

THIS IS INTENDED TO BE A LEGALLY BINDING CONTRACT. PLEASE READ IT CAREFULLY BEFORE SIGNING.

This Maintenance Check-up Contract is entered into by and between the undersigned Client and Inspector and is separate and distinct from any other agreement between the parties regarding the subject property as identified below.

For the fee paid by Client to Inspector as set forth below, Inspector agrees to provide a one-time limited visual analysis of the routine maintenance needs of the subject property as identified at the time of the Maintenance Check-up. Inspector agrees to perform the Maintenance Check-up on a mutually agreed upon date and time.

The Maintenance Check-up, to be performed for the Client, consists of non-intrusive visual observations to survey and identify the readily accessible, readily visible routine maintenance needs of the material systems, structures and components of the subject primary dwelling and its associated primary parking structure as they exist at the time of the Maintenance Check-up. This inspection cannot predict future conditions or reveal concealed conditions. The findings and recommendations of Inspector will be contained in a written Maintenance Check-up Report. Client agrees to read the entire Report when it is received and shall promptly call Inspector with any questions or concerns Client may have regarding the Report or the Maintenance Check-up. Inspector is a generalist and not acting as an expert in any specific craft or trade. The Inspector may make recommendations for further evaluation by an individual who is an expert or specialist in one or more specific dwelling components or systems.

Client acknowledges that it is Client's sole obligation and responsibility to perform any recommended routine maintenance identified in the Report at Client's sole expense. Inspector shall not perform any maintenance or repairs for Client as part of this Maintenance Check-up, unless expressly agreed in writing between Client and Inspector.

THE MAINTENANCE CHECK-UP IS NOT A HOME INSPECTION FOR TRANSFER OF PROPERTY AND THE MAINTENANCE CHECK-UP REPORT IS NOT A HOME INSPECTION REPORT. SUCH AN INSPECTION MUST BE SEPARATELY CONTRACTED FOR BETWEEN CLIENT AND INSPECTOR.

Client acknowledges that what is being contracted for is a Maintenance Check-up and not an environmental evaluation and the Maintenance Check-up is not intended to detect, identify or disclose any health or environmental concerns regarding this dwelling or property, or the health threat posed by or the permissible exposure limits to any of the following, including, but not limited to, the presence of molds, mildew, fungi, lead, asbestos, radon, urea-formaldehyde, PCBs, or other toxic materials or substances in the water, air, soil or building materials.

CONTRACT INCLUDES THE NEXT PAGE

Should any provision of this contract be held by a court of competent jurisdiction to be either invalid or unenforceable, the remaining provisions of this contract shall remain in full force and effect, unimpaired by the court's holding.

This contract shall be binding upon and inure to the benefit of only the undersigned parties and their heirs, successors and assigns.

This contract constitutes the entire integrated agreement between the parties hereto pertaining to the subject matter hereof, and may be modified only by a written agreement signed by all of the parties hereto. No oral agreements, understandings, or representations shall change, modify, or amend any part of this contract.

Each party signing this contract warrants and represents that he/she has the full capacity and authority to execute this contract on behalf of the named party whether it is a corporation, partnership or other entity.

ADDITIONAL SERVICES:

MC FEE:\$ _____
FEE:\$ _____
FEE:\$ _____
TOTAL FEE:\$ _____

Client acknowledges that they have read and understood all the terms, conditions and limitations of this contract and voluntarily agrees to be bound thereby and agrees to pay the fee listed above.

Client: _____ Dated: _____

Inspector: _____ Dated: _____

Property Address: _____

CONTRACT INCLUDES THE PREVIOUS PAGE

Have you had any problems with, or had to repair (professionally or by homeowner), any of the following systems?
If yes, please explain.

