



1555848 ALBERTA LTD. DBA
Global Property Inspections

Sample Report Included are examples of defects that may be found in homes, , , ,



February-24-13
Inspector
Tim Forest
403 588 8396 Fax: 1-800-719-5927
gpireddeer@telus.net
GST 84746 6208 RT001

Inspection Date : 24/02/2013
Inspector: Tim Forest
Inspector Phone: (403) 588-8396

Email: gpireddeer@telus.net
GST 84746 6208 RT001



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PRE-INSPECTION AGREEMENT

The purpose of the Home Inspection is to improve the Clients understanding of the condition of the property. The inspection is an opinion of the Inspector as to the condition of the property based primarily on a non-invasive examination of readily accessible features and components of the dwelling.

The Standards of Practice used meet those prescribed by the International Association of certified Home Inspectors. The Client understands that this Home Inspection is a visual review of readily accessible areas of the residential dwelling. The inspection is non-invasive. No excavation or disassembly of components will be performed, and any obstruction will not be removed. Any hidden, concealed or obstructed deficiencies may not be observed or identified. In addition, some property components are inspected on a random sampling of like items, i.e., electrical outlets, windows, doors, etc. Therefore, not every deficiency may be identified.

All non-inspected items will be identified in the Inspection report as NI (Not inspected) and will be explained fully in the comment area of each item.

The Inspector encourages the Client to be present during the inspection. This will enable the Inspector to point out specific observations, as well as help the Client understand any comments provided in the Home Inspection Report. This report is intended for use only by the party contracting for same. It is not intended to be relied upon or to benefit any third party.

Inspected Items:

- Roofing, flashings and chimney
- Exterior, including lot grading, walkways, driveways, retaining walls, patios and decks
- Structure
- Electrical
- heating;
- Heat pumps and cooling;
- Insulation
- Plumbing
- Interior walls, ceiling, flooring and windows

Any uninspected items will be listed below and will require the client's initials before proceeding with the Inspection.

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The client acknowledges by initials below that the Inspection does not include testing for mold, asbestos or any outbuilding excluding a garage or carport not specifically mentioned in the contract.

_____ Client Initials

All disputes arising out of or in connection with this Agreement, or in respect of any legal relationship associated with or derived from this Agreement, shall be finally resolved by arbitration pursuant to the National Arbitration Rules of the ADR Institute of Canada, Inc. The place of arbitration shall be Red Deer Alberta Canada, and the language of the arbitration shall be English. Election to submit any claim to arbitration must be given, in writing, to 1555848 Alberta Ltd. d.b.a. Global Property Inspections. In the event that a dispute is submitted to arbitration pursuant to this Paragraph, the decision of the arbitrator shall be final and binding on the parties and judgment on the award of the arbitrator may be entered in any court of competent jurisdiction. Governed by the laws of the Province of Alberta.

The client may wish to obtain other types of inspections, such as mold, air quality or environmental inspections that are not addressed in the Home Inspection Report. Global Property Inspections does not inspect for compliance with building codes or regulations of any governmental body, entity or agency.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Address of Property: _____

Inspection is scheduled for: _____

The inspection report will be delivered to client on or before: _____

The cost for the Inspection is \$_____ plus GST and is due at the time of the inspection.

AB. License # 332316
Inspector License # 332315
Fax.1-800-719-5927

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ACKNOWLEDGEMENT

Client acknowledges that 1555848 ALBERTA LTD., DBA Global Property Inspections, its employees, owners or agents is an independently-owned and operated franchise and not an employee, partner, or agent and cannot make any contract, agreement, warranty or representation on behalf of National Property Inspections, Inc., 9375 Burt Street, Suite 201, Omaha, NE 68114.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Inspector Signature

Tim Forest

Client Signature

Print Client Name

Current Client Address

Date

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GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

Property Occupied : No	Property Faces : <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
Estimated Age Of Property : 5 Year(s)	Weather : Sunny Temperature : 24 C
Type of Property : <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multi	Soil Conditions : <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Damp/Wet <input type="checkbox"/> Snow <input type="checkbox"/> Frozen
Primary Construction : <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Brick	Persons Present : <input checked="" type="checkbox"/> Buyer <input type="checkbox"/> Seller <input checked="" type="checkbox"/> Buyer's Agent <input type="checkbox"/> Seller's Agent

DEFINITIONS :

Below are listed the definitions used throughout the report to describe each feature of the property.

ACC (ACCEPTABLE)	The item/system was performing its intended function at the time of the inspection.
MAR (MARGINAL)	The item/system was marginally acceptable. <i>(It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.)</i>
NI (NOT INSPECTED)	The item/system was not inspected due to safety concerns, inaccessibility and/or concealment or seasonal conditions.
NP (NOT PRESENT)	The item/system does not exist or was visually concealed at the time of the inspection.
DEF (DEFECTIVE)	The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

SCOPE OF THE INSPECTION :

Global Property Inspections wishes to remind you, every property requires a certain amount of ongoing maintenance, such as, unclogging drains, servicing of furnaces, air conditioners, water heaters, etc. This property will be no exception. It is suggested that you budget for regular maintenance/repairs.

