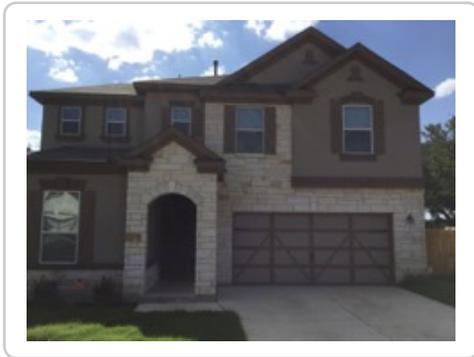




OnSight PROS Report

Professional Documentation

The Attached Report is performed by OnSight PROS, LLC Certified Field Inspectors and thus should not be confused with an inspection performed by Licensed Real Estate Commission Inspectors. This report is an assessment of the condition of the property on the date shown and only the items listed in the report with notations made are reported on. Certified Field Inspectors are not licensed to check the mechanicals, plumbing, or electrical units in a home and therefore this report will not reflect any issues or functionality of those components. This report is for the use of the property manager and/or owner to see first hand the condition of the property address as shown on the report. If no safety issues or deficiencies are observed, NO COMMENTS will be made.



INSPECTION DATE

7/14/2016

TECHNICIAN

Mr. Inspector

INSPECTION TYPE

Move-in

PROPERTY LOCATION

123 Any Street
San Antonio, Tx 78254

PROPERTY MANAGER

Bluefax Realty

SERVICES PERFORMED

ITEM	LOCATION
Basic Property Report	

NOTES

Could not locate AC unit in home.

SMELL TEST

Smell Test Performed. No exceptions noted.

PROPERTY DETAIL

Front Exterior

Observed

Not Applicable

Attention Needed

1 . Street Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Front Left View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Center View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Front Right View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Driveway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Garage Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Sidewalks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Yard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Mail Box	<input type="checkbox"/>	<input checked="" type="checkbox" value="N/A"/>	<input type="checkbox"/>
12 . Roof/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Walls/Siding/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 . Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . Other	<input type="checkbox"/>	<input checked="" type="checkbox" value="N/A"/>	<input type="checkbox"/>

1

7/14/2016 4:53 PM



Street Overview

2

7/14/2016 4:54 PM



Address

Front Exterior

Observed

Not Applicable

Attention Needed

3

7/14/2016 4:55 PM



Front Left View

4

7/14/2016 4:53 PM



Center View

5

7/14/2016 4:54 PM



Front Right View

6

7/14/2016 4:54 PM



Driveway

9

7/14/2016 4:54 PM



Yard

Rear Exterior

Observed

Not Applicable

Attention Needed

Rear Exterior

Observed

Not Applicable

Attention Needed

1 . Rear Gate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Roof/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Siding/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Yard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Landscaping	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
8 . Patio/Porch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . BBQ Grill	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
10 . Rear Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Keyless Deadbolt/Pin Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Peephole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Sliding Door Secondary Lock	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
14 . Fence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Pet Evidence	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
16 . Insurance Risks	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
17 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 . Sprinklers/Timer	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
19 . Pool Fence	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
20 . Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

Rear Exterior

Observed

Not Applicable

Attention Needed

1

7/14/2016 4:55 PM



Rear Gate

1

7/14/2016 4:56 PM



Rear Gate

2

7/14/2016 4:56 PM



Overview

6

7/14/2016 4:56 PM



Yard

8

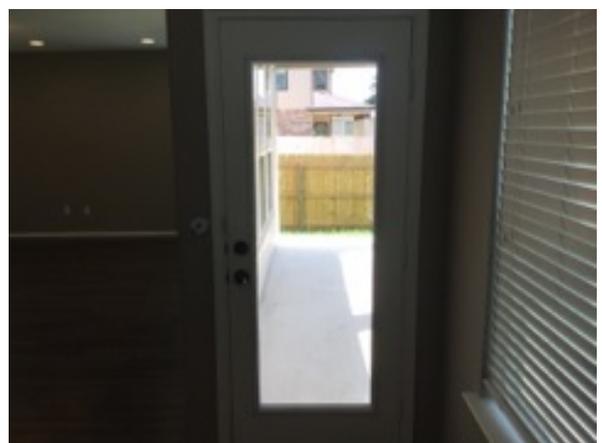
7/14/2016 4:56 PM



Patio/Porch

10

7/14/2016 4:56 PM



Rear Door

Rear Exterior

Observed

Not Applicable

Attention Needed

11

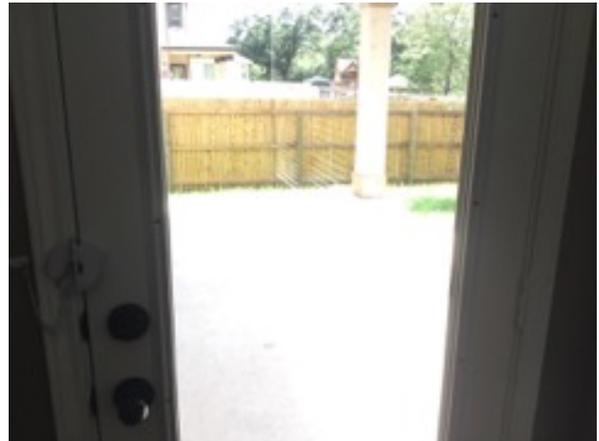
7/14/2016 4:57 PM



Keyless Deadbolt/Pin Lock

12

7/14/2016 4:57 PM



Peephole

Entry

Observed

Not Applicable

Attention Needed

1 . Porch/Patio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Front Door Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Overview (Interior)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Front Door Interior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Keyless Lock/Deadbolt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Peephole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Other	<input type="checkbox"/>	<input checked="" type="checkbox" value="N/A"/>	<input type="checkbox"/>
14 . Smoke Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SMOKE ALARM TEST: Pass