1. Site Drainage

Yes No

COMMENTS: _____

2. Foundation

Yes No

COMMENTS: _____

3. Roof

Yes No

COMMENTS: _____

4. Electrical

Yes No

COMMENTS: _____

5. Heating

Yes No

COMMENTS: _____

6. Cooling

Yes No

COMMENTS: _____

7. Plumbing

Yes No

COMMENTS: _____

8. Doors, Windows

Yes No

COMMENTS: _____

9. Pest Control

Yes No

COMMENTS: _____

10. Have you had any slow water leaks in sinks, washbasins, toilets, washing machine, dishwasher, refrigerator or ice making device, water purifier or softener, water or sewage lines, bathroom or shower enclosures?

Yes No Location: _____

No

COMMENTS: _____

11. Are there any areas of the home that you have questions or concerns about, or would like us to pay special attention to during our visit?

12. Have you had any mold remediation at the property? Yes

Location: _____

No

COMMENTS: _____

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KEY: AS - Appears Serviceable - We did not observe conditions that would lead us to believe problems existed with this system or component at the time of the Maintenance Check-up. Some serviceable items may however show wear and tear.

We recommend regular scheduled maintenance of this item. This system should not be neglected from this point forward as deferred maintenance is likely to cause premature failure and additional expenses. This system is expected to continue to undergo normal wear and tear and homeowner should budget accordingly.

DM - Deferred Maintenance Noted - We observed conditions that appear detrimental to the system and/or its components. We recommend maintenance and/or repairs be performed. Failure to render proper maintenance is likely to cause further deterioration, increasing repair costs and shortening its service life.

RR - Repairs Recommended - We found conditions that were detrimental to the identified system or component or that could cause damage, premature deterioration of the identified system, component or adjacent system. Failure to make repairs is likely to cause further damage, increase future repair costs and may create an unsafe condition.

SI - Safety Issue - We found conditions unsafe with the system or component that create a safety issue.

***** - An asterisk indicates an item that warrants attention and repair. Failure to make repairs is likely to cause further damage, increase future repair costs and may create an unsafe condition. Repairs should be performed by qualified individuals only. (Asterisks at the end of a list of items applies to all items identified in that list.)

Client Name: _____ Phone Number: _____

Property Address: _____

Today's Maintenance Check-up Date: _____ Performed by: _____

Last Maintenance Check-up Date: _____ Performed by: _____

Single Family Home Duplex Triplex Condominium Other: _____

Present during Maintenance Check-up: Homeowner No one Other: _____

Weather Conditions: Dry Rain today / recently Snow today / recently

Areas or systems not accessible for today's Maintenance Check-up: _____

PAGE 5 GROUNDS

KEY: AS - Appears Serviceable DM - Deferred Maintenance Noted RR - Repairs Recommended
SI - Safety Issue * - Item that warrants attention and repair See KEY Page for full report key descriptions.

GRADING & LANDSCAPING N/A

- AS
- DM*
- RR*
- SI*
- Evidence of poor drainage*
- Soil/pavement is high at foundation
- Trees too close to home/overhang home*
- Improper soil slope toward foundation
- Earth to wood Contact Visible*
- Mulch too high
- Soil slopes toward structure*
- Overgrown Landscaping
- Poor drainage/erosion*

COMMENTS: _____

DRIVEWAY N/A

- AS
- DM*
- RR*
- SI*
- Slopes toward Foundation*
- Settled/Heaved/Trip Hazard*
- Major Cracking*
- Deteriorated*

COMMENTS: _____

WALKWAYS N/A

- AS
- DM*
- RR*
- SI*
- Slopes toward Foundation*
- Settled/Heaved/Trip Hazard*
- Major Cracking*
- Deteriorated*

COMMENTS: _____

PATIOS N/A

- AS
- DM*
- RR*
- SI*
- Slopes toward Foundation*
- Settled/Heaved/Trip Hazard*
- Major Cracking*
- Deteriorated*

COMMENTS: _____

DECKS/PORCHES N/A

- AS
- DM*
- RR*
- SI*
- Deck/Deterioration*
- Deck/House Attachment
- Underframing Not Visible
- Excessive Sway
- Wood/Soil Contact*
- Trip Hazards*
- Railing Concerns*
- Underframing Concerns*
- Baluster Spacing*

COMMENTS: _____

RETAINING WALLS N/A

- AS
- DM*
- RR*
- SI*
- Decayed/Deterioration*
- Major Cracking*
- Leaning/Shifted*
- Moisture Penetration*
- Not Fully Visible for Inspection
- Drainage System Not Visible*

COMMENTS: _____

PAGE 6 EXTERIOR

KEY: AS - Appears Serviceable DM - Deferred Maintenance Noted RR - Repairs Recommended
SI - Safety Issue * - Item that warrants attention and repair See KEY Page for full report key descriptions.

