection Concerns:

X	Private areas
	Occupied areas
	Common areas of a building

	Before selling
X	Before renting
	Prior to remodeling

### Property:

Address
Localization of Property: State: ..... <b>FL</b> Address: ..... <b>10710 S.W. 211 Street</b> City: ..... <b>33189 MIAMI (FL)</b>
Designation and Location of the Co-Ownership Lot(s): <b>Lot Not Disclosed,</b>

Owned By
First & Last Name: <b>Mr. and Mrs. Shawn Robinson</b> Address: ..... <b>10710 S.W. 211 Street</b> <b>33189 MIAMI (FL)</b>

This Statement of Risk of Exposure to Lead has been drawn up by **John Smith** on **09/21/2020** in accordance with U.S standards of the lead toxicity levels.



## Summary

### 1. Reminder of the Order and Regulatory References

### 2. Information Concerning the Assignment

- 2.1 Inspector's Information*
- 2.2 X-ray Fluorescence Machine*
- 2.3 Possible Analysis Laboratory*
- 2.4 Property Inspected Information*

### 3. Methodology Used

- 3.1 Measurement of Lead by X-Ray Fluorescence*
- 3.2 Measurement Strategy*
- 3.3 Use of Chemical Analysis of Lead by a Laboratory*

### 4. Results Presentation

### 5. Measurement Results

### 6. Appendix – Floor Plan

**Number of Report Pages: 8**

### List of Supporting Documents:

- Information notice (2 pages)
- Sketches
- Laboratory chemical analysis report, if applicable

**Number of Pages on Appendix: 1**



## 1. Reminder of the Order and Regulatory References

Inspection of the risk of lead poisoning from paints:

in the private parts of the property described below in anticipation of its sale (in application of Article L.1334-6 of the public health code) or of its rental (in application of Article L.1334 -7 of the public health code)

## 2. Information Concerning the Assignment

Name and first last-name of the mission sponsor: Mr. and Mrs. Christopher Miller  
Address: 100 Biscayne Blvd 33132 MIAMI (FL)

### 2.1 Inspector's Information

First & Last Name	John Smith
License Number	NACHI12092203 03/22/2019
Professional Insurance Organization	HI Insurance
Insurance Contract Number	123456US Validity Date: 03/01/2020

### 2.2 X-ray Fluorescence Machine

Name of the Device Manufacturer	US Inspection
Device Model	Niton XLp 300
Serial Number of the Device	74208
Nature of the Radionuclide	109 Cd

Standard: US Inspection ; 226722 ; 1,01 mg/cm<sup>2</sup> +/- 0,01 mg/cm<sup>2</sup>

Checking the Accuracy of the Device	Measure n°	Date of Verification	Concentration
Calibration at start	1	09/21/2020	1 (+/- 0.1)
Calibration at end	127	09/21/2020	1 (+/- 0.1)

Verifying the accuracy of the device consists of measuring the lead concentration on a standard at a value close to the threshold.

At the start and end of each observation and each time the device is switched on, a new check of the accuracy of the device is carried out.

### 2.3 Possible Analysis Laboratory

Name of the Analysis Laboratory	Asbestos Lab
Contact Name	
Contact Information	123 Washington Avenue, 33000 Miami
Reference of the Test Report	123
Date of Sending of Samples	02/05/2021
Date of Receipt of Results	02/05/2021

**2.4 Property Inspected Information**

Address	<b>10710 S.W. 211 Street 33189 MIAMI (FL)</b>	
Description of the Real Estate Complex	<b>Residential (Single-Family Home) All Accessible Areas that Don't Require or Risk Damage/Displacement</b>	
Year of construction	<b>&lt; 2000</b>	
Location of the Object of the Mission	<b>Lot Not Disclosed,</b>	
Name and Contact Details of the Owner or the Syndicate of Co-Ownership	<b>Mr. and Mrs. Shawn Robinson 10710 S.W. 211 Street 33189 MIAMI (FL)</b>	
The Occupant Is:	<b>The Property Owner</b>	
Name of the Occupant, if Different From the Owner	<b>Mr. and Mrs. Dereck Miller</b>	
Presence and Number of Minor Children, Including Children Under 6 Years Old	<b>NO</b>	Total Number: <b>0</b>
		Number of Children Under 6: <b>0</b>
Inspection Date	<b>09/18/2020</b>	

