

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		3/□/2024	
		Address of Property Inspected 40 □ eritage □ ane Doylestown, PA			
Inspector's Name, Signature & Certification, Registration, or Lic. #			Structure(s) Inspected		
□ric Raifsnider □0□□0 <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:				The inspector may write out obstructions or use the following optional key:	
<input checked="" type="checkbox"/> Basement 1, □, □, □, 13, 24 <input type="checkbox"/> Crawlspace _____ <input checked="" type="checkbox"/> Main Level 1, 3, 4, □, 11, 24 <input checked="" type="checkbox"/> Attic 4, □ <input checked="" type="checkbox"/> Garage 11, 13 <input checked="" type="checkbox"/> Exterior 13, 1□, 1□ <input type="checkbox"/> Porch _____ <input type="checkbox"/> Addition _____ <input type="checkbox"/> Other _____				1. Fixed ceiling 2. Suspended ceiling 3. Fixed wall covering 4. Floor covering 5. Insulation 6. Cabinets or shelving 7. Stored items 8. Furnishings 9. Appliances 10. No access or entry 11. Limited access 12. No access beneath 13. Only visual access 14. Cluttered condition 15. Standing water 16. Dense vegetation 17. Exterior siding 18. Window well covers 19. Wood pile 20. Snow 21. Unsafe conditions 22. Rigid foam board 23. Synthetic stucco 24. Duct work, wiring, and/or plumbing 25. Spray foam insulation 26. Equipment	
Section V. Additional Comments and Attachments (these are an integral part of the report) _____ see attached page 2					
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		