


Pre-Purchase Checklist

| Exterior | | | | | | | |
|---|--------------------------------------|--|--------------------------------|---|--------------------------------------|---------------------------------------|--------------------------------|
| Exterior Siding/Veneer | | Exterior Windows | | Trim/Fascias | | | |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Stone | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Wood | <input type="checkbox"/> Wood | <input type="checkbox"/> Wood | | |
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> Block | <input type="checkbox"/> Hardiboard | <input type="checkbox"/> Metal | <input type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | | |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Stucco | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Aluminum | | |
| <input type="checkbox"/> Other _____ | | | | <input type="checkbox"/> Glass block | <input type="checkbox"/> Other _____ | | |
| | | | | <input type="checkbox"/> Insulated Glass | | | |
| | | | | <input type="checkbox"/> Single Pane Glass | | | |
| | | | | <input type="checkbox"/> Other _____ | | | |
| | | | | Exterior Doors | | | |
| | | | | <input type="checkbox"/> Wood | | <input type="checkbox"/> Metal | |
| | | | | <input type="checkbox"/> Other _____ | | | |
|  | | | | | | | |
| Exterior Conditions | Doors | Siding | Windows | Veneer | Trim | Fascias | Gutters |
| Signs of Deterioration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peeling Paint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood Rot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moisture Penetration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cracked Glass | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loose caulking at joints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Popping Nails | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress/Settlement Crack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs Repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspected/Ok | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deck/Balcony/Steps/Patio Location #1 | | | | Deck/Balcony/Steps/Patio Location #2 | | | |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Balcony | <input type="checkbox"/> Steps | <input type="checkbox"/> Patio | <input type="checkbox"/> Deck | <input type="checkbox"/> Balcony | <input type="checkbox"/> Steps | <input type="checkbox"/> Patio |
| <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> Side | | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> Side | |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Steel | <input type="checkbox"/> Concrete | | <input type="checkbox"/> Wood | <input type="checkbox"/> Steel | <input type="checkbox"/> Concrete | |
| <input type="checkbox"/> Railing | <input type="checkbox"/> N/A | | | <input type="checkbox"/> Railing | <input type="checkbox"/> N/A | | |
| <input type="checkbox"/> Inspected/OK | <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Inspected/OK | <input type="checkbox"/> Other _____ | | |
| Walkways | <input type="checkbox"/> N/A | Driveway | <input type="checkbox"/> N/A | Retaining Walls | <input type="checkbox"/> N/A | Fences | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Concrete | | <input type="checkbox"/> Asphalt | | <input type="checkbox"/> Wood | | <input type="checkbox"/> None | |
| <input type="checkbox"/> Brick | | <input type="checkbox"/> Brick | | <input type="checkbox"/> Stone | | <input type="checkbox"/> Wood | |
| <input type="checkbox"/> Flagstone | | <input type="checkbox"/> Concrete | | <input type="checkbox"/> Masonry | | <input type="checkbox"/> Metal | |
| <input type="checkbox"/> Settlement | | <input type="checkbox"/> Settlement | | <input type="checkbox"/> Concrete | | <input type="checkbox"/> PVC | |
| <input type="checkbox"/> Inspected/OK | | <input type="checkbox"/> Inspected/OK | | <input type="checkbox"/> Inspected/OK | | <input type="checkbox"/> Inspected/OK | |
| <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Needs Repair | | <input type="checkbox"/> Needs Repair | |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | |
| Vegetation/Trees | | | | | | | |
| <input type="checkbox"/> Displacing Foundation | | <input type="checkbox"/> Displacing Roof | | <input type="checkbox"/> Needs Trimming | | <input type="checkbox"/> Other _____ | |
| Remarks: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