ALARM TYPE: Wired

MANUFACTURE DATE: June 2015

Entry Observed Not Applicable Attention Needed

1 7/14/2016 4:58 PM



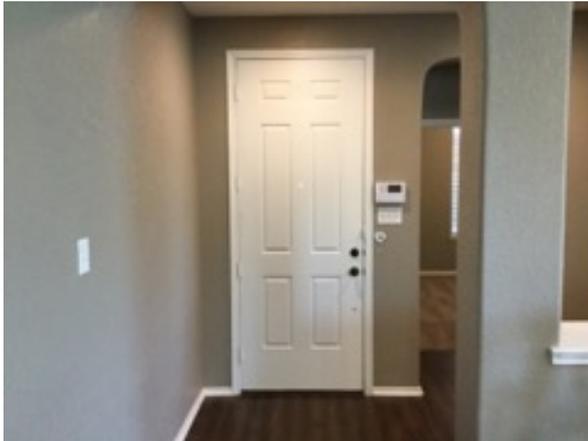
Porch/Patio

2 7/14/2016 4:58 PM



Front Door Exterior

3 7/14/2016 4:59 PM



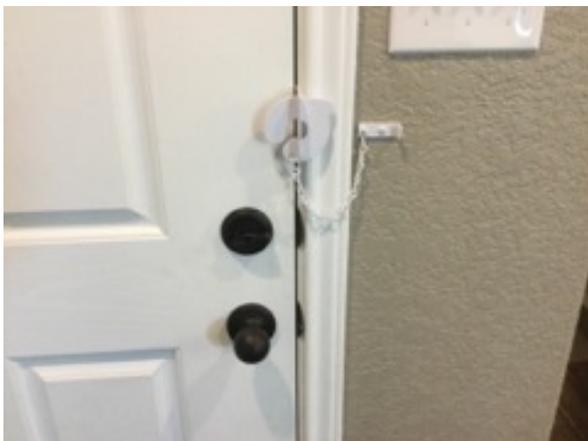
Overview (Interior)

4 7/14/2016 4:59 PM



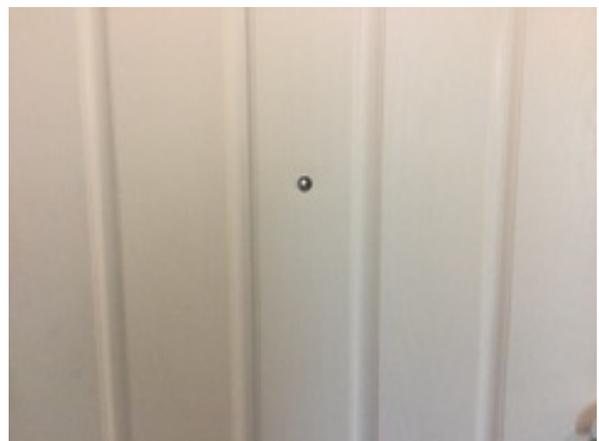
Front Door Interior

5 7/14/2016 4:59 PM



Keyless Lock/Deadbolt

6 7/14/2016 4:59 PM



Peephole

Entry Observed Not Applicable Attention Needed

7 7/14/2016 4:59 PM



Floors

9 7/14/2016 4:59 PM



Walls/Paint

8 7/14/2016 4:59 PM



Ceiling

14 7/14/2016 5:00 PM



Smoke Alarm

Family Room Observed Not Applicable Attention Needed

1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Door Stops	<input type="checkbox"/>	<input checked="" type="checkbox" value="N/A"/>	<input type="checkbox"/>
6 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Room

Observed

Not Applicable

Attention Needed

9 . Light Fixture



10 . Ceiling Fan



11 . Other



12 . Smoke Alarm



13 . Miscellaneous Issues



1

7/14/2016 5:22 PM



Overview

2

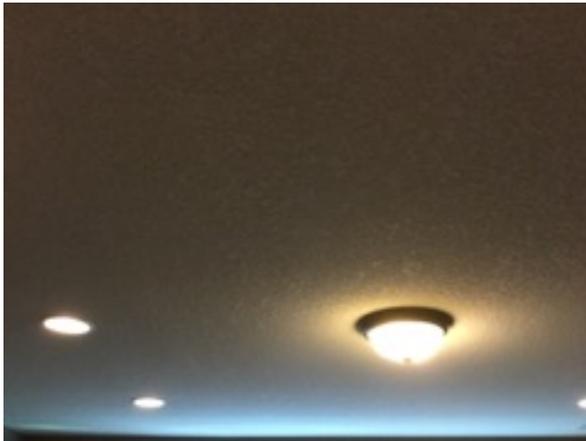
7/14/2016 5:22 PM



Flooring

3

7/14/2016 5:22 PM



Ceiling

4

7/14/2016 5:22 PM



Walls/Paint

Family Room

Observed

Not Applicable

Attention Needed

4

7/14/2016 5:22 PM



Walls/Paint

4

7/14/2016 5:22 PM



Walls/Paint

Living Room

Observed

Not Applicable

Attention Needed

1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Door Stops	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
6 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Ceiling Fan	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
11 . Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
12 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

Living Room

Observed

Not Applicable

Attention Needed

1

7/14/2016 5:06 PM



Overview

2

7/14/2016 5:06 PM



Flooring

3

7/14/2016 5:06 PM



Ceiling

4

7/14/2016 5:06 PM



Walls/Paint

4

7/14/2016 5:06 PM



Walls/Paint

4

7/14/2016 5:06 PM



Walls/Paint

Dining Room

Observed

Not Applicable

Attention Needed

Dining Room

Observed

Not Applicable

Attention Needed

1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Door Stops	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
6 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Ceiling Fan	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
11 . Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
12 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