EXTERIOR WALLS

Structure: Wood Frame / Masonry / Brick Other: _____

- AS Worn/Near end of Lifespan* Not fully visible Major Cracking* Damaged Brick*
- DM*
- RR* Cracks/Openings in Need of Repair* Caulking/Painting/Sealing Required*
- SI*

COMMENTS: _____

EXTERIOR STAIRS

Location(s): A. _____ B. _____ C. _____

- AS Worn/Near end of Lifespan* Damage/earth contact/slippage Uneven riser/run on steps/loose steps
- DM*
- RR* Unsafe Improper/no landing Railing loose/improper/too low/none installed
- SI* Openings in rails too large

COMMENTS: _____

CHIMNEY(S)

Location(s): _____ B. _____ C. _____

- AS Not functional/Unsafe/Deteriorated* Flue not visible* Settlement*
- DM*
- RR* Chimney/Brick/Mortar is: cracked/deteriorated/leaning* Flashing is improper/not visible*
- SI* Spark screen is: Missing/improper/not visible* Cleaning recommended

COMMENTS: _____

TRIM

- AS Moisture Stains/damage at: eaves/soffits/facia/corner/window/wall trim*
- DM* Caulking/paint/finish needed*
- RR* Flashings/trim: damaged/loose/cracked/missing/not visible* at: _____
- SI*

COMMENTS: _____

HOSE FAUCETS

Not Inspected Frost type: yes/no Winterized - not tested

- AS Leaks Anti-siphon valves: yes/no Inoperative/corroded* Missing handle*
- DM*
- RR*
- SI*

COMMENTS: _____

PAGE 7 FOUNDATION/ROOF/ATTIC

KEY: AS - Appears Serviceable DM - Deferred Maintenance Noted RR - Repairs Recommended
 SI - Safety Issue * - Item that warrants attention and repair See KEY Page for full report key descriptions.

BASEMENT/CRAWLSPACE/SLAB ON GRADE

- AS Foundation Walls are: Cracked* Settled* Shifted* Bulging*
- DM*
- RR*
- SI* Slab on Grade has: Cracked* Settled* Heaved* Not visible*
- Sump Pump is: Functional Drains to sewer Not functional N/A
- Stairs are: Uneven rise/run/loose step(s)* Loose/missing handrail*
 Have low clearance* Too steep*
- Moisture Concerns: None visible* Active leakage* Past leakage* Waterproofing noted*
- Ventilation: N/A Serviceable Vents blocked/needed* Screens damaged/missing*
- Vapor Retarder: N/A Not present/needed* Improperly installed*
- Radon Mitigation: N/A System needs service/repairs*

COMMENTS: _____

ROOF / ATTIC

Location(s): A. _____ B. _____ C. _____
 D. _____ E. _____

- AS Inspection Method: Walked roof Ground with binoculars From ladder
- DM*
- RR* Not inspected Not functional/worn/near end of lifespan* Missing sections* Damaged*
- SI* Attic - How Inspected: Entered Access blocked/small/none*
- Inspection limited - view from access* Vent pipe disconnected / termites*
- Loose asphalt Recommend Repairs/Replacement* Water stains* Evidence of ice damming*
- Flashings are: Worn / Damaged / Missing at: Chimney / plumbing vents / skylights

COMMENTS: _____

GUTTERS & DOWNSPOUTS

Full Partial None Installed

- AS Nonfunctional / damaged* Debris filled* Drains blocked* Loose / damaged / disconnected*
- DM*
- RR* Rusted / corroded / leak* Recommend route downspouts away from home*
- SI* Recommend adding: Gutters / leaders / splash blocks*

COMMENTS: _____

PAGE 8 PLUMBING

KEY: AS - Appears Serviceable DM - Deferred Maintenance Noted RR - Repairs Recommended
SI - Safety Issue * - Item that warrants attention and repair See KEY Page for full report key descriptions.