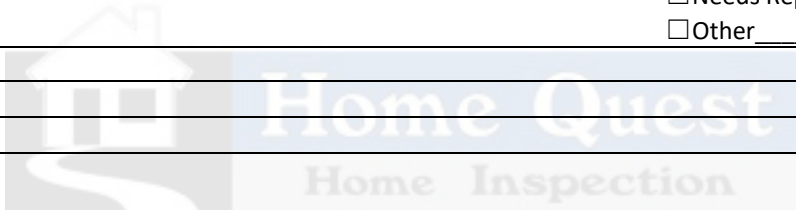
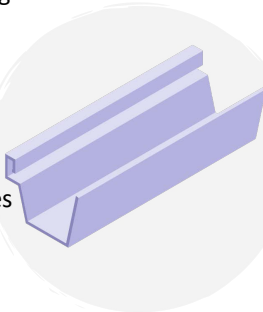
| Plumbing | |
|--|---|
| Service to House (Supply Lines) | Interior Pipes |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Copper |
| <input type="checkbox"/> PVC | <input type="checkbox"/> PVC |
| <input type="checkbox"/> Galvanized | <input type="checkbox"/> Galvanized |
| <input type="checkbox"/> PEX | <input type="checkbox"/> Not Visible |
| <input type="checkbox"/> Not all Visible | <input type="checkbox"/> PEX |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Flow Observed/OK |
| | <input type="checkbox"/> Needs Repair |
| | <input type="checkbox"/> Other _____ |
| Remarks: | |
| | |
| | |



| Garage | | |
|---|---|--|
| Type <input type="checkbox"/> Attached <input type="checkbox"/> Detached | Garage Door Opener <input type="checkbox"/> None <input type="checkbox"/> Safety Stop Functioning <input type="checkbox"/> Inspected/OK <input type="checkbox"/> Other _____ | <input type="checkbox"/> Functioning Properly <input type="checkbox"/> Safety Stop Inoperative <input type="checkbox"/> Needs Repair |
| Remarks: | | |



| Roof and Drainage | | |
|--|--|--|
| Roof Condition <input type="checkbox"/> Not Visible <input type="checkbox"/> Moderate Aging <input type="checkbox"/> Serious Aging <input type="checkbox"/> Curling <input type="checkbox"/> Cracking <input type="checkbox"/> Nail Popping <input type="checkbox"/> Moss Build-Up <input type="checkbox"/> Missing Shingles <input type="checkbox"/> Signs of Leaks <input type="checkbox"/> Inspected/OK <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____ | Roof Covering Buildup Roll Metal Fiberglass Shingle Wood Shingle Asphalt Shingle Clay Tile Slate Tile Asbestos Tile Cement Tile Other _____ | Gutters <input type="checkbox"/> None <input type="checkbox"/> Loose Sections <input type="checkbox"/> Leaking Joints <input type="checkbox"/> Rusting <input type="checkbox"/> Holes <input type="checkbox"/> Debris <input type="checkbox"/> No Drains <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____ |
| Surface Water Drainage <input type="checkbox"/> Good overall grade <input type="checkbox"/> Negative Grade <input type="checkbox"/> French Drain in place <input type="checkbox"/> Ground sloped toward house <input type="checkbox"/> Ground sloped away from house | Chimney Type <input type="checkbox"/> N/A <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Flue Visible <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Damper Operable <input type="checkbox"/> Other _____ | Chimney Exterior <input type="checkbox"/> N/A <input type="checkbox"/> Signs of Chipping <input type="checkbox"/> Loose Mortar <input type="checkbox"/> Loose Bricks <input type="checkbox"/> Cracked Crown <input type="checkbox"/> Missing Rain Cap <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____ |
| Remarks: | | |

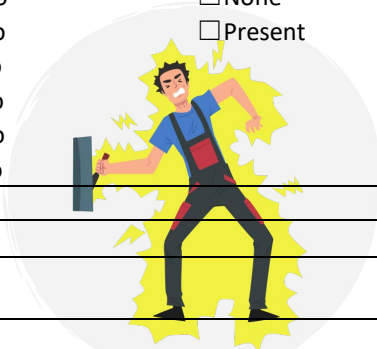


| Crawl Space | | |
|--|--|--|
| Moisture <input type="checkbox"/> Standing Water Found <input type="checkbox"/> No Sump Pump <input type="checkbox"/> Vapor Barrier Present <input type="checkbox"/> Drainage System Present <input type="checkbox"/> Evidence of Previous Repairs | <input type="checkbox"/> Crawl Vents Blocked <input type="checkbox"/> Crawl Vents Missing <input type="checkbox"/> Evidence of Mold <input type="checkbox"/> Evidence of Rot to Subflooring <input type="checkbox"/> None <input type="checkbox"/> Not Visible | Floor <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Cracks <input type="checkbox"/> Dirt Wood Other: _____ |
| Remarks: | | |