1

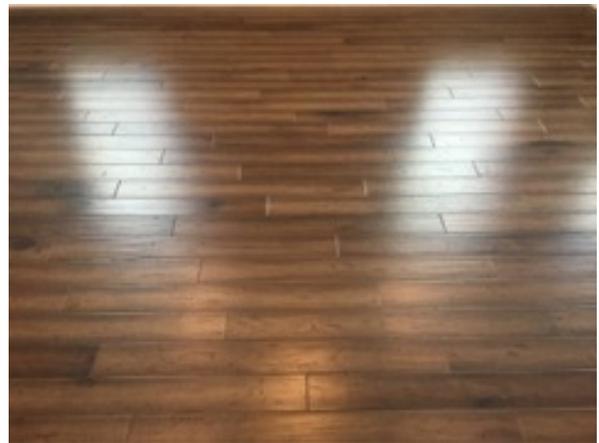
7/14/2016 5:05 PM



Overview

2

7/14/2016 5:05 PM



Flooring

Dining Room

Observed

Not Applicable

Attention Needed

3

7/14/2016 5:05 PM



Ceiling

4

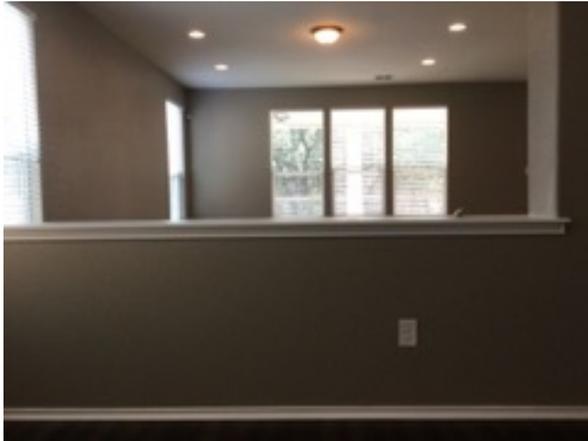
7/14/2016 5:05 PM



Walls/Paint

4

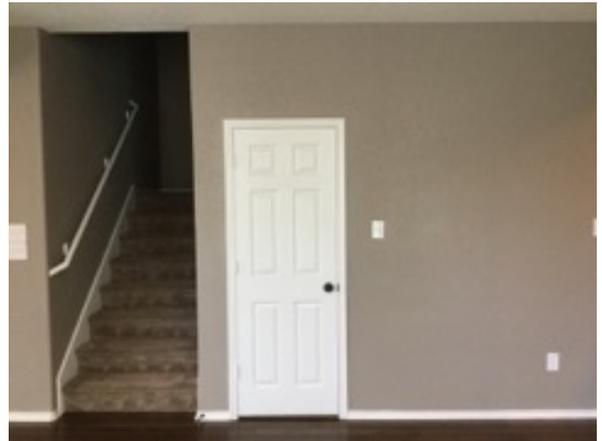
7/14/2016 5:05 PM



Walls/Paint

4

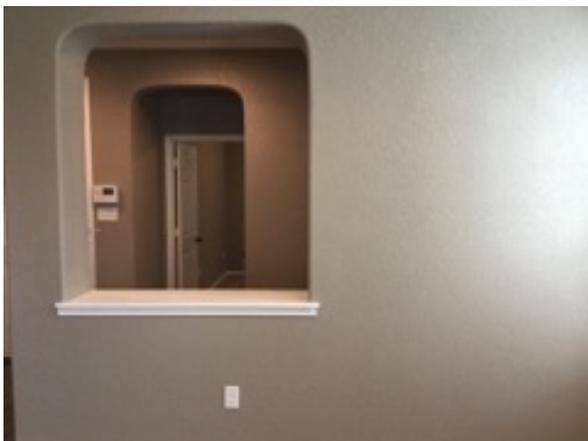
7/14/2016 5:06 PM



Walls/Paint

4

7/14/2016 5:06 PM



Walls/Paint

Dining Room 2

Observed

Not Applicable

Attention Needed

Dining Room 2

Observed

Not Applicable

Attention Needed

1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Door Stops	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
6 . Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Ceiling Fan	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
11 . Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
12 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
13 . Miscellaneous Issues	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

1

7/14/2016 5:07 PM



Overview

2

7/14/2016 5:07 PM



Flooring

Dining Room 2

Observed

Not Applicable

Attention Needed

3

7/14/2016 5:07 PM



Ceiling

4

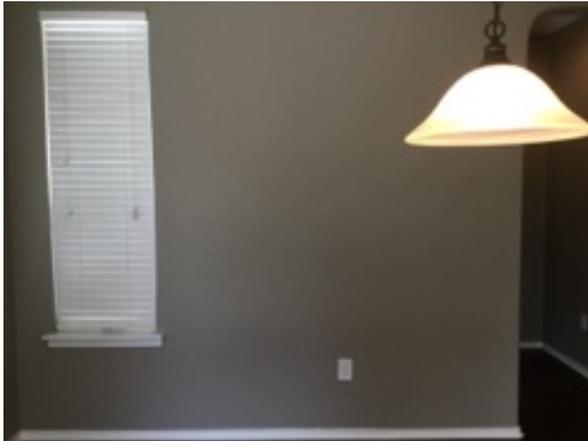
7/14/2016 5:07 PM



Walls/Paint

4

7/14/2016 5:07 PM



Walls/Paint

Kitchen

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Sink/Faucet



6 . Cabinet Under Sink



7 . Garbage Disposal



8 . Range/Cooktop/Oven



MANUFACTURER: Whirlpool

Kitchen

	Observed	Not Applicable	Attention Needed
9 . Oven <i>MANUFACTURER: Whirlpool</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Microwave Oven <i>MANUFACTURER: Whirlpool</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Dishwasher <i>MANUFACTURER: Whirlpool</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Lower Cabinets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 . Counter Top/Back Splash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Upper Cabinets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . Pantry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 . Door Stops	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
18 . Windows	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
19 . Blinds/Drapes	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
20 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 . Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 . Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
23 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