The following report is based on visual inspection only of the accessible areas of this property. Please read and study the entire report carefully.

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GRADING / DRAINAGE

Monitor Condition

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommend Repairs

- Near Level Positive Slope Negative Slope Ponding

Comments :

DRIVEWAY

Monitor Condition

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommend Repairs

- Concrete Asphalt Brick Gravel
 General Deterioration Cracks Settlement _____

Comments : General deterioration and cracking noted; recommend filling cracks with driveway caulk/sealant to prevent further deterioration.



Driveway:

WALKS / STEPS

Monitor Condition

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommend Repairs

- Concrete Flagstone Brick Wood _____
 General Deterioration Handrail Loose / Missing Cracks / Settlement Tripping Hazard
 Poor Earth / Wood Clearance

Comments : Minor cracks noted, most likely created in the curing process of the concrete.

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Walks / Steps:



Walks / Steps:

DECKS / BALCONY

Monitor Condition

Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Wood

General Deterioration

Needs Joist Hangers

Defective Posts / Boards

Not Bolted To House

No Footings Evident

Railing / Handrail Loose

Poor Earth / Wood Clearance

Rail Opening Unsafe

Comments :

Deck height is more than 24 inches above grade; recommend installation of a railing as this is a safety issue.



Decks / Balcony:

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PATIO

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Flagstone | <input checked="" type="checkbox"/> Brick | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Cracks | <input type="checkbox"/> Settlement | <input type="checkbox"/> Slopes Toward House |

Comments :

ROOFING

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age : 5 +/-	Year(s)	Design Life : 30 +/-	Year(s)	Layers : 1	100% Visible
<input checked="" type="checkbox"/> Visual From Ground	<input type="checkbox"/> Walked On	<input checked="" type="checkbox"/> Ladder at Eaves	<input type="checkbox"/> Snow Covered		
<input type="checkbox"/> Asphalt / Composition	<input type="checkbox"/> Wood Shake	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Tile		
<input type="checkbox"/> Tar and Gravel	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Rolled Composition	<input type="checkbox"/> Slate		
<input type="checkbox"/> Membrane	<input type="checkbox"/> _____				
<input type="checkbox"/> Suspected Leak(s)	<input type="checkbox"/> Missing Shingle(s)	<input type="checkbox"/> Cupping/Curling/Lifting/Brittle	<input type="checkbox"/> Previous Repairs Noted		
<input type="checkbox"/> Excessive Granular Loss	<input type="checkbox"/> Bubbling	<input type="checkbox"/> Trim Trees / Branches	<input type="checkbox"/> Improper Installation		

Comments : Leaks not always detectable.



Roofing:

FLASHING/VALLEYS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> Composition / Membrane | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Rust | <input type="checkbox"/> Improper Installation | <input type="checkbox"/> Suspected Leak(s) |
| <input type="checkbox"/> Exposed Nails | <input type="checkbox"/> Previous Repairs Noted | <input type="checkbox"/> Filled with Debris | |

Comments :

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CHIMNEY

- Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Brick / Masonry | <input checked="" type="checkbox"/> Framed | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Deteriorated / Missing Cap | <input type="checkbox"/> Improper Height |
| <input type="checkbox"/> Separated from House | <input type="checkbox"/> Unlined | <input type="checkbox"/> Deteriorated Brick / Mortar | <input type="checkbox"/> Out of Plumb |

Comments : Flue not inspected. Annual cleaning is recommended.

GUTTERS/DOWN SPOUTS

- Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|--|---|--------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | <input type="checkbox"/> Steel | <input type="checkbox"/> Vinyl | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Missing | <input type="checkbox"/> Rust / Corroded | <input type="checkbox"/> Leaking | <input type="checkbox"/> Loose | |
| <input type="checkbox"/> Filled with Debris | <input type="checkbox"/> Misaligned | <input type="checkbox"/> Missing Extension / Splash Block | | |

Comments :

EXTERIOR SURFACE

- Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
SIDING/TRIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR FAUCETS Location : Front and Back	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ELECTRICAL OUTLETS <input type="checkbox"/> NO GFCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR LIGHTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | <input checked="" type="checkbox"/> Stucco | |
| <input type="checkbox"/> Synthetic Stucco | <input type="checkbox"/> Composite | <input checked="" type="checkbox"/> Veneer | <input type="checkbox"/> Brick | <input checked="" type="checkbox"/> Stone |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Needs Paint | <input type="checkbox"/> Missing / Loose | <input type="checkbox"/> Cracked | |
| <input checked="" type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Poor Earth / Siding Clearance | | | |

Comments : Utility lines noted as missing caulk/seal where entering house; recommend caulk/seal to prevent water/moisture intrusion.