## List of Premises Visited

**1st Floor - Living Room,  
1st Floor - Kitchen,  
1st Floor - Bathroom,  
1st Floor - Bedroom,**

**1st Floor - Bedroom 2,  
1st Floor - Sunroom,  
1st Floor - Carport,  
Stairs**

## List of Unvisited or Unmeasured Premises (With Justification)

**Intentionally left blank**

**3. Methodology Used**

Testing is performed by professionally trained and licensed Lead Paint Inspectors or Risk Assessors. We utilize standard EPA protocol for clearance testing using dust wipe samples. There is one big difference. We utilize an XRF testing device to get immediate preliminary test results. An XRF uses x-ray technology to test for the presence of lead. With a specialized testing chamber, the same XRF used to identify lead-based paint can test the dust wipe samples on-site. The results are immediate and can help to save wasted days on the job site waiting for lab results to come back. Lab testing of samples will be conducted for confirmation of field testing.

**3.1 Measurement of Lead by X-Ray Fluorescence**

Lead analysis by X-Rays is done by irradiation of samples. The source can be an x-ray tube or a sealed radioisotope. When the sample is irradiated by the x-rays, their source may undergo scattering or absorption by the sample atoms. When an atom absorbs the source of X-rays, the radiation displaces the electrons from the atom which allows measuring the intensity of the emitted energies that make it possible to quantify how much of a particular element is present in a sample.

## 3.2 Measurement Strategy

On each diagnostic unit covered with a paint coating, the author of the report made:

- 1 measurement only if it shows the presence of lead at a concentration greater than or equal to the EPA threshold level of (1 mg/cm<sup>2</sup>);
- 2 measurement if the first does not show the presence of lead at a concentration greater than the EPA threshold level of (1 mg/cm<sup>2</sup>);
- 3 measurements if the first two do not show the presence of lead at a concentration greater than or equal to the threshold of (1 mg/cm<sup>2</sup>), but diagnostic units of the same type have been measured with a concentration lead greater than or equal to this threshold in the same room.

If multiples measurements are made on a diagnostic unit, they are carried out at different places to minimize the risk of false negatives.

## 3.3 Use of Chemical Analysis of Lead by a Laboratory

For this method a sample of paint is required, either new paint or dry paint removed from a surface is collected to be analyzed in a laboratory.

This method needs to be used in the following cases:

- When the nature of the support (high level of roughness, uneven surface, etc.) or the difficulty accessing the construction elements to be analyzed does not allow the use of the portable X-ray fluorescence device;
- When in the same room, at least one measurement is greater than the threshold of 1 mg/cm<sup>2</sup>, but no measurement is greater than 2 mg/cm<sup>2</sup>;
- When, for a given diagnostic unit, no measurement is conclusive with regard to the accuracy of the device.

In this last case, and regardless of the result of the X-ray fluorescence analysis, a measurement will be declared negative if the acid-soluble fraction measured in the laboratory is strictly less than 1 mg/g.

## 4. Results Presentation

In order to facilitate the localization of the measurements, the author of the report divides each room into several zones, to which he attributes a letter (A, B, C...) according to the convention described below.

- The area of access to the premises is named "A" and is shown on the sketch. The other areas are named "B", "C", "D", ... in a clockwise direction;
- The "ceiling" zone is clearly indicated.

The diagnostic units (DU) (for example: a room wall, the plinth of the same wall, the opening of a door, or the frame of a window, etc.) being measured are classified according to the table of measures of lead concentration and the nature of the degradation.

