

# N.C. Standards of Practice Report Compliance Checklist

Inspector's Name: \_\_\_\_\_

License No: \_\_\_\_\_

Client Name & Property Address: \_\_\_\_\_

REF.		YES	NO
.1103(b)(1)	Is there a written contract? Signed by the client?	<input type="checkbox"/>	<input type="checkbox"/>
(A)	Is "in accordance with the Standards of Practice of the NCHILB" included?	<input type="checkbox"/>	<input type="checkbox"/>
.1103(b)(3)	Is report written and signed by the <u>inspector</u> and, if applicable, the <u>associate inspector</u> ? Is the inspector (and/or associate) name and license number stated?	<input type="checkbox"/>	<input type="checkbox"/>
<b>NCGS</b> <b>143-151.58</b> <b>(a1)</b>	Is there a separate "Summary" section?  Is the following statement included? <i>"This summary is not the entire report. The complete report may include additional information of interest or concern to you. It is strongly recommended that you promptly read the complete report. For information regarding the negotiability of any item in this report under the real estate purchase contract, contact your North Carolina real estate agent or an attorney."</i>	<input type="checkbox"/>	<input type="checkbox"/>
.1105	Are <b>excluded</b> items documented properly?	<input type="checkbox"/>	<input type="checkbox"/>
.1106(a)	<b>Structural</b> components <u>inspected</u> ?		
(1)	Foundation	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Floors	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Walls	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Columns / piers	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Ceilings	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Roofs	<input type="checkbox"/>	<input type="checkbox"/>
.1106(b)	<b>Structural</b> components <u>described</u> ?		
(1)	Foundation	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Floor structure	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Wall structure	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Columns / piers	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Ceiling structure	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Roof structure	<input type="checkbox"/>	<input type="checkbox"/>
.1106(c)	<b>Structural</b> State:		
(1)	Probe suspected deteriorated structural	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Obstructed crawl spaces, basements, attics	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Report methods in crawl spaces and attics	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Report signs of abnormal or harmful water penetration or condensation on building components?	<input type="checkbox"/>	<input type="checkbox"/>
.1107(a)	<b>Exterior</b> components <u>inspected</u> ?		

REF.		YES	NO
(1)	Wall cladding, flashings, and trim	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Entryway doors and a representative number of windows	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Garage door operators	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Decks, balconies, stoops, steps, areaways, porches, and railings	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Eaves, soffits, and fascias	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Driveways, patios, walkways, and retaining walls	<input type="checkbox"/>	<input type="checkbox"/>
(7)	Vegetation, grading and drainage, only with respect to their effect on the condition of the building	<input type="checkbox"/>	<input type="checkbox"/>
.1107(b)	<b>Exterior</b> components?		
(1)	Wall cladding materials described?	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Operate all entryway doors?	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Operate garage door(s) (manual, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Report on garage door operator safety reversing mechanism	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Probe suspected deteriorated wood?	<input type="checkbox"/>	<input type="checkbox"/>
.1108(a)	<b>Roofing</b> components <u>inspected</u> ?		
(1)	Roof coverings	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Roof drainage systems	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Flashings	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Skylights, chimneys, and roof penetrations	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Signs of leaks or abnormal condensation on building components	<input type="checkbox"/>	<input type="checkbox"/>
.1108(b)	<b>Roofing</b> components?		
(1)	Describe type of roof covering material	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Report methods used to inspect roofing	<input type="checkbox"/>	<input type="checkbox"/>
.1109(a)	<b>Plumbing</b> components <u>inspected</u> ?		
(1)	<b>Interior Water Supply &amp; Distribution:</b> Piping materials, including supports and insulation, fixtures and faucets, functional flow, leaks, and cross connections	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<b>Interior Drain, Waste &amp; Vent Systems:</b> Traps; drain, waste, and vent piping; piping supports and pipe insulation; leaks; and functional drainage	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<b>Hot water</b> systems including: heating equipment, normal operating controls, automatic safety controls, and chimneys, flues, and vents	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<b>Fuel</b> storage and distribution systems, including: interior equipment, supply piping, venting, supports and leaks	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<b>Sump pump</b>	<input type="checkbox"/>	<input type="checkbox"/>