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Exterior Surface:

WINDOWS

Monitor Condition

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommend Repairs

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Wood | <input checked="" type="checkbox"/> Vinyl | <input type="checkbox"/> Metal | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Insulated Panes | <input type="checkbox"/> Single Pane | <input type="checkbox"/> Window Wells | |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Defective / Damaged Storm Windows | |
| <input type="checkbox"/> Needs Paint / Finish | <input type="checkbox"/> Fogged | <input type="checkbox"/> Painted Shut | |

Comments :

EXTERIOR DOORS

Monitor Condition

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommend Repairs

- | | | | | |
|--|--|---|--|--------------------------------|
| <input type="checkbox"/> Wood | <input checked="" type="checkbox"/> Metal | <input checked="" type="checkbox"/> Vinyl | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Delaminated / Damaged | <input type="checkbox"/> Missing / Damaged Hardware | <input type="checkbox"/> Doorbell Inoperative | |
| <input type="checkbox"/> Screen / Storm Door Damaged | <input type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Repair/Replace Weather-Strip | <input checked="" type="checkbox"/> Needs Caulk / Seal | |

Comments : Sealing and caulking required on inside of doors where threshold meets flooring to prevent water damage to the sub-flooring. It is standard home maintenance to insure a good seal and should be replaced when necessary.

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Exterior Doors:

FOUNDATION

Monitor Condition

Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Concrete Block | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Slab | <input type="checkbox"/> Post / Pier |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Stone | <input type="checkbox"/> Wood | <input type="checkbox"/> Insulated Concrete Forms (ICF) |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Horizontal Cracks | <input type="checkbox"/> Step Cracks | <input checked="" type="checkbox"/> Vertical Cracks |
| <input checked="" type="checkbox"/> Limited Observation | <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Trim Vegetation | <input type="checkbox"/> Sub-Grade Entryway |

Comments : I did not identify any foundation problems from the exterior. Minor vertical crack noted, most likely created in the curing process of the concrete walls. Due to landscaping and design, visibility of the foundation is limited.



Foundation:

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GARAGE Monitor Condition Recommend Repairs

Attached Detached Carport

One Car Two Cars Three or More Cars

FLOOR/WALLS/CEILING	ACC	MAR	NI	NP	DEF
ROOF/SIDING/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Deterioration Settlement / Movement Obscured / Limited View Cracked

Outlets NOT GFCI Protected Electrical Deficiencies

Comments : Noted small cracks most likely created in the curing process of the slab.



Garage:

OVERHEAD GARAGE DOORS Monitor Condition Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wood Metal Fiberglass _____

General Deterioration Loose Track Repair / Replace Weather-Stripping

Missing / Damaged Hardware Damaged / Inoperative Repair / Adjust Automatic Reverse

Comments : Garage door opener has automatic reverse and photo electric eye. Both safety systems were working properly at time of inspection.



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GARAGE PEDESTRIAN DOOR INTO HOUSE

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Solid Core | <input type="checkbox"/> Hollow Core | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Repair / Replace Weather-Stripping / Seal | | |
| <input type="checkbox"/> Non-Fire Rated Assembly | <input type="checkbox"/> _____ | | |

Comments : Self closing door functioned correctly as it fully closed the door and appears to be sealed properly. Any door between the house and the garage should have an automatic door closer, should be tight fitting and weather stripped for fire safety and to reduce the chance of gasoline or exhaust fumes entering the home.

Attic / Roof

Method of Inspection Physical Entry Visual from Access No Access / Limited View **30 % Visible**

ATTIC / ROOF FRAMING/SHEATHING

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|-------------------------------------|--|--------------------------------------|
| <input checked="" type="checkbox"/> Trusses | <input type="checkbox"/> Rafters | <input checked="" type="checkbox"/> Plywood / Panel Boards / OSB | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Broken Rafters / Trusses | <input type="checkbox"/> Deflection | <input type="checkbox"/> Water Stains / Suspected Leak(s) | <input type="checkbox"/> Delaminated |

Comments : **Leaks not always detectable.**
 My inspection of the attic was limited to a visual inspection from the access door. I didn't identify any problems with the framing and sheathing that I could see. Broken, cracked or missing bottom chords of trusses are not visible due to insulation cover and the possibility of damaging the ceiling below by attempting to walk inside the attic is too high. The bottom side of the roof structure has drywall attached (finished ceilings) that conceal the bottom of the roof; bottom side of roof was not visible for inspection.



