

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		4/7/2023	
		Address of Property Inspected			
301 Hidden Springs Drive Souderton, PA 18964					
Inspector's Name, Signature & Certification, Registration, or Lic. #			Structure(s) Inspected		
Eric Raifsnider 707550 <i>Eric Raifsnider</i>			House 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:				The inspector may write out obstructions or use the following optional key:	
<input type="checkbox"/> Basement _____ <input checked="" type="checkbox"/> Crawlspace 5, 11, 13, 15 <input checked="" type="checkbox"/> Main Level 1, 3, 4, 6, 11, 24 <input type="checkbox"/> Attic _____ <input type="checkbox"/> Garage _____ <input checked="" type="checkbox"/> Exterior siding <input type="checkbox"/> Porch _____ <input type="checkbox"/> Addition _____ <input type="checkbox"/> Other _____				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, 11. Limited access and/or plumbing 12. No access beneath 25. Spray foam 13. Only visual access insulation 14. Cluttered condition 26. Equipment	
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		