NOTE: A diagnostic unit (DU) is one or more building elements with the same substrate and the same construction and coating history



## 5. Measurement Results

## 1st Floor - Living Room

N°	Room	Element	Substrate	Covering	Reading	Condition	Observations / Comments
-		Floor	Concrete	None			
2		Baseboard	Wood	Paint	0.6		
3					0.4		
4					0.2		
5	A	Wall	Plaster	Paint	0.9		
6					0.1		
7					0.5		
8	B	Wall	Plaster	Paint	0.6		
9					0.1		
10					C	Wall	Plaster
11	D	Wall	Plaster	Paint	0.1		
12					0.3		
13					0.7		
14		Window's Interior	Wood	Paint	0.1		
15					0.3		
16		Window's Exterior	Wood	Paint	0.7		
17					0.4		
18		Door	Wood	Paint	0.2		
19					0.1		
20		Ceiling	Plaster	Paint	0.7		
21					0.9		
Number of diagnostic units: 10							

## 1st Floor - Kitchen

N°	Room	Element	Substrate	Covering	Reading	Condition	Observations / Comments
-		Floor	Concrete	None			
22		Baseboard	Wood	Paint	0.5		
23					0.7		
24	A	Wall	Plaster	Paint	6		
25	B	Wall	Plaster	Paint	0.3		
26					0.2		
27					0.4		
28	C	Wall	Plaster	Paint	0.8		
29					0.1		
30					0.2		
31	D	Wall	Plaster	Paint	5		
32		Door	Wood	Paint	0.9		
33					0.3		
34		Door Frame	Wood	Paint	0.6		
35					0.8		
36		Window's Interior	Wood	Paint	0		
37					0.2		
38		Window's Exterior	Wood	Paint	0.3		
39					0.9		
40		Ceiling	Plaster	Paint	0.9		
41					0.2		
Number of diagnostic units: 11							



# Lead Exposure Report



LEAD EXPOS.

## 1st Floor - Bathroom

N°	Room	Element	Substrate	Covering	Reading	Condition	Observations / Comments
-		Floor	Concrete	None			
42		Baseboard	Wood	Paint	0.1		
43					0.5		
44	A	Wall	Plaster	Paint	0.9		
45					0.4		
46	B	Wall	Plaster	Paint	0.5		
47					0.6		
48	C	Wall	Plaster	Paint	0.2		
49					0.8		
50	D	Wall	Plaster	Paint	0.3		
51					0.9		
52		Door	Wood	Paint	4		
53		Door Frame	Wood	Paint	0.8		
54					0.2		
55		Window's Interior	Wood	Paint	0.1		
56					0.6		
57		Window's Exterior	Wood	Paint	0.1		
58					0.8		
59		Ceiling	Plaster	Paint	0.8		
60					0.8		
Number of diagnostic units: 11							

## 1st Floor - Bedroom

N°	Room	Element	Substrate	Covering	Reading	Condition	Observations / Comments
-		Floor	Concrete	None			
61	A	Baseboard	Wood	Paint	0.9		
62					0.6		
63		Wall	Plaster	Paint	0.9		
64					0.9		
65	B	Wall	Plaster	Paint	0.6		
66					0		
67	C	Wall	Plaster	Paint	0.8		
68					0.8		
69	D	Wall	Plaster	Paint	0.2		
70					0.2		
71		Door	Wood	Paint	0.6		
72					0.2		
73		Door Frame	Wood	Paint	0.4		
74					0.7		
75		Ceiling	Plaster	Paint	0.9		
76					0.8		
Number of diagnostic units: 9							

# Lead Exposure Report



LEAD EXPOS.