Framing/Sheathing:



Framing/Sheathing:



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ATTIC / ROOF VENTILATION

<input checked="" type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|--|--|---|---|----------------------------------|
| <input type="checkbox"/> Gable | <input type="checkbox"/> Ridge | <input checked="" type="checkbox"/> Soffit | <input checked="" type="checkbox"/> Static Vent | <input type="checkbox"/> Turbine |
| <input type="checkbox"/> Powered Vent | <input type="checkbox"/> Attic Fan | <input type="checkbox"/> Whole House Fan | <input type="checkbox"/> No Venting | |
| <input type="checkbox"/> Additional Vents Needed | <input type="checkbox"/> Obstructed Air Flow | <input type="checkbox"/> Clothes Dryer / Exhaust Fans Vented Into Attic | | |

Comments : Venting for exhaust fan noted as having no drip loop, water stains noted on ceiling around exhaust vent in ensuite; recommend installation of vent with a drip loop, to prevent condensation build up and possible water/moisture damage to surrounding areas. This should only be done by a qualified, insured contractor.



Ventilation:



Ventilation:

ATTIC / ROOF INSULATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|----------------------------------|----------------------------------|--|
| <input checked="" type="checkbox"/> Loose Fill | <input type="checkbox"/> Blanket | <input type="checkbox"/> Missing | <input type="checkbox"/> Uneven Distribution |
|--|----------------------------------|----------------------------------|--|

Comments : Loose fill insulation is well distributed through out attic where visible from the access door. No moisture was evident on insulation where visible from the access door. Noted approximately 12 inches = approx. R40



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Insulation:



Insulation:

ATTIC ELECTRICAL

- Monitor Condition
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ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Open Splices / Junction Boxes

Comments : Limited visibility due to obstructions. See Electrical Section for additional Information.
 Unable to inspect any electrical components in the attic due to insulation cover.

Interior Foundation

Foundation Type Basement Crawl Space Slab On Grade

INTERIOR FOUNDATION

- Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Horizontal Cracks | <input type="checkbox"/> Step Cracks | <input type="checkbox"/> Vertical Cracks |
| <input checked="" type="checkbox"/> Limited Observation | <input type="checkbox"/> Leaning / Bowing | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Efflorescence / Suspected Leak(s) |

Comments : Concrete foundation walls are not visible due to design and finish of the home, all exterior walls have been finished with drywall and/or insulation and vapour barrier. At the time of inspection I did not identify any indicators that gave me any reason to think that there is a problem.

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UNDER FLOOR FRAMING & SUPPORT

Monitor Condition

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				ACC	MAR	NI	NP	DEF
BEAMS	<input checked="" type="checkbox"/> Engineered	<input type="checkbox"/> Steel	<input type="checkbox"/> Dimensional Lumber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOISTS	<input checked="" type="checkbox"/> Engineered	<input type="checkbox"/> Trusses	<input type="checkbox"/> Dimensional Lumber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTS	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Dimensional Lumber		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIERS	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/> Dimensional Lumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leaning/Bowing	<input type="checkbox"/> Rusted	<input type="checkbox"/> Cracked	<input type="checkbox"/> Split					
<input type="checkbox"/> Excessive Notching	<input type="checkbox"/> General Deterioration	<input checked="" type="checkbox"/> Limited Observation		<input type="checkbox"/> _____				

Comments : Underside of floor was only visible in the mechanical room in the basement, all other rooms have a finished ceiling. No beams or posts are visible due to design and finish. At the time of the inspection I did not identify any indicators that gave me any reason to think that there is a problem.

FLOOR/SLAB

Monitor Condition

Recommend Repairs

				ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement	<input checked="" type="checkbox"/> Cracks	<input type="checkbox"/> Differential	<input checked="" type="checkbox"/> Obscured / Covered					

Comments : Concrete slab not visible due to design, finish, and occupants personal items with the exception of the mechanical room. Noted small crack that was most likely created in the curing process of the slab. Recommend filling cracks with a non-shrinking sealant to reduce possibility of deterioration.



Floor/Slab:

Inspection Date :
24/02/2013

Inspector: Tim Forest
Inspector Phone: (403) 588-8396

Email: gpireddeer@telus.net
GST 84746 6208 RT001



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Sample Report Included are examples of defects that may be found in homes, , , ,

SUMP/SUMP PUMP

- Monitor Condition
- Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Covered
- No Pump Present
- Dry at Time of Inspection

Comments :



Sump/Sump Pump:



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Sample Report Included are examples of defects that may be found in homes, , , ,

ELECTRICAL

Monitor Condition Recommend Repairs

SERVICE SIZE (Main Panel)

- 110 Volt (Nominal) 110 / 220 Volt (Nominal) 120 / 240 Volt (Nominal) 60 Amp 100 Amp
 125 Amp 150 Amp 200 Amp Undetermined
 Main Disconnect Location: Mechanical room _____

