

Whisper Computer Solutions, Inc

P.O. Box 690502

San Antonio, TX 78269-0502

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PROPERTY INSPECTION REPORT

Report #: Texas 7A-0 Blank/WDI (v1.3) - letter

Prepared For: _____

(Name of Client)

Concerning: _____

(Address of Inspected Property)

By: Joe R Inspector, Lic #12345

06/28/2008

(Name and License Number of Inspector)

(date)

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.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

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	Inspection Item
I	NI	NP	R	

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 & 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:

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I	NI	NP	R			

..

K. Other

Comments:

II. ELECTRICAL SYSTEMS

..

A. Service Entrance and Panels

Comments:

..

B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required)

Comments:

III. HEATING, VENTILATION, A/C SYSTEMS

..

A. Heating Equipment

Type and Energy Source: [Heating Types](#), [Heating Energy Sources](#)

Comments:

..

B. Cooling Equipment

Comments:

Type and Energy Source: [Cooling Types](#), [Cooling Energy Sources](#)

Comments:

..

C. Ducts and Vents

Comments:

IV. PLUMBING SYSTEM

..

A. Water Supply System and Fixtures

Comments:

..

B. Drains, Wastes, Vents

Comments:

..

C. Water Heating Equipment (Report as in need of repair those conditions specifically listed as recognized by TREC rules)

Energy Source: [Water Heating Energy Sources](#)

Comments:

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I	NI	NP	R			

.. **D. Hydro-Therapy Equipment**
Comments:

V. APPLIANCES

.. **A. Dishwasher**
Comments:

.. **B. Food Waste Disposer**
Comments:

.. **C. Range Hood**
Comments:

.. **D. Ranges/Ovens/Cooktops**
Comments:

.. **E. Microwave Cooking Equipment**
Comments:

.. **F. Trash Compactor**
Comments:

.. **G. Bathroom Exhaust fans and/or Heaters**
Comments:

.. **H. Whole House Vacuum Systems**
Comments:

.. **I. Garage Door Operators**
Comments:

.. **J. Door Bell and Chimes**
Comments:

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- | | | | | |
|----|----|----|----|-----------------------|
| .. | .. | .. | .. | K. Dryer Vents |
| | | | | <i>Comments:</i> |

- | | | | | |
|----|----|----|----|-------------------------------------|
| .. | .. | .. | .. | L. Other Built-in Appliances |
| | | | | <i>Comments:</i> |

VI. OPTIONAL SYSTEMS

- | | | | | |
|----|---|---|----|---------------------------|
| .. | p | p | .. | A. Lawn Sprinklers |
| | | | | <i>Comments:</i> |

- | | | | | |
|----|---|---|----|--|
| .. | p | p | .. | B. Swimming Pools and Equipment |
| | | | | <i>Comments:</i> |

- | | | | | |
|----|---|---|----|------------------------|
| .. | p | p | .. | C. Outbuildings |
| | | | | <i>Comments:</i> |

- | | | | | |
|----|---|---|----|--|
| .. | p | p | .. | D. Outdoor Cooking Equipment |
| | | | | <i>Energy Source:</i> Outdoor Cooking Energy Sources |
| | | | | <i>Comments:</i> |

- | | | | | |
|----|---|---|----|---------------------|
| .. | p | p | .. | E. Gas Lines |
| | | | | <i>Comments:</i> |

- | | | | | |
|----|---|---|----|---|
| .. | p | p | .. | F. Water Wells (A coliform analysis is recommended) |
| | | | | <i>Type of Pump:</i> Water Pump Types |
| | | | | <i>Type of Storage Equipment:</i> Water Storage Equipment |
| | | | | <i>Comments:</i> |

- | | | | | |
|----|---|---|----|--------------------------|
| .. | p | p | .. | G. Septic Systems |
| | | | | <i>Comments:</i> |

- | | | | | |
|----|---|---|----|----------------------------|
| .. | p | p | .. | H. Security Systems |
| | | | | <i>Comments:</i> |

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“ b b ”

I. Fire Protection Equipment

Comments:

Inspected Address

City

Zip Code

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.
C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.
D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.
G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service.

1A. Whisper Computer Solutions, Inc
Name of Inspection Company

1B. 12345
SPCS Business License Number

1C. P.O. Box 690502 San Antonio TX 78269-0502 (210)681-6325
Address of Inspection Company City State Zip Telephone No.

1D. Joe R Inspector Name of Inspector (Please Print)
1E. Certified Applicator (check one)
Technician

2. Case Number (VA/FHA/Other)
3. Saturday, June 28, 2008 Inspection Date

4A. Seller Agent Buyer Management Co. Other
Name of Person Purchasing Inspection

4B. Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgagee Purchaser of Service Seller Agent Buyer
(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

6A. Were any areas of the property obstructed or inaccessible? Yes No
(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.

