

Wood Destroying Insect Infestation Inspection Report Notice: Please read important consumer information on page 2.

Section I General Information Inspection Company, Address & Phone: _____ _____ _____	Company's Business Lic No: _____ Date of Inspection: _____	Address of Property Inspected _____ _____
Inspector's Name: _____ Certification/registration #: _____	Structure Inspected: _____	

Section II. Inspection Findings This report is indicative of the condition of the above identified structures(s) on the date of the inspection only and is not to be construed as a guarantee or warranty against latent, concealed, or future infestation of defects.

Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

- A. No Visible** evidence of a wood destroying insect infestation was observed.
- B. Visible** evidence of a wood destroying insect infestation was observed as follows:
- Live insects; (description & location): _____
- Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description & location): _____
- Visible damage from wood destroying insects was noted as follows (description and location): _____

Note: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of the damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of previous treatment: _____

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information or treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

- No treatment recommended at this time _____
- Recommended treatment for the control of: _____

Section IV. Obstructions & Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible (see item 4 on side 2):

- Basement _____
- Crawl Space _____
- Main Level _____
- Attic _____
- Garage _____
- Exterior _____
- Porch _____
- Addition _____
- Other _____

The inspector may write out inaccessible areas or use the following optional key:

- | | | |
|-------------------------|-------------------------|---|
| 1. fixed ceilings | 9. appliances | 17. exterior coverings |
| 2. suspended ceiling | 10. no access or entry | 18. window well covers |
| 3. fixed wall covering | 11. limited access | 19. wood pile |
| 4. floor covering | 12. no access beneath | 20. snow |
| 5. insulation | 13. only visual access | 21. unsafe conditions |
| 6. cabinets or shelving | 14. cluttered condition | 22. Rigid foam board |
| 7. stored items | 15. standing water | 23. Synthetic Stucco |
| 8. furnishings | 16. dense vegetation | 24. Duct work, plumbing and / or wiring |

Section V. Additional Comments and Attachments (these are an integral part of the report) _____

Attachments: _____

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

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