

# Pre-Inspection Checklist

Address:

**This form is to be completed ONLY by the Seller or the Seller's Authorized Agent**

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## Gas Service (Natural Gas / Propane / Other gas)

Y  N Is the gas service on?

*Gas service must be on at the time of the inspection.*

Y  N Are the main gas valves in the open position?

*Gas valves must be open at the time of the inspection.*

Y  N Are there any gas leaks or problems that would prevent testing or inspection of gas appliances?

**If Yes, what are they?** \_\_\_\_\_

Y  N Are all the valves for all gas appliances on?

*Gas valves must be open at the time of the inspection.*

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## Electrical Service

Y  N Is there a minimum floor to ceiling clearance of 36" on each side and 48" in front of the main electrical panel and all sub-panels?

*Unrestricted access to the electrical panels is required. All furniture, boxes, and other items must be removed. Electrical panels that do not have 36" clearance on each side and 48" in front of the panel, floor to ceiling, will not be inspected.*

Y  N Are all electrical circuit breakers in the "ON" position? Are all fuses properly installed?

*All circuit breakers must be in the on position and all fuses must be properly installed at the time of the inspection.*

**If No, explain:** \_\_\_\_\_

Y  N Are there any electrical appliances (including light fixtures, etc.) that cannot be operated during the inspection?

**If Yes, what are they?** \_\_\_\_\_

Y  N Are there any electrical hazards in the house?

**If Yes, what are they?** \_\_\_\_\_

Y  N Are there any problems that would prevent testing or inspection of the electrical system?

**If Yes, what are they?** \_\_\_\_\_

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## Water Service

Y  N Is the water service on?

***Water service must be on at the time of the inspection.***

Y  N Are the main water valves in the open position?

***Water valves must be open at the time of the inspection.***

Y  N Are all water valves in throughout the house in the open position?

***Water valves must be open at the time of the inspection.***

Y  N Are there any plumbing leaks or problems that would prevent testing or inspection of the plumbing system?

***If Yes, what are they?*** \_\_\_\_\_

Where is the water meter located? \_\_\_\_\_

Y  N Is access to the water meter open and unrestricted?

***Unrestricted access to the water meter is required. All furniture, boxes, and other items must be removed. The water meter and associated plumbing and equipment will not be inspected if there is less than 36" clearance on each side and 48" in front, ceiling to floor.***

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## Attic

Y  N Does the house have an attic?

Y  N Is the attic access open and unrestricted?

***All clothes, boxes, and other items must be removed.***

Describe the attic access and location or locations (Check all that apply)

Clothes closet overhead portal

Hallway overhead portal

Fixed stairway

Pull-down stairway

Other (describe) \_\_\_\_\_

Y  N Are there any restrictions or hazards that would prevent the inspection of the attic?

***If Yes, what are they?*** \_\_\_\_\_

Y  N Are there stored items in the attic?

***Stored items in the attic will limit visibility. Therefore, the inspection of the attic will be limited if there are stored items.***

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## **Crawlspace**

Y  N Does the house have a crawlspace? Describe: \_\_\_\_\_

Y  N Where is the crawlspace access? \_\_\_\_\_

Y  N Crawlspace access is open, dry and unrestricted. All loose items must be removed.

Y  N Are there stored items or debris in the crawlspace?  
***Stored items in the crawlspace will limit visibility. Therefore, the crawlspace inspection will be limited if there are stored items.***

Y  N Are there any restrictions or hazards that would prevent the inspection of the crawlspace?

***If Yes, what are they?*** \_\_\_\_\_

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## **Heating and Air Conditioning**

Y  N Is the furnace capable of being operated during the inspection?

Y  N Is the central air conditioner capable of being operated during the inspection?

Y  N Are there any problems or hazards that would prevent testing or inspection of the furnace or the air conditioning system?

***If Yes, what are they?*** \_\_\_\_\_

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## **Other**

Y  N Is there an alarm system?  
***All alarm systems must be disarmed at the time of the inspection.***

Y  N A copy of the Residential Property Disclosure Form will be left at the premises for the inspector

***If No, explain:*** \_\_\_\_\_

Y  N Are there any restrictions or hazards that would prevent the inspector from performing a complete inspection?

***If Yes, what are they?*** \_\_\_\_\_

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## Acknowledgements

Y  N The information provided in this form is true and accurate to the best of my knowledge

Y  N The person completing this form is the **Seller** or the **Seller's authorized agent**

**If No, explain:** \_\_\_\_\_

Y  N The **Seller** understands that the **Seller may NOT be present** during the inspection. The **Seller** may have an agent or representative present at the inspection, provided that the **Seller's** representative is **NOT** a resident or owner of the property and is **NOT** a member of the **Seller's** immediate family. If the **Seller** will have someone present during the inspection, provide the person's name below.

**Seller's Representative:** \_\_\_\_\_

Y  N The **Seller** understands that this form **MUST** be completed by the **Seller** or the **Seller's authorized agent** and returned to the Inspector not later than 36 hours before the scheduled inspection time. It is the Client's responsibility to ensure that the completed form is returned to the Inspector. The inspection will be canceled, subject to the cancellation clause in Section 12 of the Terms and Conditions in the Inspection Agreement, if the Client fails to return the completed form to the inspector. If the inspection is canceled, the Buyer may choose to exercise his right not to proceed with the purchase.

The seller understands that the inspector will be operating various systems and appliances during the inspection and the inspector is not responsible for any damage that occurs as a result of operating or testing any system or appliance.

## The person who completed this form is the:

Owner     Agent     Executor/Executrix     Attorney     Other \_\_\_\_\_

Name (Print): \_\_\_\_\_  
Print the Name of the person who completed this form

Signature: \_\_\_\_\_  
Signature of the person who completed this form

Date: \_\_\_\_\_  
Date Signed

*Thank you. Your cooperation will help to ensure that the inspection is as complete as possible.*