1

7/14/2016 5:07 PM



Overview

2

7/14/2016 5:07 PM



Flooring

Kitchen

Observed

Not Applicable

Attention Needed

3

7/14/2016 5:08 PM



Ceiling

5

7/14/2016 5:08 PM



Sink/Faucet

6

7/14/2016 5:08 PM



Cabinet Under Sink

8

7/14/2016 5:08 PM



Range/Cooktop/Oven

9

7/14/2016 5:08 PM



Oven

9

7/14/2016 5:09 PM



Oven

Kitchen

Observed

Not Applicable

Attention Needed

10

7/14/2016 5:09 PM



Microwave Oven

10

7/14/2016 5:09 PM



Microwave Oven

11

7/14/2016 5:09 PM



Dishwasher

11

7/14/2016 5:10 PM



Dishwasher

12

7/14/2016 5:10 PM



Refrigerator

12

7/14/2016 5:10 PM



Refrigerator

Kitchen

Observed

Not Applicable

Attention Needed

13

7/14/2016 5:10 PM



Lower Cabinets

13

7/14/2016 5:11 PM



Lower Cabinets

13

7/14/2016 5:11 PM



Lower Cabinets

13

7/14/2016 5:11 PM



Lower Cabinets

15

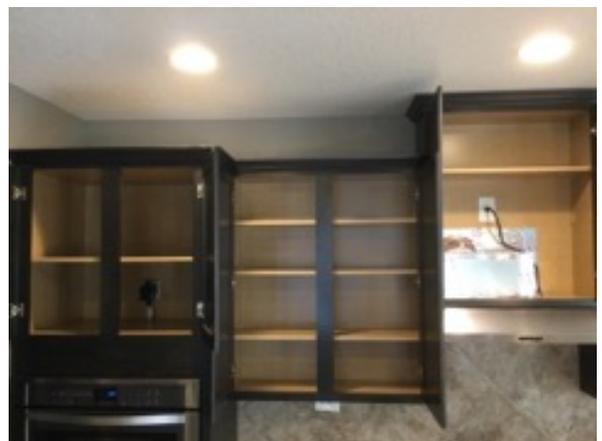
7/14/2016 5:12 PM



Upper Cabinets

15

7/14/2016 5:12 PM



Upper Cabinets

Kitchen

Observed

Not Applicable

Attention Needed

15

7/14/2016 5:13 PM



Upper Cabinets

Garage

Observed

Not Applicable

Attention Needed

- 1 . Passage Door Keyless Locks/Deadbolt
- 2 . Passage Door Peephole
- 3 . Door Stops
- 4 . Overview
- 5 . Flooring
- 6 . Ceiling
- 7 . Walls/Paint
- 8 . Garage Door
- 9 . Garage Door Sliding Locks
- 10 . Garage Door Electric Opener
- 11 . Windows
- 12 . Blinds/Drapes
- 13 . Outlet/Switch Covers
- 14 . Light Fixture
- 15 . Water Softener System
- 16 . Interior of Brine Tank
- 17 . Other



Garage

Observed

Not Applicable

Attention Needed

18 . Smoke Alarm



1

7/14/2016 5:15 PM



Passage Door Keyless Locks/Deadbolt

2

7/14/2016 5:15 PM



Passage Door Peephole

4

7/14/2016 5:16 PM



Overview

5

7/14/2016 5:16 PM



Flooring

Garage

Observed

Not Applicable

Attention Needed

6

7/14/2016 5:16 PM



Ceiling

7

7/14/2016 5:16 PM



Walls/Paint

7

7/14/2016 5:16 PM



Walls/Paint

7

7/14/2016 5:16 PM



Walls/Paint

16

7/14/2016 5:17 PM



Interior of Brine Tank

Hallway/Stairway

Observed

Not Applicable

Attention Needed

Hallway/Stairway

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Outlet/Switch Covers



6 . Light Fixture



7 . Railings



8 . Other



9 . Smoke Alarm



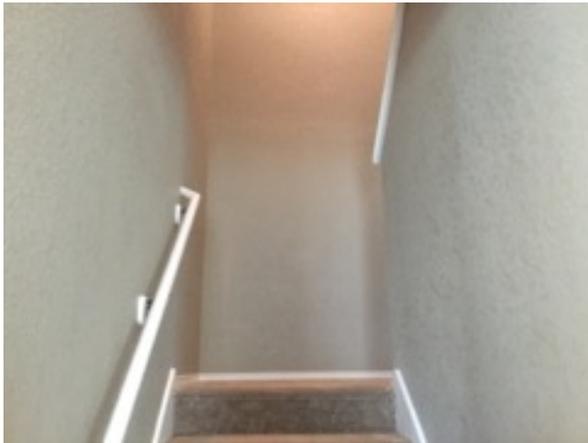
SMOKE ALARM TEST: Pass

ALARM TYPE: Wired

MANUFACTURE DATE: June 2015

1

7/14/2016 5:17 PM



Overview

2

7/14/2016 5:17 PM



Flooring

Hallway/Stairway

Observed

Not Applicable

Attention Needed

3

7/14/2016 5:17 PM



Ceiling

4

7/14/2016 5:18 PM



Walls/Paint

9

7/14/2016 5:25 PM



Smoke Alarm

Hallway/Stairway 2

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Outlet/Switch Covers



6 . Light Fixture



7 . Railings



8 . Other



Hallway/Stairway 2

Observed

Not Applicable

Attention Needed

9 . Smoke Alarm



SMOKE ALARM TEST: Pass

ALARM TYPE: Wired

MANUFACTURE DATE: June 2015

1

7/14/2016 5:32 PM



Overview

2

7/14/2016 5:32 PM



Flooring

3

7/14/2016 5:32 PM



Ceiling

9

7/14/2016 5:33 PM



Smoke Alarm

Bathroom 2

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Sink/Faucet



6 . Cabinet Under Sink



Bathroom 2

	Observed	Not Applicable	Attention Needed
7 . Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Tub/Fixture	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
9 . Shower/Fixture	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
10 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Towel Bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Window	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
13 . Blinds/Drapes	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
14 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 . Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
18 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

