

Wood Destroying Insect Inspection Report			Notice: Please read important consumer information on page 2 .																														
Section I. General Information Inspection Company, Address & Phone		Company's Pest Control Business Lic. No.	Date of Inspection																														
Raifsnider's Exterminating LLC 131 East Broad St Souderton, PA 18964		BU7276	1/17/2023																														
		Address of Property Inspected																															
		1248 Waller Drive Huntingdon Valley, PA																															
Inspector's Name, Signature & Certification, Registration, or Lic. #			Structure(s) Inspected																														
Eric Raifsnider 707550 <i>Eric Raifsnider</i>			dwelling only																														
Section II. Inspection Findings This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or wood destroying insect damage. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:																																	
<input checked="" type="checkbox"/> A. No Visible evidence of wood destroying insects was observed.																																	
<input type="checkbox"/> B. Visible evidence of wood destroying insects was observed as follows:																																	
<input type="checkbox"/> 1. Live insects (description & location): _____																																	
<input type="checkbox"/> 2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____																																	
<input type="checkbox"/> 3. 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 damage and the need for repairs.																																	
Section III. Recommendations																																	
<input type="checkbox"/> No action and/or treatment recommended: (Explain if Box B in Section II is checked): _____																																	
<input type="checkbox"/> Recommend action(s) and/or treatment(s) for the control of: _____																																	
Section IV. Obstructions and Inaccessible Areas																																	
The following areas of the structure(s) inspected were obstructed or inaccessible:																																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input checked="" type="checkbox"/> Basement</td> <td style="width: 40%; text-align: center;">Fixed walls & ceiling 11 24</td> </tr> <tr> <td><input checked="" type="checkbox"/> Crawlspace</td> <td style="text-align: center;">11</td> </tr> <tr> <td><input checked="" type="checkbox"/> Main Level</td> <td style="text-align: center;">1, 3, 4, 6, 11, 24</td> </tr> <tr> <td><input checked="" type="checkbox"/> Attic</td> <td style="text-align: center;">10</td> </tr> <tr> <td><input checked="" type="checkbox"/> Garage</td> <td style="text-align: center;">11</td> </tr> <tr> <td><input checked="" type="checkbox"/> Exterior</td> <td style="text-align: center;">brick& siding</td> </tr> <tr> <td><input type="checkbox"/> Porch</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>						<input checked="" type="checkbox"/> Basement	Fixed walls & ceiling 11 24	<input checked="" type="checkbox"/> Crawlspace	11	<input checked="" type="checkbox"/> Main Level	1, 3, 4, 6, 11, 24	<input checked="" type="checkbox"/> Attic	10	<input checked="" type="checkbox"/> Garage	11	<input checked="" type="checkbox"/> Exterior	brick& siding	<input type="checkbox"/> Porch		<input type="checkbox"/> Addition		<input type="checkbox"/> Other											
<input checked="" type="checkbox"/> Basement	Fixed walls & ceiling 11 24																																
<input checked="" type="checkbox"/> Crawlspace	11																																
<input checked="" type="checkbox"/> Main Level	1, 3, 4, 6, 11, 24																																
<input checked="" type="checkbox"/> Attic	10																																
<input checked="" type="checkbox"/> Garage	11																																
<input checked="" type="checkbox"/> Exterior	brick& siding																																
<input type="checkbox"/> Porch																																	
<input type="checkbox"/> Addition																																	
<input type="checkbox"/> Other																																	
The inspector may write out obstructions or use the following optional key:																																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Fixed ceiling</td> <td style="width: 50%;">15. Standing water</td> </tr> <tr> <td>2. Suspended ceiling</td> <td>16. Dense vegetation</td> </tr> <tr> <td>3. Fixed wall covering</td> <td>17. Exterior siding</td> </tr> <tr> <td>4. Floor covering</td> <td>18. Window well covers</td> </tr> <tr> <td>5. Insulation</td> <td>19. Wood pile</td> </tr> <tr> <td>6. Cabinets or shelving</td> <td>20. Snow</td> </tr> <tr> <td>7. Stored items</td> <td>21. Unsafe conditions</td> </tr> <tr> <td>8. Furnishings</td> <td>22. Rigid foam board</td> </tr> <tr> <td>9. Appliances</td> <td>23. Synthetic stucco</td> </tr> <tr> <td>10. No access or entry</td> <td>24. Duct work, wiring, and/or plumbing</td> </tr> <tr> <td>11. Limited access</td> <td>25. Spray foam insulation</td> </tr> <tr> <td>12. No access beneath</td> <td>26. Equipment</td> </tr> <tr> <td>13. Only visual access</td> <td></td> </tr> <tr> <td>14. Cluttered condition</td> <td></td> </tr> </table>						1. Fixed ceiling	15. Standing water	2. Suspended ceiling	16. Dense vegetation	3. Fixed wall covering	17. Exterior siding	4. Floor covering	18. Window well covers	5. Insulation	19. Wood pile	6. Cabinets or shelving	20. Snow	7. Stored items	21. Unsafe conditions	8. Furnishings	22. Rigid foam board	9. Appliances	23. Synthetic stucco	10. No access or entry	24. Duct work, wiring, and/or plumbing	11. Limited access	25. Spray foam insulation	12. No access beneath	26. Equipment	13. Only visual access		14. Cluttered condition	
1. Fixed ceiling	15. Standing water																																
2. Suspended ceiling	16. Dense vegetation																																
3. Fixed wall covering	17. Exterior siding																																
4. Floor covering	18. Window well covers																																
5. Insulation	19. Wood pile																																
6. Cabinets or shelving	20. Snow																																
7. Stored items	21. Unsafe conditions																																
8. Furnishings	22. Rigid foam board																																
9. Appliances	23. Synthetic stucco																																
10. No access or entry	24. Duct work, wiring, and/or plumbing																																
11. Limited access	25. Spray foam insulation																																
12. No access beneath	26. Equipment																																
13. Only visual access																																	
14. Cluttered condition																																	
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 discloses to the buyer all information, to their knowledge, regarding W.D.I. infestation, damage, repair, and treatment history.			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.																														
X			X																														