				ACC	MAR	NI	NP	DEF
SERVICE	<input type="checkbox"/> Overhead	<input checked="" type="checkbox"/> Underground		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Copper		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/> Breaker(s)	<input type="checkbox"/> Fuse(s)	<input type="checkbox"/> Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SUB-PANEL	<input type="checkbox"/> Breaker(s)	<input type="checkbox"/> Fuse(s)	<input type="checkbox"/> Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<input type="checkbox"/> Solid Aluminum	<input checked="" type="checkbox"/> Copper		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDING/GROUNDING				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI(IN PANEL)*				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARC FAULT				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS*				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overfused	<input checked="" type="checkbox"/> Double Tapping	<input type="checkbox"/> Rust / Corrosion	<input type="checkbox"/> Insufficient Access					
<input type="checkbox"/> Looses Connections	<input type="checkbox"/> No Main Disconnect	<input type="checkbox"/> Fuse / Breakers Incorrectly Sized	<input type="checkbox"/> Overheating / Scorching					
<input type="checkbox"/> Improper Splices	<input type="checkbox"/> Open Knockouts	<input type="checkbox"/> Water Meter Not Jumpered	<input type="checkbox"/> Improper Ground					

Comments : ***Smoke Detectors / GFCI's checked with test button only. Monthly Test Recommended.**
 Smoke detectors should be tested on day of takeover. Recommend installation of smoke detectors if not present and replacement of detectors if they appear to be more than 5 years old.
 Noted two double-tapped breakers; recommend repair by a qualified electrician.



Electrical:



Electrical:

Inspection Date :
24/02/2013

Inspector: Tim Forest
Inspector Phone: (403) 588-8396

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Sample Report Included are examples of defects that may be found in homes, , , ,

PLUMBING

Monitor Condition Recommend Repairs

Water Service : Water Public Water Private Water Off **Water Shut Off Location :** Basement
Sewage Service : Sewage Public Sewage Private Fuel Off **Fuel Shut Off Location :** Outside

	ACC	MAR	NI	NP	DEF
SUPPLY LINES <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> PEX <input type="checkbox"/> CPVC <input checked="" type="checkbox"/> Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRAINS <input type="checkbox"/> PVC <input type="checkbox"/> Cast Iron <input type="checkbox"/> Copper <input checked="" type="checkbox"/> ABS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EJECTOR PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VENTS <input type="checkbox"/> PVC <input type="checkbox"/> Cast Iron <input type="checkbox"/> Copper <input checked="" type="checkbox"/> ABS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Deterioration <input type="checkbox"/> Improper Connections <input type="checkbox"/> Low Flow <input checked="" type="checkbox"/> Water Conditioner Not Part of Insp. <input type="checkbox"/> Missing / Improper Cleanouts <input type="checkbox"/> Suspected Leak(s) <input type="checkbox"/> Improper Venting <input type="checkbox"/> Water Hammer / Noise					

Comments : Main utility line, septic systems and gray water systems are excluded from this Inspection.

Plastic water line installed too close to flue; recommend repairs to be done by a qualified plumber (any combustible should be a minimum of six inches away from flue).



Plumbing:

WATER HEATER

Monitor Condition

Recommend Repairs

ACC	MAR	NI	NP	DEF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Brand : John Woods **Model :** M1MB056ABW **Size :** 189 Litres
Age : 5+/- **Year(s)** **Design Life :** 15 +/- **Year(s)** **Serial No :** 0927668-A

<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Solar	<input type="checkbox"/> Integral with Boiler	<input type="checkbox"/> Tankless	<input checked="" type="checkbox"/> n/a
<input type="checkbox"/> Leaks	<input type="checkbox"/> Rust / Corrosion		<input type="checkbox"/> Improper Elevation		<input type="checkbox"/> Insulation Blanket Obstructs View	
<input type="checkbox"/> Gas Leak	<input type="checkbox"/> Faulty Flue Connection		<input type="checkbox"/> At or Near Design Life		<input type="checkbox"/> Beyond Design Life	
<input checked="" type="checkbox"/> Missing / Improper Pressure Relief Valve / Extension			<input type="checkbox"/> Seismically Strapped		<input type="checkbox"/> Impact Protection	

Comments :

No T/PR valve extension noted. T/P Relief valve tube must exit within 6 inches of floor.
 Recommend extension tube be installed as this is a safety issue.

Inspection Date : 24/02/2013 Inspector: Tim Forest
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Email: gpireddeer@telus.net
 GST 84746 6208 RT001



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Sample Report Included are examples of defects that may be found in homes, , ,



Water Heater:

LAUNDRY FACILITIES

Monitor Condition Recommend Repairs

Location : Main Floor	ACC	MAR	NI	NP	DEF
UTILITY HOOKUPS <input type="checkbox"/> Gas (Dryer) <input checked="" type="checkbox"/> Electric (Dryer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRYER VENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LAUNDRY TUB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments :

Recommend changing dryer vent to an approved discharge vent as the vinyl vent is not approved for this purpose and can be a fire hazard.



