

Radon Testing ITA Certified
Insured



1st CLASS HOME INSPECTION, LLC

www.1stclasshomeinspectionllc.com

RON CLELAND
320.587.8437 • 320.237.5099/CELL 385 Ottawa Avenue SE
rcleland@hutchtel.net Hutchinson, Minnesota 55350



Client Information

Name: Jonh Doe

Address: 1234 Main St

City/State/Zip: Anywhere, USA

Phone: 555-555-5555

Inspection Info

Inspection Date: 8/17/2011

Inspection Start: 1:00 pm

Inspection Finish: 4:15 PM

Weather Conditions: 70 degrees and sun

Client Email: hellothere@yahoo.com

These definitions were used in this report:

Functional - The component was performing its intended function, installation and condition is appropriate for age and use.

Defective - The component was not performing its intended function and requires repair or replacement. Recommend qualified contractor to make repairs.

Comment - The component could not be adequately evaluated or the deficiency was insufficient to be defective.

Type of building: One Story
 Type of garage: Attached

Age of building: 1993
 Front of house faces: West

<u>Site Observations</u>	F	D	C	F = Functional D = Defective C = Comments
--------------------------	---	---	---	---

- Front Drainage Exposed Landscaping Fabric , recommend covering with rocks to prevent further decay
- Right Drainage _____
- Rear Drainage _____
- Left Drainage _____
- Retaining Walls NA
- Sidewalks Settled away from house, Needs sealing to prevent moisture intrusion and further damage



- Steps Settled away from house, Needs sealing
- Patio NA

- Driveway Minor settling cracking
- Misc: Overhanging tree branches on roof need trimming

<u>Garage</u>	F	D	C	F = Functional D = Defective C = Comments
---------------	---	---	---	---

- Wall Structure _____
- Wall Covering Dented or deformed on North side.



- Windows _____
- Fire Barrier Holes not allowed, recommend new attic door to cover opening



- Floor Slab Minor settling / cracking

- Overhead Door _____
- Auto Opener Missing safety eyes, Safety feature to prevent door from closing on small children, Recommend immediate repair
- Service Door _____
- Fire Door Self closing hinges need adjusting
- Roof Structure _____
- Roof Covering _____
- Misc. Branch wiring routed on front side of studs, recommend qualified electrician to re-routing to back side of stud to protect from damage



Limitations to Site and Garage Observations:

- Overgrown vegetation obstructing view

Type of Wall Siding: Vinyl
 Type of Windows: Double hung
 Type of Roof: Gable
 Method used to view roof: Walked

Material: Metal
 Type of Roof Shingles: Asphalt Composition
 Age of Shingle: Less than 5 yrs

<u>Exterior</u>	F	D	C	F = Functional D = Defective C = Comments
-----------------	---	---	---	---

- Foundation Minor Cracking / Settling, monitor for future movement



- Wall Siding

Missing mortar or loose bricks. Repair to prevent moisture intrusion and further frost damage



Hole in vinyl siding on East Side



- Basement Wdos Cracked cement sills, Loose cement needs repair



- Main Windows Broken glass, East side house window is chipped



- Flashing /Caulk Missing caulk around vents or pipes



- Entry Doors _____

- Shingles / Flash Nails lifting shingle on West side roof



- Chimney & Flues _____

- Overhangs _____

- Gutters

Dented or deformed



- Deck or Porch Undersized post or beams. Single ply beam is sagging and post are leaning. Recommend qualified contractor to determine if beam size is sufficient.



Railing balusters spaced to far apart, No more than 4" max. recommended



- Electrical GFI outlet at front entry does not trip. Recommend qualified electrician to repair.
- Spigots _____
- Storms / Screens _____

Type of Foundation Walls: Raised Material: Conc Block
 Type of Main Floor Framing: 2x10 Type of Main Wall Framing: 2 x 6 's
 Type of Roof Framing: Engineered Trusses

- Attic Exhaust Fan None
- Attic Vapor Barrier
- Attic Ventilation

Limitations to Structure Observations:

- Over 85% basement walls and ceiling were finished. Limited view of attic from access hole.

Type of Utility Service: Underground

Volts: 110/220

Main Panel Size: 100 Amp

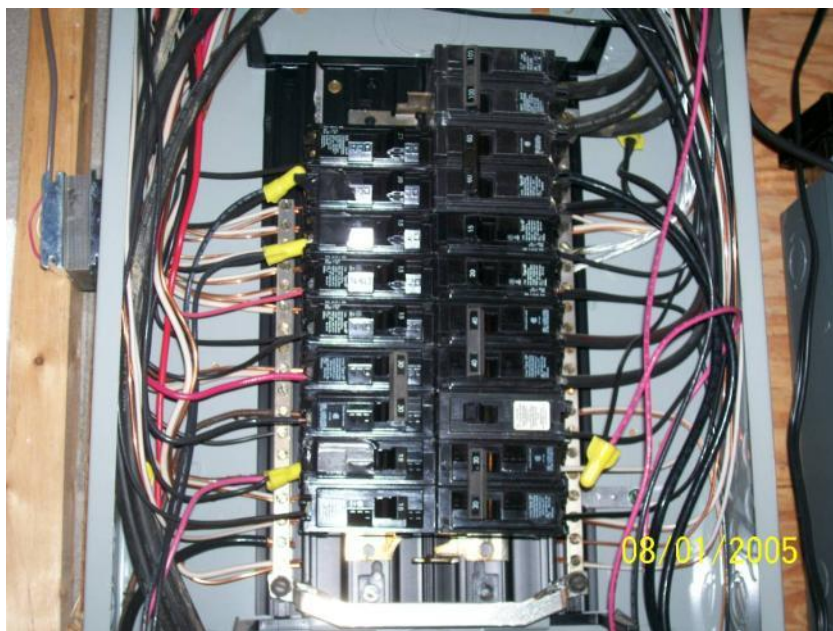
Location of Main Disconnect: Basement

Type of over current protection: Breakers

Type of Wiring: Copper

<u>Electrical</u>	F	D	C	F = Functional D = Defective C = Comments
-------------------	---	---	---	---

