


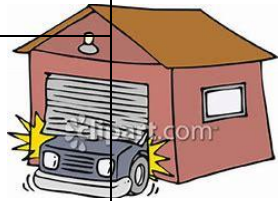
Pre-Purchase Checklist

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"/> Metal	
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Block	<input type="checkbox"/> Hardiboard	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Brick	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Stucco	<input type="checkbox"/> Glass block	<input type="checkbox"/> Insulated Glass	<input type="checkbox"/> Single Pane Glass	<input type="checkbox"/> Other _____	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/> Other _____		<input type="checkbox"/> Railing	<input type="checkbox"/> N/A	<input type="checkbox"/> Other _____		
<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"/> Wood	<input type="checkbox"/> None	<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"/> Stone	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood	
<input type="checkbox"/> Flagstone	<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	<input type="checkbox"/> Metal	<input type="checkbox"/> Masonry	<input type="checkbox"/> Metal	<input type="checkbox"/> PVC	<input type="checkbox"/> Metal	
<input type="checkbox"/> Settlement	<input type="checkbox"/> Settlement	<input type="checkbox"/> Concrete	<input type="checkbox"/> PVC	<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"/> 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"/> Needs Repair	<input type="checkbox"/> Needs Repair	<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 _____	<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 _____	<input type="checkbox"/> Needs Trimming	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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: 		

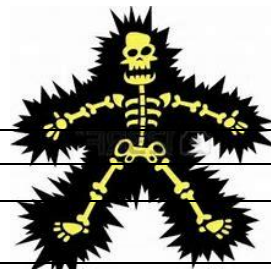


Crawl Space		
Moisture <input type="checkbox"/> Standing Water Found <input type="checkbox"/> No Sump Pump <input type="checkbox"/> Vapor Barrier Present <input type="checkbox"/> Drainage System Present <input type="checkbox"/> Evidence of Previous Repairs	<input type="checkbox"/> Crawl Vents Blocked <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	GFCI (Ground Fault Circuit Interrupters)	Smoke Detectors
Location _____	Bathrooms <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None
Amps _____	Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Present
<input type="checkbox"/> Circuit Breakers	Garage <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fuses	Exterior <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grounded	Attic <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		



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



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



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



****DISCLAIMER****

This Checklist is not a substitute for a complete home inspection
Call (423) 284-1510 or schedule online www.chattanoogainspect.com