## 1st Floor - Bedroom 2

N°	Room	Element	Substrate	Covering	Reading	Condition	Observations / Comments
-		Floor	Concrete	None			
77	A	Baseboard	Wood	Paint	0.6		
78					0.6		
79		Wall	Plaster	Paint	0.2		
80					0.2		
81	B	Wall	Plaster	Paint	0.3		
82					0		
83	C	Wall	Plaster	Paint	0.5		
84					0.4		
85	D	Wall	Plaster	Paint	0.3		
86					0.4		
87		Door	Wood	Paint	0.6		
88					0.5		
89		Door Frame	Wood	Paint	0.9		
90					0.7		
91		Window's Interior	Wood	Paint	0.5		
92					0.8		
93		Window's Exterior	Wood	Paint	0.8		
94					0.2		
95		Door	Wood	Paint	0.2		
96					0.6		
97		Ceiling	Plaster	Paint	0.4		
98					0		
Number of diagnostic units: 12							

## 1st Floor - Sunroom

N°	Room	Element	Substrate	Covering	Reading	Condition	Observations / Comments
-		Floor	Concrete	None			
99		Baseboard	Wood	Paint	0.9		
100					0.4		
101					0.9		
102	A	Wall	Plaster	Paint	0.4		
103	B	Wall	Plaster	Paint	0.3		
104					0.3		
105	C	Wall	Plaster	Paint	0.7		
106					0.6		
107	D	Wall	Plaster	Paint	0.9		
108					0.5		
109		Door	Wood	Paint	0.5		
110					0.2		
111		Door Frame	Wood	Paint	0.9		
112					0.2		
113		Window's Interior	Wood	Paint	0.8		
114					0.2		
115		Window's Exterior	Wood	Paint	0.8		
116					0.1		
117		Ceiling	Plaster	Paint	0.6		
118					0.2		
Number of diagnostic units: 11							

# Lead Exposure Report

**LEAD EXPOS.**

## Stairs

N°	Room	Element	Substrate	Covering	Reading	Condition	Observations / Comments
119		Hand Rail	Wood	Paint	0.8		
120					0.1		
121		Steps	Wood	Paint	0.8		
122					0.2		
123		Risers	Wood	Paint	0.2		
124					0.1		
125		Wall	Plaster	Paint	0.8		
126					0.4		
Number of diagnostic units: 4							

List of samples analyzed in the laboratory:

N°	Room	Marker	Element ID	Element	Substrate	Covering	Sample Location	Measurement Result
0001	Stairs	-	67	Risers (measurement 2)	Wood	Paint	-	0.1

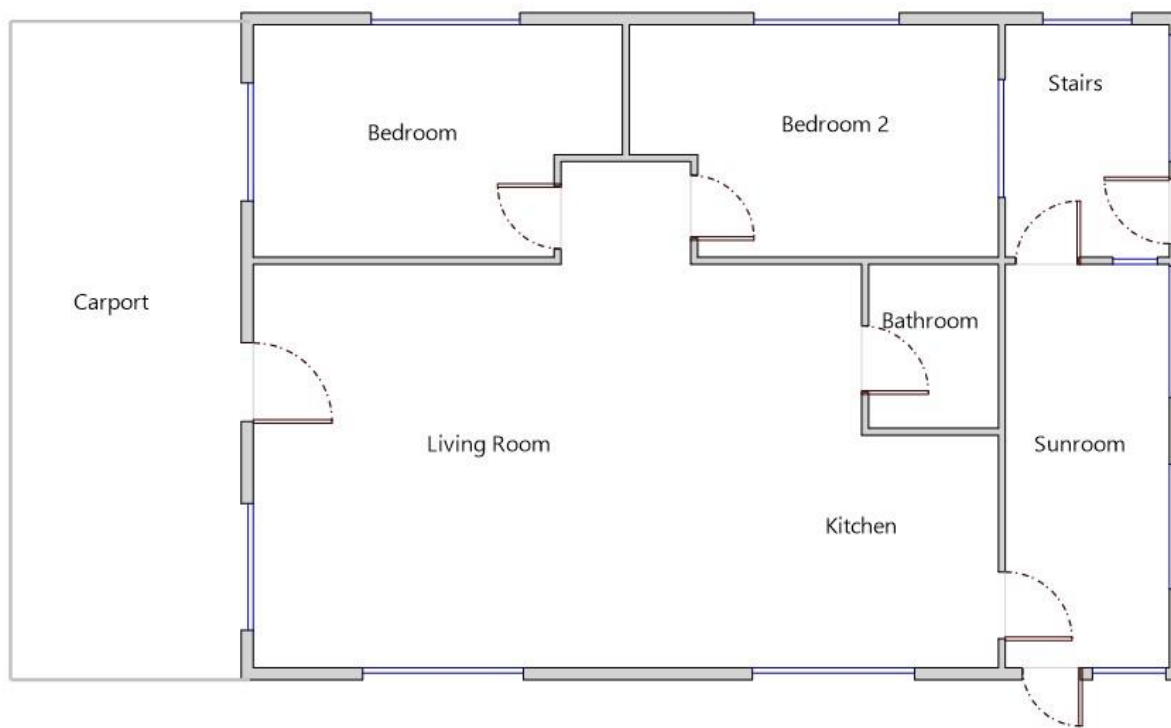
**Comments / Works:** Intentionally left blank