1

7/14/2016 5:18 PM



Overview

2

7/14/2016 5:18 PM



Flooring

Bathroom 2

Observed

Not Applicable

Attention Needed

3

7/14/2016 5:18 PM



Ceiling

4

7/14/2016 5:18 PM



Walls/Paint

5

7/14/2016 5:18 PM



Sink/Faucet

6

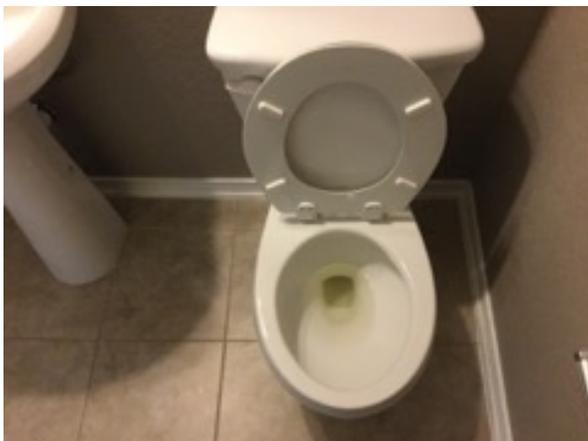
7/14/2016 5:19 PM



Cabinet Under Sink

7

7/14/2016 5:39 PM



Commode

Bathroom 3	Observed	Not Applicable	Attention Needed
Bathroom 3	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Tub/Fixture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 . Shower/Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Towel Bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Window	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 . Blinds/Drapes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 . Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 . Smoke Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bathroom 3

Observed

Not Applicable

Attention Needed

1

7/14/2016 5:19 PM



Overview

2

7/14/2016 5:19 PM



Flooring

3

7/14/2016 5:19 PM



Ceiling

5

7/14/2016 5:20 PM



Sink/Faucet

6

7/14/2016 5:20 PM



Cabinet Under Sink

7

7/14/2016 5:39 PM



Commode

Bathroom 3

Observed

Not Applicable

Attention Needed

9

7/14/2016 5:20 PM



Shower/Fixture

Bathroom 4

Observed

Not Applicable

Attention Needed

	Observed	Not Applicable	Attention Needed
1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Tub/Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Shower/Fixture	<input type="checkbox"/>	<input checked="" type="checkbox" value="N/A"/>	<input type="checkbox"/>
10 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Towel Bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Window	<input type="checkbox"/>	<input checked="" type="checkbox" value="N/A"/>	<input type="checkbox"/>
13 . Blinds/Drapes	<input type="checkbox"/>	<input checked="" type="checkbox" value="N/A"/>	<input type="checkbox"/>
14 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 . Other	<input type="checkbox"/>	<input checked="" type="checkbox" value="N/A"/>	<input type="checkbox"/>