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REF.		YES	NO
<b>.1109(b)</b>	<b>Plumbing</b> components <u>described</u> ?		
(1)	Water supply and distribution piping materials	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Drain, waste, and vent piping materials	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Water heating equipment, including fuel source and storage capacity and location	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Location of main water supply shutoff device	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1109(c)</b>	<b>Plumbing</b> fixtures <u>operated</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1110(a)</b>	<b>Electrical</b> components <u>inspected</u> ?		
(1)	Service entrance conductors	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Service equipment, grounding equipment, main overcurrent device, main and distribution panels	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Amperage and voltage ratings of the service	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Branch circuit conductors, their overcurrent devices, and the compatibility of their ampacities	<input type="checkbox"/>	<input type="checkbox"/>
(5)	The operation of a representative number of installed ceiling fans, lighting fixtures, switches, and receptacles located inside the house, garage, and on exterior walls	<input type="checkbox"/>	<input type="checkbox"/>
(6)	The polarity and grounding of all receptacles within 6 ft of interior plumbing fixtures, and all receptacles in the garage or carport, and on the exterior of inspected structures	<input type="checkbox"/>	<input type="checkbox"/>
(7)	Operation of ground fault circuit interrupters	<input type="checkbox"/>	<input type="checkbox"/>
(8)	Smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1110(b)</b>	<b>Electrical</b> components <u>described</u> ?		
(1)	Service amperage and voltage	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Service entry conductor materials	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Service type as overhead or underground	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Location of main and distribution panels	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1110(c)</b>	Report presence of any accessible single strand aluminum branch circuit wiring?	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1110(d)</b>	Report presence or absence of smoke detectors and operate test function?	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1111(a)</b>	<b>Heating</b> systems inspected? including:	<input type="checkbox"/>	<input type="checkbox"/>
(1)	Heating equipment	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Normal operating controls	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Automatic safety controls	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Chimneys, flues, and vents	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Solid fuel heating devices	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Heat distribution systems including fans, pumps, ducts, piping, supports, insulation, air filters, registers, radiators, fan coil units, convectors	<input type="checkbox"/>	<input type="checkbox"/>
(7)	The presence or absence of an installed heat source for each habitable space	<input type="checkbox"/>	<input type="checkbox"/>

REF.		YES	NO
<b>.1111(b)</b>	<b>Heating</b> components <u>described</u> ?		
(1)	Energy source	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Heating equipment and Distribution type	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1112(a)</b>	<b>Air Conditioning</b> systems <u>inspected</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
(1)(A)	Cooling and air handling equipment	<input type="checkbox"/>	<input type="checkbox"/>
(1)(B)	Normal operating controls	<input type="checkbox"/>	<input type="checkbox"/>
(2)(A)	Distribution systems including fans, pumps, ducts, piping, supports, insulation, air filters, registers, radiators, fan coil units	<input type="checkbox"/>	<input type="checkbox"/>
(2)(B)	Presence or absence of an installed cooling source for each habitable space	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1112(b)</b>	<b>Air Conditioning</b> components <u>described</u> ?		
(1)	Energy sources	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Cooling equipment type	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1113(a)</b>	<b>Interior</b> components <u>inspected</u> ?		
(1)	Walls, ceilings, and floors	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Steps, stairways, balconies, and railings	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Counters and a representative number of built-in cabinets	<input type="checkbox"/>	<input type="checkbox"/>
(4)	A representative number of doors and windows. [.1113(b)(1) <u>operated</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1113(b)(2)</b>	Report signs of water penetration into the building or signs of abnormal or harmful condensation on building components?	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1114(a)</b>	<b>Insulation and Ventilation</b> components <u>inspected</u> ?		
(1)	Insulation and vapor retarders in unfinished spaces?	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Ventilation of attics and foundation areas?	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Kitchen, bath, and laundry venting systems?	<input type="checkbox"/>	<input type="checkbox"/>
(4)	The operation of any readily accessible attic ventilation fan, and, when temperature permits, the operation of any readily accessible thermostatic control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1114b</b>	<b>Insulation</b> components <u>described</u> ?		
(1)	Insulation in unfinished spaces	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Absence of insulation in unfinished space at conditioned surfaces	<input type="checkbox"/>	<input type="checkbox"/>
<b>.1115a</b>	<b>Built-in Kitchen Appliances</b> <u>inspected &amp; operated</u> ?		
(1)	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Range(s), cooktop(s), and oven(s)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Trash compactor(s)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Garbage disposal(s)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Ventilation equipment or range hood(s)	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Permanently installed microwave oven(s)	<input type="checkbox"/>	<input type="checkbox"/>