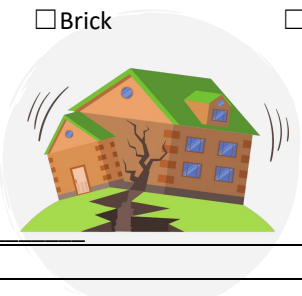
| Attic Insulation & Ventilation | | | |
|---|---|---|--|
| Access <input type="checkbox"/> Permanent Stairs <input type="checkbox"/> Disappearing Stairs <input type="checkbox"/> Door <input type="checkbox"/> Hatch <input type="checkbox"/> Not Accessible <input type="checkbox"/> Garage Access Only <input type="checkbox"/> Other _____ | Sheathing <input type="checkbox"/> Plywood <input type="checkbox"/> Particle Board <input type="checkbox"/> Fire Rated Plywood <input type="checkbox"/> Plank <input type="checkbox"/> Sterling Board <input type="checkbox"/> Other _____ | Moisture/Water Stains <input type="checkbox"/> None <input type="checkbox"/> Signs of Condensation <input type="checkbox"/> Evidence of Leaks <input type="checkbox"/> Mold Stains <input type="checkbox"/> Rot <input type="checkbox"/> Other _____ | Insulation Type <input type="checkbox"/> Glass <input type="checkbox"/> Cellulose <input type="checkbox"/> Foam <input type="checkbox"/> Rockwool <input type="checkbox"/> Need Insulation <input type="checkbox"/> Possible Vermiculite <input type="checkbox"/> Inspected/OK |
| Remarks: | | | |

| Interior Rooms | | |
|--|--|--|
| Floors | Walls | Windows |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Sheetrock | <input type="checkbox"/> Double Hung |
| <input type="checkbox"/> Laminate | <input type="checkbox"/> Wood Paneling | <input type="checkbox"/> Single Hung |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Plaster Board | <input type="checkbox"/> Sliding |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Tile | <input type="checkbox"/> Fixed Pane |
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> Plaster | <input type="checkbox"/> Awning |
| <input type="checkbox"/> Slate | <input type="checkbox"/> Nail Pops | <input type="checkbox"/> Casement |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Moisture Stains | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Not Level | <input type="checkbox"/> Cracks | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Worn Carpet | <input type="checkbox"/> Peeling Paint | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Squeaks | <input type="checkbox"/> Loose Wallpaper | <input type="checkbox"/> Painted Shut |
| <input type="checkbox"/> Damaged | <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Cracked Pane |
| <input type="checkbox"/> Loose Members | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Broken Window |
| <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Seals |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Missing Trim |
| | Ceilings | <input type="checkbox"/> Leakage |
| Doors | <input type="checkbox"/> Drywall | <input type="checkbox"/> Inspected/OK |
| <input type="checkbox"/> Solid Wood | <input type="checkbox"/> Wood | <input type="checkbox"/> Needs Repair |
| <input type="checkbox"/> Wood Facing | <input type="checkbox"/> Wood Lath | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Steel | <input type="checkbox"/> Masonry | |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Moisture Stains | Steps/Railings/Stairs |
| <input type="checkbox"/> Hollow | <input type="checkbox"/> Loose Plaster/Drywall | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Hardware Missing | <input type="checkbox"/> Peeling Paint | <input type="checkbox"/> Loose Railing |
| <input type="checkbox"/> Damaged | <input type="checkbox"/> Nail Pops | <input type="checkbox"/> Missing Railings |
| <input type="checkbox"/> Not Latching | <input type="checkbox"/> Cracks | <input type="checkbox"/> Inspected/Ok |
| <input type="checkbox"/> Off Track | <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Needs Repair |
| <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | | |
| Remarks: | | |
| | | |
| Kitchen | | |
| Floor | Sink | Dishwasher |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Hardware Leaks/Drips | <input type="checkbox"/> Not Present |
| <input type="checkbox"/> Laminate | <input type="checkbox"/> Low Pressure | <input type="checkbox"/> Built-In |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Slow Drains | <input type="checkbox"/> Portable |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Secured Properly | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> Working Properly | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |
| Cabinets & Countertops | Microwave | Range/Oven |
| <input type="checkbox"/> Missing Hardware | <input type="checkbox"/> Not Present | <input type="checkbox"/> Not Present |
| <input type="checkbox"/> Loose Counter Top | <input type="checkbox"/> Working Properly | <input type="checkbox"/> Electric <input type="checkbox"/> Gas |
| <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Needs Repair | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |
| Exhaust/Fan | Refrigerator | Disposal |
| <input type="checkbox"/> Not Present | <input type="checkbox"/> Not Present | <input type="checkbox"/> Not Present |
| <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Inspected/Ok | <input type="checkbox"/> Inspected/Ok |
| <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Frost-Free | <input type="checkbox"/> Needs Repair |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Icemaker | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Needs Repair | |
| | <input type="checkbox"/> Other _____ | |
| Remarks: | | |
| | | |
| Bathrooms | | |
| Bathroom <input type="checkbox"/> ½ | <input type="checkbox"/> Full Location _____ | Toilet |
| <input type="checkbox"/> Room Ventilation | <input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Faucets | <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair |
| | | <input type="checkbox"/> Inspected/Ok |
| Bathroom <input type="checkbox"/> ½ | <input type="checkbox"/> Full Location _____ | Toilet |
| <input type="checkbox"/> Room Ventilation | <input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Faucets | <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair |
| | | <input type="checkbox"/> Inspected/Ok |
| Bathroom <input type="checkbox"/> ½ | <input type="checkbox"/> Full Location _____ | Toilet |
| <input type="checkbox"/> Room Ventilation | <input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads | <input type="checkbox"/> Loose |
| <input type="checkbox"/> Faucets | <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair |
| | | <input type="checkbox"/> Inspected/Ok |