Done at **MIAMI**, on **09/18/2020**

By: John Smith

*J. Smith*

## 6. Appendix – Floor Plan



**No inspection photo/picture was attached to this report.**



Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

# WOOD-DESTROYING ORGANISMS INSPECTION REPORT

NICOLE "NIKKI" FRIED  
COMMISSIONER

Rule 5E-14.142, F.A.C.  
Telephone Number (850) 617-7996

## SECTION 1 – GENERAL INFORMATION

Inspection Company:

MegaDiags

Inspection Company Name

Business License Number: 750 7500

111 NW 1st St

Company Address

Phone Number: (123) 456 7891

MIAMI, FL 33128

Company City, State and Zip Code

Date of Inspection: 09/21/2020

Inspector's Name and Identification Card Number: John Smith

Print Name

NACHI12092203

ID Card No.

Address of Property Inspected: 10710 S.W. 211 Street, FL 33189

Structure(s) on Property Inspected:

Inspection and Report requested by: Mr. and Mrs. Christopher Miller

Name and Contact Information

Report Sent to Requestor and to: Mr. and Mrs. Christopher Miller - 10710 S.W. 211 Street - MIAMI, FL 33189

Name and Contact Information if different from above

## SECTION 2 – INSPECTION FINDINGS – CONSUMERS SHOULD READ THIS SECTION CAREFULLY

**THIS REPORT IS MADE ON THE BASIS OF WHAT WAS VISIBLE AND READILY ACCESSIBLE AT THE TIME OF INSPECTION AND DOES NOT CONSTITUTE A GUARANTEE OF THE ABSENCE OF WOOD-DESTROYING ORGANISMS (WDOs) OR DAMAGE OR OTHER EVIDENCE UNLESS THIS REPORT SPECIFICALLY STATES HEREIN THE EXTENT OF SUCH GUARANTEE.**

This report does not cover areas such as, but not limited to, those that are enclosed or inaccessible, areas concealed by wall-coverings, floor coverings, furniture, equipment, stored articles, insulation or any portion of the structure in which inspection would necessitate removing or defacing any part of the structure.

This property was not inspected for any fungi other than wood-decaying fungi, and no opinion on health related effects or indoor air quality is provided or rendered by this report.