- | | | | | |
|-------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| • Utility Service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Main Panel | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Double tapped breakers ,Clamp missing on ground wire, White (neutral) wire on breaker, not identified. Unknown reason for black tape on 3 breakers. Could not locate the (GEC) grounding electrode conductor. Recommend evaluation by qualified electrician. |



- Sub Panel NA
- Basement Wiring Missing outlet cover in furnace room
- Attic Wiring Did not inspect, No access

Type of Main water pipe: Copper
 Type of Interior water pipe: Copper
 Type of Main waste: Plastic

Type of Interior drain: Plastic
 Water shutoff Loc: Basement
 Gas Shutoff Loc: At Meter

<u>Plumbing</u>	F	D	C	F = Functional D = Defective C = Comments
-----------------	---	---	---	---

- Water Supply Damaged or missing handle
- Int. Waste Pipes _____
- Waste Disposal _____
- Drain & Vent pipe _____
- Floor Drain _____
- Laundry Tub NA
- Sump Pump Discharge pipe to short
- Gas Pipes _____

Size of Water Heater: 40 Gal
 Age: 2002

Mfg: AO Smith
 Type: Gas

<u>Water Heater</u>	F	D	C	F = Functional D = Defective C = Comments
---------------------	---	---	---	---

- Storage Tank Rusted or corroded copper pipes / SN.# mc02-1548774-248
- Vent Pipe Vent connector unsecured, Need 3 screws per connection
- Operating Control _____

Limitations to Electrical & Plumbing Observations:

- Over 85% basement walls and ceiling were finished

Type of Heating: Forced Air
 Fuel Source: Natural Gas

Age: 1991
 Mfg: Tempstar

<u>Heating</u>	F	D	C	F = Functional D = Defective C = Comments
----------------	---	---	---	---

- System Recommend yearly servicing by qualified contractor.
 Serial number # L913820145
- Distribution _____
- Operating Control _____

• Safety Controls _____

• Vent Pipe Crushed plastic vent for fresh air for furnace.



• Aux. Heat None

Type of Cooling: Split System
BTU: 24,000

Age: 1992
Mfg: Carrier

<u>Cooling</u>	F	D	C	F = Functional D = Defective C = Comments
----------------	---	---	---	---

• Condenser Dirty and clogged fins, recommend cleaning

• Compressor _____

• Ref. Pipes Missing or decaying insulation



- Ext. Disconnect _____
- Misc. _____

Limitations to Heating & Cooling Observations:

- Over 85% basement walls and ceiling were finished

<u>Kitchen</u>	F	D	C	F = Functional D = Defective C = Comments
----------------	---	---	---	---

- | | | | | |
|----------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| • Walls & Ceiling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hairline cracks present in walls |
| • Floor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Windows/Doors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Outlets / Fixtures | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Damaged or loose at East end of countertop, Needs securing |
| • Heat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Plumb Fixtures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Water Flow | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Cabinets | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Exhaust Fan | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | None |

<u>Interior Rooms</u>	F	D	C	(Living Room, Dining, Family, Halls, etc.)
-----------------------	---	---	---	--

- | | | | | |
|----------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| • Walls & Ceiling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nail Pops in Sheetrock , basement Ceiling |
| • Floor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Windows/Doors | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cracked glass in window |
| • Outlets / Fixtures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Heat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | None |
| • Misc: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

<u>Bedroom # 1</u>	F	D	C	Location: SE Main Floor
--------------------	---	---	---	-------------------------

- Walls & Ceiling _____
- Floor _____
- Windows/Doors Door needs adjustment, opens or closes hard
- Outlets / Fixtures _____
- Heat _____
- Smoke Detector Missing

<u>Bedroom # 2</u>	F	D	C	Location: SW Main Floor
--------------------	---	---	---	-------------------------

- Walls & Ceiling Stain on ceiling, moisture Not present
- Floor _____
- Windows/Doors _____
- Outlets / Fixtures Damaged or loose on West wall, needs securing
- Heat _____
- Smoke Detector Missing

<u>Bath #1</u>	F	D	C	Location: Main Floor Bath
----------------	---	---	---	---------------------------

- Walls & Ceiling Ceiling has been patched by fan
- Floor _____
- Windows/Doors _____
- Outlets / Fixtures Recommend GFI outlets
- Heat _____
- Plumb Fixtures _____
- Water Flow _____

- Cabinets Stain on cabinet floor unknown substance



- Exhaust Fan _____

Limitations to Interior Observations:

- A representative number of outlets, switches, doors and windows were inspected.

<u>Appliances</u>	F	D	C	F = Functional D = Defective C = Comments
• Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worn gaskets around door
• Stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dish Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
• Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None
• Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excessive noise

Limitations to Appliances Observations:

- A general inspection of the overall condition was performed on all appliances using normal operating controls. No disassembly was performed

General photos of components



Gas Shutoff



Main Disconnect



Water Shutoff



Furnace filter location

Property Summary:

As with all properties, ongoing maintenance is required and improvements to the systems of every home will be needed over time.

The improvements recommended in this report are not considered unusual for a home of this age. Please also take into consideration that there is no such thing as a perfect property.