Laundry Facilities:



Laundry Facilities:

Inspection Date :
24/02/2013

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HEATING

Monitor Condition Recommend Repairs

Brand : **Lennox**

Model : **G61MPV-36C-110-06**

BTUs : **114000**

Age : 5+/-	Year(s)	Design Life : 25 +/-	Year(s)	Serial No: 636482937	ACC	MAR	NI	NP	DEF
OPERATION					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABOVE GROUND STORAGE TANKS					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUMIDIFIER					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Forced Air
- Baseboard / Radiant
- Gas
- Air Source
- Rusted Heat Exchanger
- Corroded / Leaking
- Improper Temperature Rise
- Missing / Improper Pressure Relief Valve Leaks
- Heat Pump
- Gravity
- Electric
- Water Source
- Unusual Flame Pattern
- At or Near Design Life
- Needs Normal Maintenance / Cleaning
- Boiler / Hot Water
- n/a
- Oil
- _____
- Too Warm to Test
- Beyond Design Life
- Steam
- Propane
- Shut Down For Season
- Underground Storage Tank Not Part of Inspection

Comments : **Heat Exchanger - Unable to detect cracks/holes without dismantling unit.**



Heating:



Heating:

Inspection Date :
24/02/2013

Inspector: Tim Forest
Inspector Phone: (403) 588-8396

Email: gpi@ddeer@telus.net
GST 84746 6208 RT001



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Sample Report Included are examples of defects that may be found in homes, , , ,



Heating:

DRAFT CONTROL/VENT

- Monitor Condition
 Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Metal Pipe | <input type="checkbox"/> PVC | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Negative Slope | <input type="checkbox"/> Improper Size | <input type="checkbox"/> Inadequate Flue Clearance |
| <input type="checkbox"/> Obstruction | <input type="checkbox"/> Loose Connection | <input type="checkbox"/> Inadequate / Marginal Combustion Air |
| <input type="checkbox"/> Leaks | <input type="checkbox"/> Improper Connection | <input type="checkbox"/> Excessive Corrosion / Perforation |

Comments :

HEATING DISTRIBUTION

- Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROLS/THERMOSTAT (CALIBRATIONS/TIMED FUNCTIONS NOT CHECKED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCULATOR PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Ductwork | <input type="checkbox"/> Radiators | <input type="checkbox"/> Baseboard | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Rusted | <input type="checkbox"/> Dirty Filter | <input type="checkbox"/> Crushed / Disconnected Ducts | <input type="checkbox"/> Noisy Blower |
| <input type="checkbox"/> Air Leaks Noted at Plenum / Duct Joints | <input type="checkbox"/> Circulator Pump Leaking / Noisy / Inoperable | | |

Comments : Filter is in backwards. Remember to locate the arrow on the filter and make sure that it points towards the furnace when installed. Do not turn and reuse. Discard and install a new filter. To ensure clean operation, change filter every month or as necessary.

Inspection Date : 24/02/2013	Inspector: Tim Forest Inspector Phone: (403) 588-8396	Email: gpireddeer@telus.net GST 84746 6208 RT001
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Sample Report Included are examples of defects that may be found in homes, , , ,



Heating Distribution:



Heating Distribution:

COOLING

- Monitor Condition
- Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand : **Amana**

Model : **UG40-34LF-NIU**

Size : **1.5 Ton**

Age : **5+/-** Year(s)

Design Life : **20 - 25** Year(s)

Serial No:**8436826382**

OPERATION

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> _____ | |
| <input checked="" type="checkbox"/> Central Air | <input type="checkbox"/> Wall Unit | <input type="checkbox"/> Heat Pump | <input checked="" type="checkbox"/> Evaporative Cooler |
| <input type="checkbox"/> Noisy Fan / Compressor | <input type="checkbox"/> Outside Unit Not Level | <input type="checkbox"/> Outside Temp Too Cold to Test | <input type="checkbox"/> Dirty/Damaged Condenser |
| <input type="checkbox"/> No Pad Under Unit | <input type="checkbox"/> No Outside Disconnect | <input type="checkbox"/> Remove Obstructions / Vegetation | <input type="checkbox"/> Rust / Corrosion |
| <input type="checkbox"/> At or Near Design Life | <input type="checkbox"/> Beyond Design Life | <input type="checkbox"/> Missing/Improper Condensate Line | |
| <input type="checkbox"/> Window Units Not Inspected | <input type="checkbox"/> Damaged Suction Line | <input type="checkbox"/> Suspected Leak(s) / Clogged Condensate | |
| <input type="checkbox"/> Temperature Differential Not Within Industry Standards | | <input type="checkbox"/> Needs Normal Maintenance / Cleaning | |

Comments :

Inspection Date :
24/02/2013

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Sample Report Included are examples of defects that may be found in homes, , , ,

