



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_



Inspected by: \_\_\_\_\_  
Inspected on: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_  
Departure Time: \_\_\_\_\_  
Weather: \_\_\_\_\_

# SUMMARY

## Overview:

Walls: Exterior	
Walls: Interior	
Flooring: Exterior	
Flooring: Interior	
Wood: Exterior	
Wood: Interior	
Metal: Exterior	
Metal: Interior	
Pool/Water Features	
Gardens/Irrigation	
Doors/Gates	
Lighting	
Roof/Eaves	
Car/Generator	

## Recommended Actions:

### Safety/Wellness:

A1.	A2.
A3.	A4.
A5.	A6.
A7.	A8.
A9.	A10.
A11.	A12.

### Structural:

B1.	B2.
B3.	B4.
B5.	B6.
B7.	B8.
B9.	B10.
B11.	B12.

### Cosmetic:

C1.	C2.
C3.	C4.
C5.	C6.
C7.	C8.
C9.	C10.
C11.	C12.

[LINK TO PHOTOS](#)

