

# PROPERTY INSPECTION REPORT

**Prepared For:**

\_\_\_\_\_  
(Name of Client)

**Concerning:**

\_\_\_\_\_  
(Address or Other Identification of Inspected Property)

**By:**

\_\_\_\_\_  
(Name and License Number of Inspector)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name, License Number and Signature of Sponsoring Inspector, if required)

The inspection of the property listed above must be performed in compliance with the rules of the Texas Real Estate Commission (TREC).

The inspection is of conditions which are present and visible at the time of the inspection, and all of the equipment is operated in normal modes. The inspector must indicate which items are in need of repair or are not functioning and will report on all applicable items required by TREC rules.

This report is intended to provide you with information concerning the condition of the property at the time of inspection. Please read the report carefully. If any item is unclear, you should request the inspector to provide clarification.

It is recommended that you obtain as much history as is available concerning this property. This historical information may include copies of any seller's disclosures, previous inspection or engineering reports, reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should attempt to determine whether repairs, renovation, remodeling, additions or other such activities have taken place at this property.

Property conditions change with time and use. Since this report is provided for the specific benefit of the client(s), secondary readers of this information should hire a licensed inspector to perform an inspection to meet their specific needs and to obtain current information concerning this property.

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## ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

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Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachments. If an item is present in the property but is not inspected, the "NI" column will be checked and an explanation is necessary. Comments may be provided by the inspector whether or not an item is deemed in need of repair.

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or In Need of Repair
I	NI	NP	R	Inspection Item	

### I. STRUCTURAL SYSTEMS

☐ ☐ ☐ ☐ **A. Foundations** (If all crawl space areas are not inspected, provide an explanation.)  
*Comments (An opinion on performance is mandatory.):*

☐ ☐ ☐ ☐ **B. Grading and Drainage**  
*Comments:*

☐ ☐ ☐ ☐ **C. Roof Covering** (If the roof is inaccessible, report the method used to inspect.)  
*Comments:*

☐ ☐ ☐ ☐ **D. Roof Structure and Attic** (If the attic is inaccessible, report the method used to inspect.)  
*Comments:*

☐ ☐ ☐ ☐ **E. Walls (Interior and Exterior)**  
*Comments:*

☐ ☐ ☐ ☐ **F. Ceilings and Floors**  
*Comments:*

☐ ☐ ☐ ☐ **G. Doors (Interior and Exterior)**  
*Comments:*

☐ ☐ ☐ ☐ **H. Windows**  
*Comments:*

☐ ☐ ☐ ☐ **I. Fireplace/Chimney**  
*Comments:*

☐ ☐ ☐ ☐ **J. Porches, Decks and Carports (Attached)**  
*Comments:*

☐ ☐ ☐ ☐ **K. Other**  
*Comments:*

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**II. ELECTRICAL SYSTEMS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A. Service Entrance and Panels</b>
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*Comments:*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>B. Branch Circuits - Connected Devices and Fixtures</b> (Report as in need of repair the lack of ground fault circuit protection where required.):
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*Comments:*

**III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A. Heating Equipment</b>
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*Type and Energy Source:*  
*Comments:*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>B. Cooling Equipment:</b>
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*Type and Energy Source:*  
*Comments:*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C. Ducts and Vents</b>
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*Comments:*

**IV. PLUMBING SYSTEM**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A. Water Supply System and Fixtures</b>
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*Comments:*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>B. Drains, Wastes, Vents</b>
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*Comments:*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C. Water Heating Equipment</b> (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)
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*Energy Source:*  
*Comments:*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D. Hydro-Therapy Equipment</b>
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*Comments:*

**V. APPLIANCES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A. Dishwasher</b>
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*Comments:*

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>B. Food Waste Disposer</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C. Range Hood</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D. Ranges/Ovens/Cooktops</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>E. Microwave Cooking Equipment</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>F. Trash Compactor</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>G. Bathroom Exhaust Fans and/or Heaters</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H. Whole House Vacuum Systems</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>I. Garage Door Operators</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>J. Door Bell and Chimes</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>K. Dryer Vents</b> <i>Comments:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>L. Other Built-in Appliances</b> <i>Comments:</i>	

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**VI. OPTIONAL SYSTEMS**

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**A. Lawn Sprinklers**  
*Comments:*

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**B. Swimming Pools and Equipment**  
*Comments:*

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**C. Outbuildings**  
*Comments:*

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**D. Outdoor Cooking Equipment**  
*Energy Source:*  
*Comments:*

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**E. Gas Lines**  
*Comments:*

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**F. Water Wells** (A coliform analysis is recommended.)  
*Type of Pump:*  
*Type of Storage Equipment:*  
*Comments:*

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**G. Septic Systems**  
*Comments:*

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**H. Security Systems**  
*Comments:*

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**I. Fire Protection Equipment**  
*Comments:*