KITCHEN/DINING

Monitor Condition Recommend Repairs

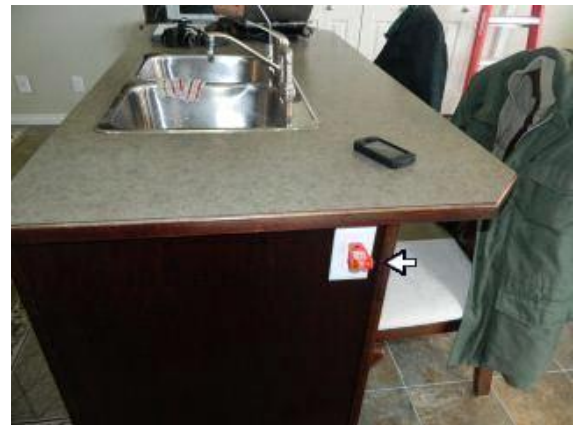
		ACC	MAR	NI	NP	DEF
CEILING(S)/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/CERAMIC TILE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE TOP/OVEN <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISHWASHER/CROSS FLOW PROTECTION <input type="checkbox"/> Leaking Seal <input type="checkbox"/> Clogged Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROWAVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARBAGE DISPOSAL <input type="checkbox"/> Seized <input type="checkbox"/> Noisy <input type="checkbox"/> Improper Elec. Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

Drain pipe leaks under kitchen sink. Recommend repair by a qualified plumber. No GFCI protection noted on electrical outlet near sink; recommend installation of GFCI protected outlets in this wet zone to be done by a qualified, licensed electrician.



Kitchen/Dining:



Kitchen/Dining:

Inspection Date :
24/02/2013

Inspector: Tim Forest
Inspector Phone: (403) 588-8396

Email: gpireddeer@telus.net
GST 84746 6208 RT001



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Sample Report Included are examples of defects that may be found in homes, , , ,

FAMILY ROOM Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/HARDWOOD		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET/STORAGE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILT IN SHELVING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WET BAR <input type="checkbox"/> No GFCI Protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FOYER/FINISH/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

FAMILY ROOM BASEMENT Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/CARPET		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET/STORAGE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILT IN SHELVING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WET BAR <input type="checkbox"/> No GFCI Protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : Improper bulbs noted in pot lights; recommend immediate replacement with properly rated bulbs for safety.

Inspection Date : 24/02/2013 Inspector: Tim Forest Email: gpireddeer@telus.net
 Inspector Phone: (403) 588-8396 GST 84746 6208 RT001



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Family Room Basement:



Family Room Basement:

ENTERTAINMENT ROOM BASEMENT

Monitor Condition Recommend Repairs

					ACC	MAR	NI	NP	DEF
CEILING(S)/DRYWALL	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)/DRYWALL	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Fogged		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/CARPET					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET/STORAGE					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILT IN SHELVING					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WET BAR	<input type="checkbox"/> No GFCI Protection				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

FIREPLACE/STOVES

Monitor Condition Recommend Repairs

ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Wood Burning	<input checked="" type="checkbox"/> Gas Log	<input type="checkbox"/> Gas Starter	<input type="checkbox"/> Electric	<input type="checkbox"/> Pellet Stove
<input type="checkbox"/> Fireplace Insert	<input type="checkbox"/> Masonry Firebox	<input type="checkbox"/> Metal Firebox	<input type="checkbox"/> Clean Out Trap	
<input type="checkbox"/> Damper Bent / Inoperable	<input type="checkbox"/> Poor Drafting	<input type="checkbox"/> Damaged Mortar / Firebrick		
<input type="checkbox"/> Damaged / Defective Doors	<input type="checkbox"/> Missing Damper Stopper	<input type="checkbox"/> Recommend Cleaning		

Comments : **Recommend annual cleaning - Fireplace design and soot / creosote buildup, in most cases, prevents view of chimney liner / cracks.**
 Gas fireplace appeared to function correctly. Recommend installation of carbon monoxide detectors on both floors for safety.

Inspection Date :
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BATHROOM MAIN 4 PC

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILING(S)/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/CERAMIC TILE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET <input type="checkbox"/> Leaking <input type="checkbox"/> Cracked / Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET <input type="checkbox"/> Loose at Base <input type="checkbox"/> Runs Continuously	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB <input type="checkbox"/> No Service Access <input type="checkbox"/> No GFCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

Caulking missing around tub fixture, enclosure at tub needs sealing. Recommend caulk/seal to prevent water intrusion behind tub/shower enclosure.