6B. The obstructed or inaccessible areas include but are not limited to the following:

Table with 6 columns: Attic, Insulated area of attic, Plumbing Areas, Planter box abutting structure, Deck, Sub Floors, Slab Joints, Crawl Space, Soil Grade Too High, Heavy Foliage, Eaves, Weepholes, Other, Specify:

7A. Conditions conducive to wood destroying insect infestation? Yes No
(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

7B. Conducive Conditions include but are not limited to:

Table with 4 columns: Wood to Ground Contact (G), Formboards left in place (I), Excessive Moisture (J), Debris under or around structure (K), Footing too low or soil line too high (L), Wood Rot (M), Heavy Foliage (N), Planter box abutting structure (O), Wood Pile in Contact with Structure (Q), Wooden Fence in Contact with the Structure (R), Insufficient ventilation (T), Other (C), Specify:

8. Inspection Reveals Visible Evidence in or on the structure:

Table with 4 columns: Active Infestation, Previous Infestation, Previous Treatment, 8A. Subterranean Termites, 8B. Drywood Termites, 8C. Formosan Termites, 8D. Carpenter Ants, 8E. Other Wood Destroying Insects

Specify: _____

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: _____

8G. Visible evidence of: _____ has been observed in the following areas: _____

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed on the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

The conditions conducive to insect infestation reported in 7A & 7B:

9. Will be or has been mechanically corrected by inspecting company: Yes No

If "Yes", specify corrections: _____

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H and I, Scope of Inspection) Yes No

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows: Yes No

Specify reason: _____

Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects: _____

If treating for subterranean termites, the treatment was: Partial Spot Bait Other

If treating for drywood termites or related insets, the treatment was: Full Limited

10B. _____

Date of Treatment by Inspecting Company Common Name of Insect Name of Pesticide, Bait or Other Method

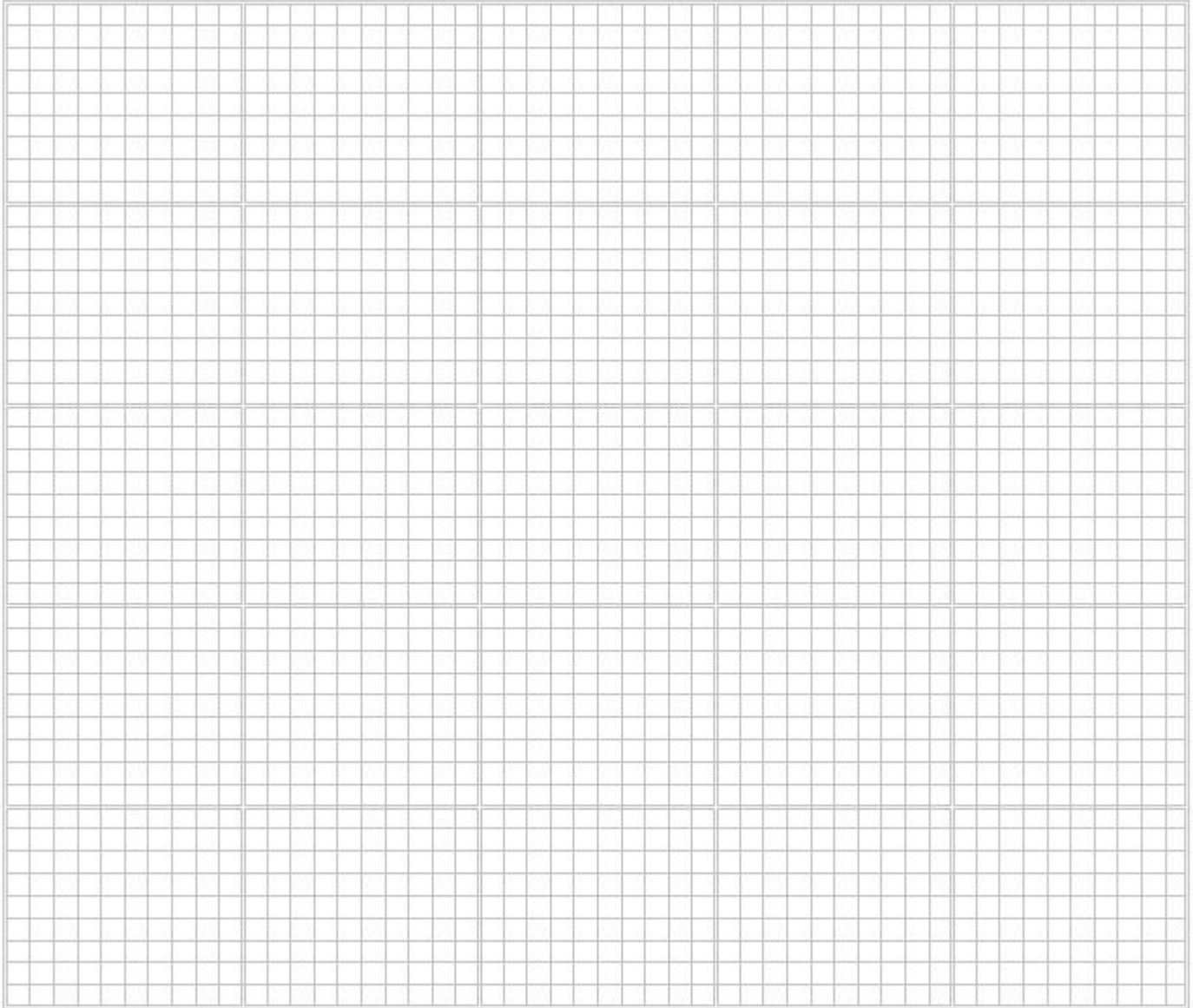
This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes No List Insects: _____

If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of infestation; A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify _____



Additional Comments _____

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company which I am acting is associated in any way with any party to the transaction.

Signatures:

11A. _____
Inspector

Notice of Inspection Was Posted At or Near

- 12A. Electric Breaker Box ..
- Water Heater Closet ..
- Bath Trap Access ..
- Beneath the Kitchen Sink ..

Approved:

11B. _____
Certified Applicator and Certified Applicator License Number

12B. Date Posted _____
Date

Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages: _____

Signature of Purchaser of Property or their Designee

Date