Bathroom 4

Observed

Not Applicable

Attention Needed

18 . Smoke Alarm

 N/A

1

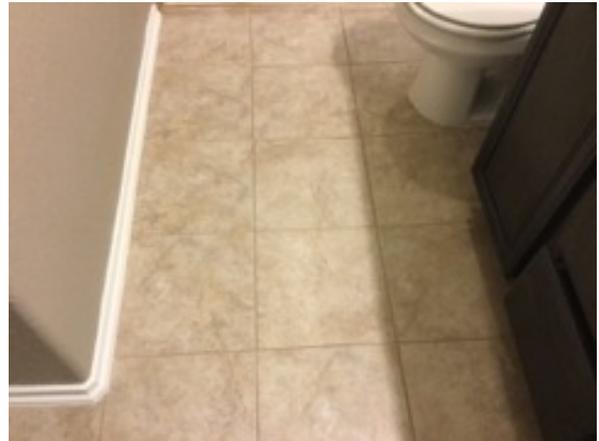
7/14/2016 5:28 PM



Overview

2

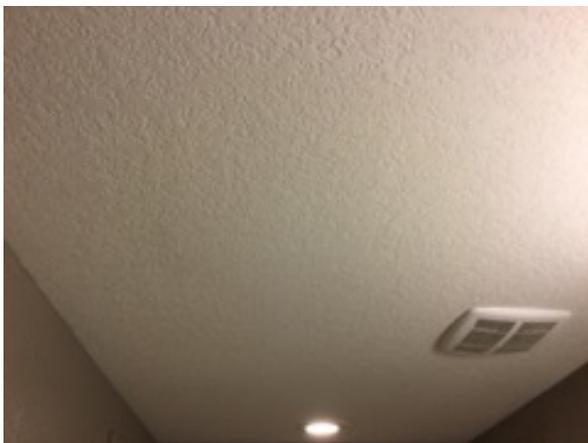
7/14/2016 5:28 PM



Flooring

3

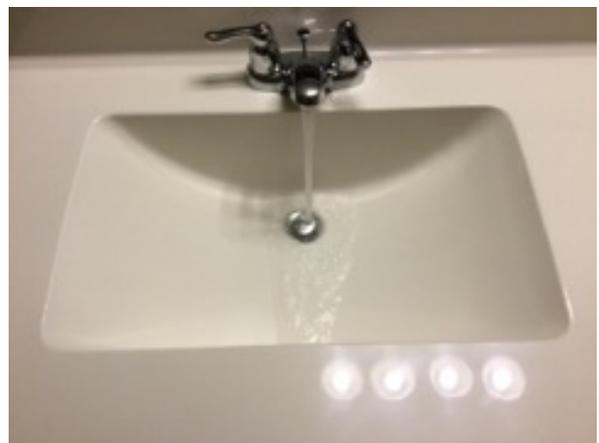
7/14/2016 5:29 PM



Ceiling

5

7/14/2016 5:29 PM



Sink/Faucet

Bathroom 4

Observed

Not Applicable

Attention Needed

6

7/14/2016 5:29 PM



Cabinet Under Sink

7

7/14/2016 5:29 PM



Commode

8

7/14/2016 5:29 PM



Tub/Fixture

Bedroom 2

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Door Stops



6 . Windows



7 . Blinds/Drapes



8 . Outlet/Switch Covers



Bedroom 2

Observed

Not Applicable

Attention Needed

9 . Light Fixture



10 . Ceiling Fan



11 . Closets



12 . Other



13 . Smoke Alarm



SMOKE ALARM TEST: Pass

ALARM TYPE: Wired

MANUFACTURE DATE: June 2015

1

7/14/2016 5:01 PM



Overview

2

7/14/2016 5:01 PM



Flooring

3

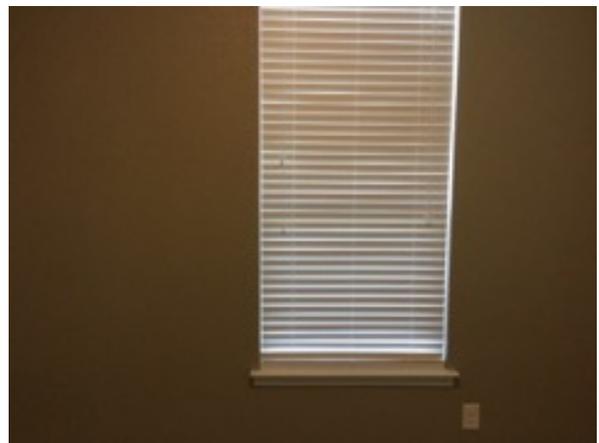
7/14/2016 5:01 PM



Ceiling

4

7/14/2016 5:01 PM



Walls/Paint

Bedroom 2

Observed

Not Applicable

Attention Needed

4

7/14/2016 5:01 PM



Walls/Paint

4

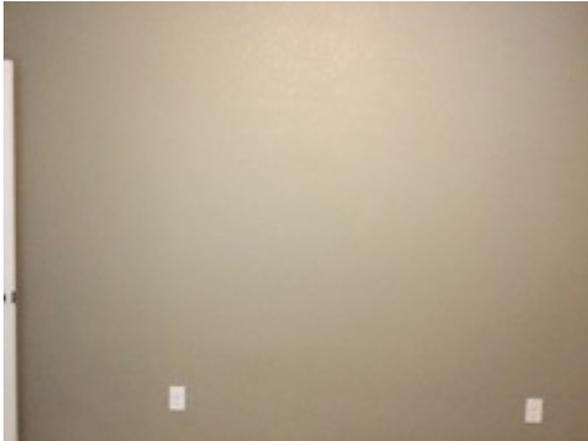
7/14/2016 5:01 PM



Walls/Paint

4

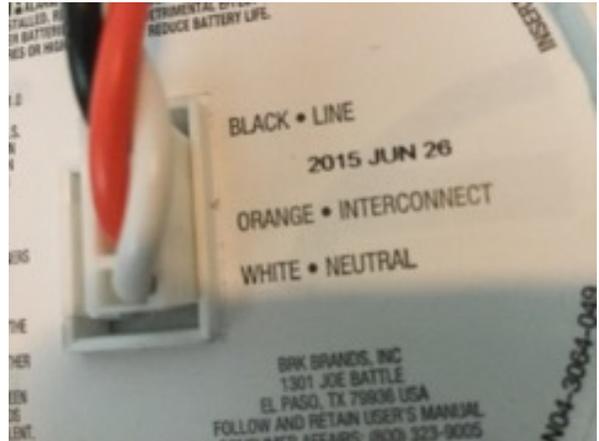
7/14/2016 5:01 PM



Walls/Paint

13

7/14/2016 5:02 PM



Smoke Alarm

Bedroom 3

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Door Stops



6 . Windows



7 . Blinds/Drapes



8 . Outlet/Switch Covers



Bedroom 3

Observed

Not Applicable

Attention Needed

9 . Light Fixture



10 . Ceiling Fan



11 . Closets



12 . Other



13 . Smoke Alarm



SMOKE ALARM TEST: Pass

ALARM TYPE: Wired

MANUFACTURE DATE: June 2015

1

7/14/2016 5:23 PM



Overview

2

7/14/2016 5:23 PM



Flooring

3

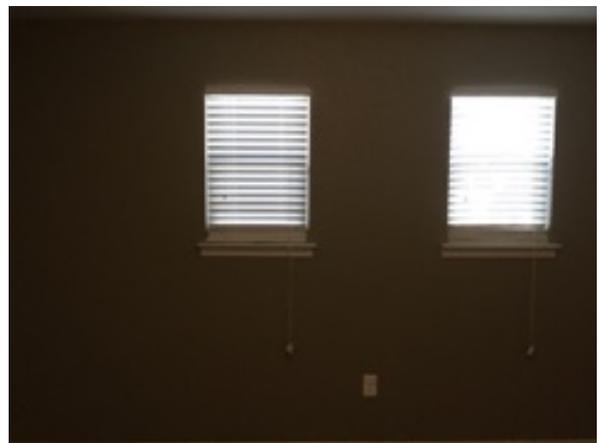
7/14/2016 5:23 PM



Ceiling

4

7/14/2016 5:23 PM



Walls/Paint

Bedroom 3

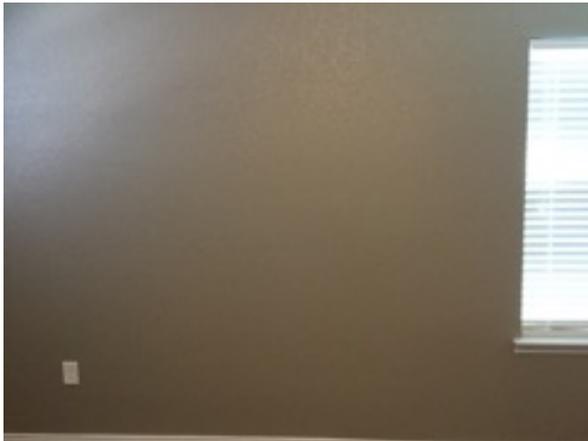
Observed

Not Applicable

Attention Needed

4

7/14/2016 5:23 PM



Walls/Paint

4

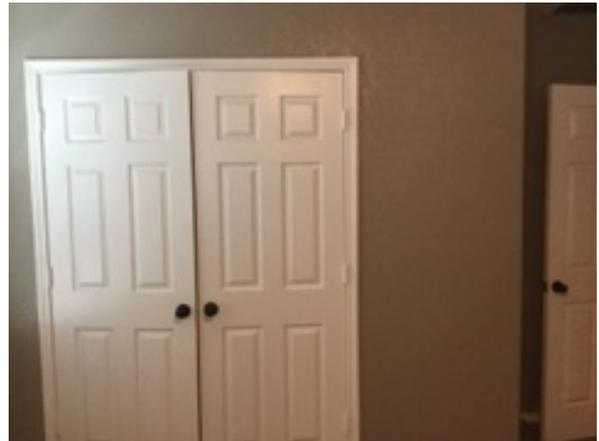
7/14/2016 5:23 PM



Walls/Paint

4

7/14/2016 5:23 PM



Walls/Paint

13

7/14/2016 5:24 PM



Smoke Alarm

Bedroom 4

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Door Stops



6 . Windows



7 . Blinds/Drapes



8 . Outlet/Switch Covers



Bedroom 4

Observed

Not Applicable

Attention Needed

9 . Light Fixture



10 . Ceiling Fan



11 . Closets



12 . Other



13 . Smoke Alarm



SMOKE ALARM TEST: Pass

ALARM TYPE: Wired

MANUFACTURE DATE: June 2015

1

7/14/2016 5:25 PM



Overview

2

7/14/2016 5:25 PM



Flooring

3

7/14/2016 5:25 PM



Ceiling

4

7/14/2016 5:25 PM



Walls/Paint

Bedroom 4

Observed