PLUMBING FIXTURES N/A

Leaks noted at: Kitchen(s) / bathrooms(s) / laundry / utility room drain lines*

- AS Loose fixture noted at: Kitchen(s) / bathrooms(s) / laundry / utility room*
- DM* Broken / cracked / nonfunctional fixture(s) at: Kitchen(s) / bathrooms(s) / laundry / utility room*
- RR*
- SI* COMMENTS: _____

MAIN LINE N/A

Not fully visible Moderate rust/corrosion

- AS Valve handle broken/missing Excessive corrosion at: _____*
- DM* Low flow at: _____* Potential backflow at: _____*
- RR*
- SI* Leakage noted at: _____* Valve not operated

COMMENTS: _____

SUPPLY LINES N/A

Not fully visible Moderate rust/corrosion Valve handle broken*

- AS Excessive corrosion at: _____* Low flow at: _____*
- DM* Potential backflow at: _____* Leakage noted at: _____*
- RR*
- SI* COMMENTS: _____

WASTE LINES N/A

Not fully visible Moderate rust/corrosion

- AS Impaired or inadequate slope Excessive corrosion at: _____*
- DM* Slow drain at: _____* Leakage noted at: _____*
- RR*
- SI* COMMENTS: _____

FUEL PIPING N/A

Not fully visible Moderate rust/corrosion Recommend Service*

- AS Recommend service* Valve handle broken / missing*
- DM* Excessive corrosion at: _____* Gas Odor noted at: _____*
- RR*
- SI* Shut-offs required at: _____* Possible buried fuel tanks*

COMMENTS: _____

WATER HEATER N/A

Manufacturer A. _____ B. _____ C. _____
Location: A. _____ B. _____ C. _____

- AS Not functional* Near end of lifespan* Leaking* Thermal Blanket Installed
 - DM* Combustion air concerns* Seismic strapping recommended*
 - RR*
 - SI* **Temperature/Pressure relief valve:** missing / leaking / installed improperly*
- COMMENTS: _____

Notice: Relief valve was not operated for this evaluation.

PAGE 9 HEATING/COOLING/ELECTRICAL

KEY: AS - Appears Serviceable DM - Deferred Maintenance Noted RR - Repairs Recommended
SI - Safety Issue * - Item that warrants attention and repair See KEY Page for full report key descriptions.

HEATING TYPE N/A

- AS
 - DM*
 - RR*
 - SI*
- Heat exchanger damaged / deteriorated / cracked*
 - Heat exchanger not inspected
 - Combustion air concerns*
 - Cabinet rusted*
 - Venting concerns*
 - Inadequate clearance to combustibles*
 - Storage too close to unit(s)*
 - Recommend further evaluation / servicing*
 - Filter dirty - replace*
 - Ductwork damaged / deteriorated / restricted*

COMMENTS: _____

COOLING TYPE N/A

- AS
 - DM*
 - RR*
 - SI*
- Unit not operated due to outside temperature
 - Cabinet rusted
 - Plantings too close to outside of unit*
 - Unit not cooling adequately*
 - Recommend further evaluation / servicing*
 - Filter dirty - replace*

COMMENTS: _____

ELECTRICAL N/A

- AS
 - DM*
 - RR*
 - SI*
- Defects / deterioration noted*
 - No drip loop*
 - Loose / damaged connections*
 - Flammable objects at risk*
 - Wires frayed / improper splice / taps*
 - Conductors too close to ground / drive / roof / pool*
 - Wires touching trees*
 - Ground present
 - Ground clamp system missing / not suitable*