Individuals licensed to perform pest control are not required, authorized or licensed to inspect or report for any fungi other than wood-destroying fungi, nor to report or comment on health or indoor air quality issues related to any fungi. Persons concerned about these issues should consult with a certified industrial hygienist or other person trained and

qualified to render such opinions. **A wood-destroying organism (WDO) means an arthropod or plant life which damages and can reinfest seasoned wood in a structure, namely, termites, powder post beetles, old house borers, and wood-decaying fungi.**

**NOTE: This is NOT a structural damage report. It should be understood that there may be damage, including possible hidden damage present. FURTHER INVESTIGATION BY QUALIFIED EXPERTS OF THE BUILDING TRADE SHOULD BE MADE TO DETERMINE THE STRUCTURAL SOUNDNESS OF THE PROPERTY.**

**Based on a visual inspection of accessible areas, the following findings were observed:**

(See Page 2, Section 3 to determine which areas of the inspected structure(s) may have been inaccessible.)

A. ☐ NO visible signs of WDO(s) (live, evidence or damage) observed.

B. ☒ VISIBLE evidence of WDO(s) was observed as follows:

1. ☒ LIVE WDO(s):

(Common Name of Organism and Location – use additional page, if needed)

Carpenter Ants - Water Heater

2. ☒ EVIDENCE of WDO(s) (dead wood-destroying insects or insect parts, frass, shelter tubes, exit holes, or other evidence):

(Common Name, Description and Location – Describe evidence -- use additional page, if needed)

Carpenter Ants - Bark beetles eggs - Water Heater

3. ☐ DAMAGE caused by WDO(s) was observed and noted as follows:

(Common Name, Description and Location of all visible damage – Describe damage -- use additional page, if needed)

- -

CONTINUED ON PAGE TWO

**SECTION 3 – OBSTRUCTIONS AND INACCESSIBLE AREAS:** The following areas of the structure(s) inspected were obstructed or inaccessible. NO INFORMATION on the status of wood-destroying organisms or damage from wood-destroying organisms in these areas is provided in this report.

In addition to those areas described in consumer information on Page 1, Section 2; the following specific areas were not visible and/or accessible for inspection. The descriptions and reasons for inaccessibility are stated below:

- |                                                |                                                         |
|------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Attic                 | SPECIFIC AREAS:<br>REASON:                              |
| <input type="checkbox"/> Interior              | SPECIFIC AREAS:<br>REASON:                              |
| <input type="checkbox"/> Exterior              | SPECIFIC AREAS:<br>REASON:                              |
| <input checked="" type="checkbox"/> Crawlspace | SPECIFIC AREAS:<br>REASON: Not accessible due to height |
| <input type="checkbox"/> Other:                | SPECIFIC AREAS:<br>REASON:                              |

#### SECTION 4 – NOTICE OF INSPECTION AND TREATMENT INFORMATION

**EVIDENCE** of previous treatment observed: ☐ Yes ☒ No If Yes, the structure exhibits evidence of previous treatment. List what was observed:

(State what visible evidence was observed to suggest possible previous treatment – use additional page, if needed)

**NOTE:** The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment history and any warranty or service agreement which may be in place.

A Notice of Inspection has been affixed to the structure at: \_\_\_\_\_  
(State the location)

This Company has treated the structure(s) at the time of inspection ☐ Yes ☒ No

If Yes: Common name of organism treated: Bark Beetles

(Common name of organism)

Name of Pesticide Used: Fipronil Terms and Conditions of Treatment: N/A

Method of treatment: ☐ Whole structure ☐ Spot treatment: N/A

Specify Treatment Notice Location: N/A

#### SECTION 5 – COMMENTS AND FINANCIAL DISCLOSURE

Comments: House infected by bar beetles and needs to be treated prior the restoration.

(Use additional pages, if necessary)

Neither the company (licensee) nor the inspector has any financial interest in the property inspected or is associated in any way in the transaction or with any party to the transaction other than for inspection purposes.

Signature of Licensee or Agent: \_

*J. Smith*

Date: 09/21/2020

Address of Property Inspected: 10710 S.W. 211 Street MIAMI, FL 33189 Inspection Date: 09/18/2020