Bathroom Main 4 pc:



Bathroom Main 4 pc:

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24/02/2013

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BATHROOM ENSUITE 4 PC				<input type="checkbox"/> Monitor Condition	<input checked="" type="checkbox"/> Recommend Repairs					
					ACC	MAR	NI	NP	DEF	
CEILING(S)/DRYWALL	<input type="checkbox"/> Typical Crack(s)	<input checked="" type="checkbox"/> Stain(s)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WALL(S)/DRYWALL	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS/TRIM/VINYL	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Fogged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FLOOR/FINISH/CERAMIC TILE					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INTERIOR DOORS/HARDWARE					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEAT DISTRIBUTION/FORCED AIR					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COUNTERTOPS/CABINETS					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SINK/FAUCET	<input type="checkbox"/> Leaking	<input type="checkbox"/> Cracked / Damaged			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOILET	<input type="checkbox"/> Loose at Base	<input type="checkbox"/> Runs Continuously			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TUB/SHOWER					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JETTED TUB	<input type="checkbox"/> No Service Access	<input type="checkbox"/> No GFCI			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
TILE WORK/ENCLOSURE					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXHAUST FAN					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WATER PRESSURE/FLOW/DRAINAGE					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments : GFCI protection of jet tub could not be verified as it was not visible at the time of inspection; recommend proof of GFCI protection to be verified prior to using tub as this is a safety issue.



Bathroom Ensuite 4 pc:



Bathroom Ensuite 4 pc:



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Sample Report Included are examples of defects that may be found in homes, , , ,

BATHROOM BASEMENT 4 PC

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/CERAMIC TILE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET <input type="checkbox"/> Leaking <input type="checkbox"/> Cracked / Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET <input type="checkbox"/> Loose at Base <input type="checkbox"/> Runs Continuously		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB <input type="checkbox"/> No Service Access <input type="checkbox"/> No GFCI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

MASTER BEDROOM/ABOVE

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/CARPET		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : Window would not open or close as the crank is stripped and the will need replacement to function properly.

Inspection Date :
24/02/2013

Inspector: Tim Forest
Inspector Phone: (403) 588-8396

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Sample Report Included are examples of defects that may be found in homes, , , ,



Master Bedroom/Above:

BEDROOM TWO AND THREE/ABOVE

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/CARPET		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

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BEDROOM FOUR AND FIVE/BASEMENT Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS/DRYWALL <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM/VINYL <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH/CARPET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DISTRIBUTION/FORCED AIR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

STAIRS / RAILINGS Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Missing Hand Rail <input type="checkbox"/> Rail Opening Unsafe <input type="checkbox"/> Railing / Handrail Loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tripping Hazard <input type="checkbox"/> Loose / Damaged Tread Riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

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Sample Report Included are examples of defects that may be found in homes, , , ,

Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

DECKS / BALCONY

Defective

Deck height is more than 24 inches above grade; recommend installation of a railing as this is a safety issue.

EXTERIOR SURFACE

Siding/Trim

Marginal

Utility lines noted as missing caulk/seal where entering house; recommend caulk/seal to prevent water/moisture intrusion.

VENTILATION

Marginal

Venting for exhaust fan noted as having no drip loop, water stains noted on ceiling around exhaust vent in ensuite; recommend installation of vent with a drip loop, to prevent condensation build up and possible water/moisture damage to surrounding areas. This should only be done by a qualified, insured contractor.

ELECTRICAL

Panel

Defective

Noted two double-tapped breakers; recommend repair by a qualified electrician.

PLUMBING

Supply Lines

Defective

Plastic water line installed too close to flue; recommend repairs to be done by a qualified plumber (any combustible should be a minimum of six inches away from flue).

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WATER HEATER

Defective

No T/PR valve extension noted. T/P Relief valve tube must exit within 6 inches of floor. Recommend extension tube be installed as this is a safety issue.

LAUNDRY FACILITIES

Dryer Vents

Defective

Recommend changing dryer vent to an approved discharge vent as the vinyl vent is not approved for this purpose and can be a fire hazard.

KITCHEN/DINING

Electrical (Random sampling of outlets, switches, fixtures.)

Defective

Sink/Faucet

Marginal

Drain pipe leaks under kitchen sink. Recommend repair by a qualified plumber. No GFCI protection noted on electrical outlet near sink; recommend installation of GFCI protected outlets in this wet zone to be done by a qualified, licensed electrician.

FAMILY ROOM BASEMENT

Electrical (Random sampling of outlets, switches, fixtures.)

Defective

Improper bulbs noted in pot lights; recommend immediate replacement with properly rated bulbs for safety.

BATHROOM MAIN 4 PC

Tub/Shower

Marginal

Caulking missing around tub fixture, enclosure at tub needs sealing. Recommend caulk/seal to prevent water intrusion behind tub/shower enclosure.

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BATHROOM ENSUITE 4 PC

Electrical (Random sampling of outlets, switches, fixtures.)	Defective
Jetted Tub	Defective

GFCI protection of jet tub could not be verified as it was not visible at the time of inspection; recommend proof of GFCI protection to be verified prior to using tub as this is a safety issue.

MASTER BEDROOM/ABOVE

Windows/Trim/Vinyl	Marginal
--------------------	----------

Window would not open or close as the crank is stripped and the will need replacement to function properly.

MAR (MARGINAL)	The item/system was marginally acceptable. (It performed its designed function as of the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.)
DEF (DEFECTIVE)	The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.

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