COMMENTS: _____

ELECTRICAL PANEL N/A

- AS
 - DM*
 - RR*
 - SI*
- Breakers
 - Fuses
 - Panel rated at: _____
 - Defects / deterioration noted*
 - Loose / damaged connections*
 - Overheated wiring*
 - Rust / Pitting on breakers*
 - Double taps*
 - More than six breakers with no disconnect*
 - Improperly clamped wiring*
 - Obsolete equipment*
 - Insufficient working space*

COMMENTS: _____

WIRING NOTES N/A

- AS
 - DM*
 - RR*
 - SI*
- GFCI(s) present
 - GFCI recommended at: _____*
 - Extension cord used as permanent wiring at: _____*
 - Damaged wire*
 - Wires frayed / improper splice / taps*
 - Improper wiring*
 - Loose / damaged connections*
 - Open junction box(es)*
 - Defects / Deterioration*
 - Improperly clamped wiring*
 - Open splice(s)*

COMMENTS: _____

PAGE 10 INTERIOR/GARAGE

KEY: AS - Appears Serviceable DM - Deferred Maintenance Noted RR - Repairs Recommended
SI - Safety Issue * - Item that warrants attention and repair See KEY Page for full report key descriptions.

WALLS/CEILINGS/FLOORS



Settlement cracking* Sagging / settlement noted* Moisture Stains*

- AS Holes / damage / missing coverings at: _____* Active leakage*
 - DM*
 - RR*
 - SI* Decayed / damaged flooring at: _____*
- COMMENTS: _____

WINDOWS/DOORS



Cracked / broken window(s) at: _____*

- AS Not functional / does not open at: _____*
- DM*
- RR* Sash does not stay up at: _____* Insufficient security egress*
- SI* COMMENTS: _____

FIREPLACE(S)



Location: _____

- AS Masonry Prefabricated Freestanding Wood Stove
 - DM* Deteriorated mortar* Improper gas piping* Cracked / missing bricks*
 - RR* Damper not functional* Flue needs cleaning Flue not visible*
 - SI* Hearth extension undersized* Combustibles too close to firebox* Inserts not inspected*
- COMMENTS: _____

SMOKE DETECTOR



None found* Not tested* No test button*

- AS Indicator light on Responded to test button
 - DM* Did not respond to test button* Suggest additional detectors at: _____*
 - RR*
 - SI* Central connected system, possibly alarmed, not tested
- COMMENTS: _____

GARAGE WALLS/CEILINGS/FLOORS



Major slab cracking* Slab raised / settled* Active Leakage*

- AS Slab cracking Moisture stains Door to living space improper
 - DM* Holes / damage / missing coverings at: _____* Framing Damage
 - RR*
 - SI* Wood deterioration Sill not anchored to foundation Ceiling sagging noted
- COMMENTS: _____

VEHICLE DOOR/AUTOMATIC OPENER



Door jambs: Moisture stained / damaged* Tension rods loose

- AS Damaged / deterioration / defects* Door locked - not tested Rollers / track damage
 - DM* Door warped Door needs adjustment / balancing* Hinges loose / missing hardware
 - RR* Safety springs installed No safety springs Broken springs / safety cable*
 - SI* Unit needs servicing Unit is disconnected* Unit needs securing*
 - Unit needs adjustment / lubrication Electric sensor: none / defective
 - Automatic reverse nonfunctional Automatic reverse operated
- COMMENTS: _____

KEY: AS - Appears Serviceable DM - Deferred Maintenance Noted RR - Repairs Recommended
 SI - Safety Issue * - Item that warrants attention and repair See KEY Page for full report key descriptions.

