

# SAMPLE USE ONLY

<b>Wood Destroying Insect Inspection Report</b>		<b>Notice:</b> Please read important consumer information on <b>page 2</b> .																									
<b>Section I. General Information</b>		Company's Business Lic. No.	Date of Inspection																								
		Address of Property Inspected																									
Inspector's Name, Signature & Certification, Registration, or Lic. #		Structure(s) Inspected																									
<b>Section II. Inspection Findings</b> This report is indicative of the condition of the above identified structure(s) on the date of the inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. <b>Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:</b>																											
<input type="checkbox"/> <b>A. No visible</b> evidence of wood destroying insects was observed. <input type="checkbox"/> <b>B. Visible</b> evidence of wood destroying insects was observed as follows:																											
<input type="checkbox"/> 1. <b>Live insects (description and location):</b> _____ _____																											
<input type="checkbox"/> 2. <b>Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location):</b> _____ _____																											
<input type="checkbox"/> 3. <b>Visible damage</b> from wood destroying insects was noted as follows (description and location): _____ _____																											
<b>NOTE: This is not a structural damage report.</b> If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.																											
Yes <input type="checkbox"/> No <input type="checkbox"/> It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment: _____																											
The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.																											
<b>Section III. Recommendations</b>																											
<input type="checkbox"/> No treatment recommended: (Explain if Box B in Section II is checked) _____ _____																											
<input type="checkbox"/> Recommend treatment for the control of: _____ _____																											
<b>Section IV. Obstructions &amp; Inaccessible Areas</b> The following areas of the structure(s) inspected were obstructed or inaccessible:			<b>The inspector may write out obstructions or use the following optional key:</b>																								
<input type="checkbox"/> <b>Basement</b> _____ <input type="checkbox"/> <b>Crawlspace</b> _____ <input type="checkbox"/> <b>Main Level</b> _____ <input type="checkbox"/> <b>Attic</b> _____ <input type="checkbox"/> <b>Garage</b> _____ <input type="checkbox"/> <b>Exterior</b> _____ <input type="checkbox"/> <b>Porch</b> _____ <input type="checkbox"/> <b>Addition</b> _____ <input type="checkbox"/> <b>Other</b> _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Fixed ceiling</td> <td style="width: 50%;">13. Only visual access</td> </tr> <tr> <td>2. Suspended ceiling</td> <td>14. Cluttered condition</td> </tr> <tr> <td>3. Fixedwall covering</td> <td>15. Standing water</td> </tr> <tr> <td>4. Floor covering</td> <td>16. Dense vegetation</td> </tr> <tr> <td>5. Insulation</td> <td>17. Exterior siding</td> </tr> <tr> <td>6. Cabinets or shelving</td> <td>18. Window well covers</td> </tr> <tr> <td>7. Stored items</td> <td>19. Wood pile</td> </tr> <tr> <td>8. Furnishings</td> <td>20. Snow</td> </tr> <tr> <td>9. Appliances</td> <td>21. Unsafe conditions</td> </tr> <tr> <td>10. No access or entry</td> <td>22. Rigid foam board</td> </tr> <tr> <td>11. Limited access</td> <td>23. Synthetic stucco</td> </tr> <tr> <td>12. No access beneath</td> <td>24. Duct work, plumbing, and/or wiring</td> </tr> </table>			1. Fixed ceiling	13. Only visual access	2. Suspended ceiling	14. Cluttered condition	3. Fixedwall covering	15. Standing water	4. Floor covering	16. Dense vegetation	5. Insulation	17. Exterior siding	6. Cabinets or shelving	18. Window well covers	7. Stored items	19. Wood pile	8. Furnishings	20. Snow	9. Appliances	21. Unsafe conditions	10. No access or entry	22. Rigid foam board	11. Limited access	23. Synthetic stucco	12. No access beneath	24. Duct work, plumbing, and/or wiring
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<b>Section V. Additional Comments and Attachments</b> (these are an integral part of the report) _____ _____ _____ _____																											
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<b>Signature of Seller(s)</b> or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.  X		<b>Signature of Buyer.</b> The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.  X																									