Not Applicable

Attention Needed

4

7/14/2016 5:26 PM



Walls/Paint

4

7/14/2016 5:26 PM



Walls/Paint

4

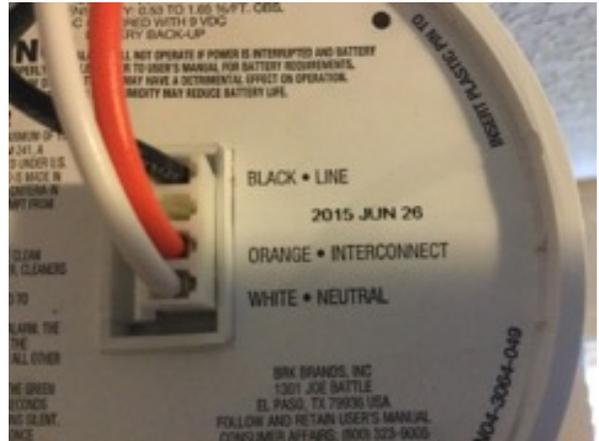
7/14/2016 5:26 PM



Walls/Paint

13

7/14/2016 5:26 PM



Smoke Alarm

Bedroom 5

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Door Stops



6 . Windows



7 . Blinds/Drapes



8 . Outlet/Switch Covers



Bedroom 5

Observed

Not Applicable

Attention Needed

9 . Light Fixture



10 . Ceiling Fan



11 . Closets



12 . Other



13 . Smoke Alarm



SMOKE ALARM TEST: Pass

ALARM TYPE: Wired

MANUFACTURE DATE: June 2015

1

7/14/2016 5:27 PM



Overview

2

7/14/2016 5:27 PM



Flooring

3

7/14/2016 5:27 PM



Ceiling

4

7/14/2016 5:27 PM



Walls/Paint

Bedroom 5

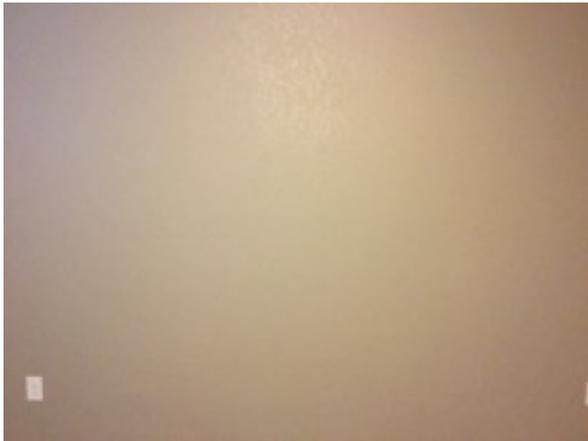
Observed

Not Applicable

Attention Needed

4

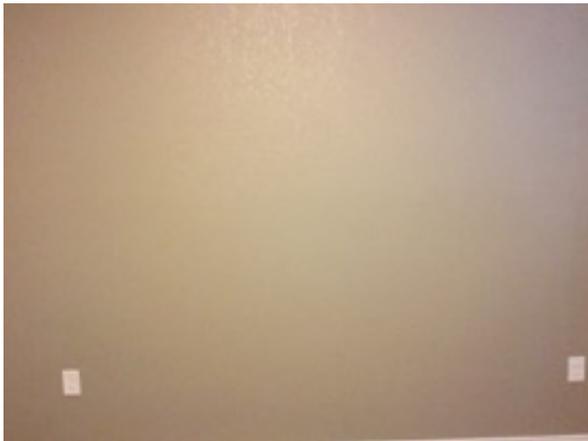
7/14/2016 5:27 PM



Walls/Paint

4

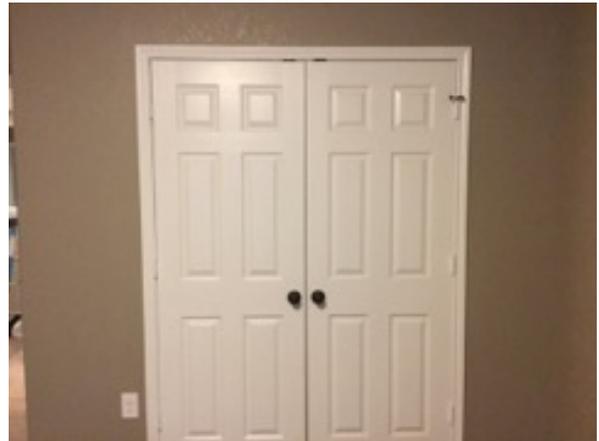
7/14/2016 5:27 PM



Walls/Paint

4

7/14/2016 5:27 PM



Walls/Paint

13

7/14/2016 5:28 PM



Smoke Alarm

Bedroom Master

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Door Stops



6 . Windows



7 . Blinds/Drapes



8 . Outlet/Switch Covers



Bedroom Master

Observed

Not Applicable

Attention Needed

9 . Light Fixture



10 . Ceiling Fan



11 . Closet



12 . Other



13 . Smoke Alarm



1

7/14/2016 5:33 PM



Overview

2

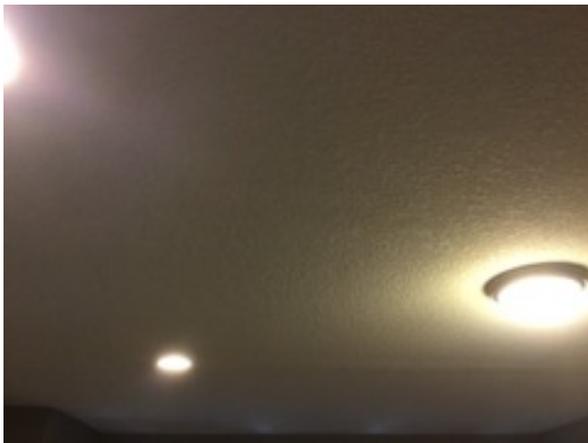
7/14/2016 5:33 PM



Flooring

3

7/14/2016 5:34 PM



Ceiling

4

7/14/2016 5:34 PM



Walls/Paint

Bedroom Master

Observed

Not Applicable

Attention Needed

4

7/14/2016 5:34 PM



Walls/Paint

4

7/14/2016 5:34 PM



Walls/Paint

4

7/14/2016 5:34 PM



Walls/Paint

12

7/14/2016 5:34 PM



Other - Sitting Room

Bathroom Master

Observed

Not Applicable

Attention Needed

1 . Overview



2 . Flooring



3 . Ceiling



4 . Walls/Paint



5 . Sink/Faucet



6 . Cabinet Under Sink



7 . Commode



8 . Tub/Fixture



Bathroom Master

	Observed	Not Applicable	Attention Needed
9 . Shower/Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Door Stops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Towel Bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . Exhaust Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 . Other	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>
18 . Smoke Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>

1

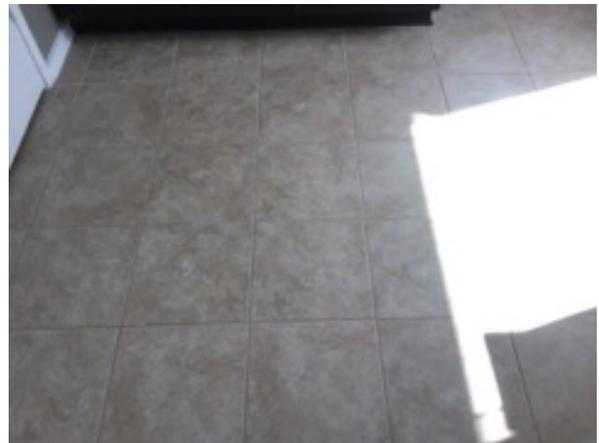
7/14/2016 5:35 PM



Overview

2

7/14/2016 5:35 PM



Flooring

Bathroom Master

Observed

Not Applicable

Attention Needed

3

7/14/2016 5:35 PM



Ceiling

5

7/14/2016 5:35 PM



Sink/Faucet

5

7/14/2016 5:35 PM



Sink/Faucet

6