KITCHEN SINK N/A

- Dishes blocked access to sink, could not inspect* No hot water*
- AS Hot/Cold reversed* Minor wear Heavy wear / chipped* Slow draining*
 DM* Recommend sealing sink at countertop connection* Sink sprayer defective* Faucet serviceable
 RR* Nonoperational / defective* Faucet leaks / drips / corroded* Plumbing under sink serviceable
 SI* Pipes rusted / corroded / leaking* Improper piping* Moisture stains / leakage beneath sink*

COMMENTS: _____

DISPOSAL N/A

- Dishes blocked access to sink, could not inspect*
- AS No inspection (power off) Not functional / worn / near end of lifespan*
 DM* Not fully visible Interior / exterior corroded* Splash guard missing / damaged* Unit noisy*
 RR* Blades appear frozen / missing* Switches in a hazardous location Wiring serviceable
 SI* Improper wiring noted* Loose / missing wire clamp Missing junction box cover*
 Exposed wire splices*

COMMENTS: _____

DISHWASHER N/A

- Dishwasher not part of this inspection No power, unit not operated*
- AS Not functional / unsafe / worn / near end of lifespan* Not fully visible* Leaking*
 DM* Interior / exterior corroded* Door seal missing / damaged* Soap dish inoperative*
 RR* Unit noisy* Unit damage at: _____* Sprayer arm appears frozen*
 SI* Unit not properly secured* Door won't open / close properly / is obstructed*
 Leaking noted at drain line* Air gap device Hi-loop method
 No proper air gap provided Leaking noted at air gap device*

COMMENTS: _____

RANGE/COOKTOP N/A

- Gas Electric Combination Electronic ignition
- # of Ovens: _____
- AS Freestanding oven - not tested Range/cooktop not inspected Not inspected (no power / gas)
 DM* Not functional / unsafe / worn / near end of lifespan* Missing anti-tip device* Damaged gasket*
 RR* Gas valve not visible* Burner did not operate* Igniter(s) not functional*
 SI* Range hood operational Range hood not functional* Filter missing / blocked*

COMMENTS: _____

PAGE 12 BATHROOM(S)

KEY: AS - Appears Serviceable DM - Deferred Maintenance Noted RR - Repairs Recommended
 SI - Safety Issue * - Item that warrants attention and repair See KEY Page for full report key descriptions.

LOCATION: Bath A _____ Bath B _____ Bath C _____ Bath D _____
 Bath E _____ Bath F _____ Bath G _____

TOILET(S)

	A	B	C	D	E	F	G		A	B	C	D	E	F	G	
Appears serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not flush properly*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet loose at floor*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrosion / leaking supply line*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend new wax seal*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose/ leaking toilet tank*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend caulking at base*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracked tank / cover / bowl / base*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water runs continually in tank*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rust / foreign material in toilet / tank*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								Moisture / stains around toilet*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

SINK(S)

	A	B	C	D	E	F	G		A	B	C	D	E	F	G	
Appears serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaks at supply valves under sink*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracked / damaged*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrosion / supply valve*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucet Leaks*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slipper / functional*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low water flow*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Imp / over drain trap / material*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion / leaking supply line*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot / cold reversed at faucet*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking / corroded drain line*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damage to counter / vanity*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stains / damage under sink*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restricted / sewer under sink*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grout / caulk need at counter*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

COMMENTS: _____

BATH TUB(S)

	A	B	C	D	E	F	G		A	B	C	D	E	F	G	
Appears serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot / cold reversed at faucet*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage / deterioration of tub*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constant drip / low flow at faucet*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucet / corrosion / damage*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caulk / grout needs at wall / tub / floor*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture damage at wall / floor*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slow drainage noted at tub*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stopper missing / not functional*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whirlpool piping / jets need cleaning*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whirlpool not functional*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust termination point unknown*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust fan not functional*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

COMMENTS: _____

SHOWER(S)

	A	B	C	D	E	F	G		A	B	C	D	E	F	G	
Appears serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grout / caulk needed at enclosure*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage / deterioration of walls*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to determine if glass doors / enclosure is tempered glass (safety issue)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower drains slowly*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture damage to walls / floor*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucet leaks / drips*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold reversed*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corroded / damaged fixtures*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower diverter not functional*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken glass / enclosure*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracked / broken / missing tiles*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower pan damaged / cracked*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture staining from shower*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active leakage from shower*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors difficult to operate / close*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____