| Electrical System | | |
|--|--|---|
| Main Panel Box Location _____ Amps _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses Grounded <input type="checkbox"/> Yes <input type="checkbox"/> No | GFCI (Ground Fault Circuit Interrupters) Bathrooms <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No Garage <input type="checkbox"/> Yes <input type="checkbox"/> No Exterior <input type="checkbox"/> Yes <input type="checkbox"/> No Attic <input type="checkbox"/> Yes <input type="checkbox"/> No Basement <input type="checkbox"/> Yes <input type="checkbox"/> No | Smoke Detectors <input type="checkbox"/> None <input type="checkbox"/> Present |
| Remarks: _____ _____ | | |



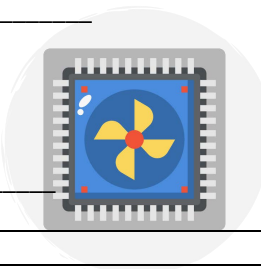
| STRUCTURE | | |
|--|---|--|
| Construction <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Mixed <input type="checkbox"/> Not All Visible <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Other _____ | Walls <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Stone <input type="checkbox"/> Needs Repair <input type="checkbox"/> Inspected/Ok | Floor/Ceiling <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Joist <input type="checkbox"/> Truss <input type="checkbox"/> Not All Visible <input type="checkbox"/> Other _____ |
| Foundation <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Slab <input type="checkbox"/> Block <input type="checkbox"/> Not All Visible <input type="checkbox"/> Bowed Severely <input type="checkbox"/> Insect Damage <input type="checkbox"/> Horizontal Cracks <input type="checkbox"/> Vertical Cracks <input type="checkbox"/> Other _____ | <input type="checkbox"/> Inspected/OK <input type="checkbox"/> Previous Repair Observed <input type="checkbox"/> Missing or Loose Members <input type="checkbox"/> Possible Sheathing Damage <input type="checkbox"/> Finished Basement | |
| Remarks: _____ _____ | | |



| Heating System | | |
|---|---|---|
| Capacity _____ Serial# _____ | Approx. Age _____ Model# _____ | Make _____ |
| Type <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Wall Heat <input type="checkbox"/> Other _____ | Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ | Air Filters <input type="checkbox"/> None <input type="checkbox"/> Disposable <input type="checkbox"/> Washable <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Other _____ |
| Fireplace <input type="checkbox"/> None Wood burning Insert Gas Fireplace Metal Prefab Functional <input type="checkbox"/> Yes <input type="checkbox"/> No Needs Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No Freestanding Wood Stove | Location #1 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | Location #2 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Remarks: _____ _____ | | |



| Cooling System | | |
|--|---|------------|
| Capacity _____ Serial# _____ | Approx. Age _____ Model# _____ | Make _____ |
| Type <input type="checkbox"/> Central Air <input type="checkbox"/> Room Units <input type="checkbox"/> Electric Compressor <input type="checkbox"/> Other _____ | Condition <input type="checkbox"/> Rust Present <input type="checkbox"/> Damaged <input type="checkbox"/> Inspected/Ok <input type="checkbox"/> Needs Repair <input type="checkbox"/> Other _____ | |
| Remarks: _____ _____ | | |



****DISCLAIMER****

This Checklist is not a substitute for a complete home inspection
 Call (203) 951-0299 or schedule online
homequestinspection.com