7/14/2016 5:36 PM



Cabinet Under Sink

6

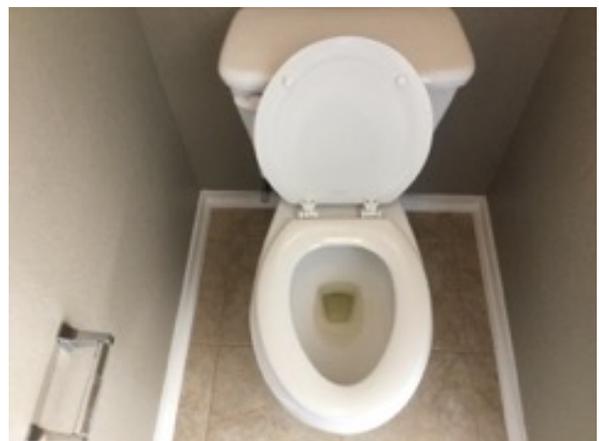
7/14/2016 5:36 PM



Cabinet Under Sink

7

7/14/2016 5:36 PM



Commode

Bathroom Master

Observed

Not Applicable

Attention Needed

8

7/14/2016 5:36 PM



Tub/Fixture

9

7/14/2016 5:36 PM



Shower/Fixture

Utility Room

Observed

Not Applicable

Attention Needed

1 . Overview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 . Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Washer Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 . Washing Machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Door Stops	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
9 . Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Other	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
14 . Smoke Alarm	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

Utility Room

Observed

Not Applicable

Attention Needed

1

7/14/2016 5:13 PM



Overview

2

7/14/2016 5:13 PM



Flooring

3

7/14/2016 5:13 PM



Ceiling

5

7/14/2016 5:13 PM



Washer Connection

6

7/14/2016 5:14 PM



Washing Machine

6

7/14/2016 5:14 PM



Washing Machine

Utility Room

Observed

Not Applicable

Attention Needed

7

7/14/2016 5:14 PM



Dryer

7

7/14/2016 5:14 PM



Dryer

Miscellaneous

Observed

Not Applicable

Attention Needed

1 . Air Conditioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 . Thermostat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 . Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
4 . House Keys/Qty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 . Garage Remotes/Qty	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
6 . Mailbox Keys/Qty	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
7 . Security System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . Water Heater <i>TYPE: Gas</i> <i>MANUFACTURER: AO Smith</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . Carbon Monoxide Detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . Satellite Dish	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
12 . AC Filter	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
13 . AC Filter 2	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
14 . AC Filter 3	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
15 . Trip Hazards	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>
16 . Drainage Issues	<input type="checkbox"/>	<input type="checkbox" value="N/A"/>	<input type="checkbox"/>

Miscellaneous

Observed

Not Applicable

Attention Needed

17. Other



1

7/14/2016 5:03 PM



Air Conditioner

9

7/14/2016 5:30 PM



Water Heater

9

7/14/2016 5:30 PM



Water Heater

END OF PROPERTY DETAIL

End of Report