

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone

*Inspect The Best wI
Germantown wI
262-665-9990*

Company's Pest Control Business Lic. No.

Date of Inspection

1-1-21

Address of Property Inspected

*1234 Main St.
Germantown, wI*

Inspector's Name, Signature & Certification, Registration, or Lic. #

Paul VanEngen - Paul VanEngen - 20030348

Structure(s) Inspected

Single Family Home

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:**

- A. No visible evidence of wood destroying insects was observed.
- B. Visible evidence of wood destroying insects was observed as follows:
1. Live insects (description and location): _____

2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____

*Shelter tubes in NE basement walls
Exit holes in NE floor joists*

3. Visible damage from wood destroying insects was noted as follows (description and location): _____

Damage to NE floor joists as viewed from basement.

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

- No action and/or treatment recommended: (Explain if Box B in Section II is checked) _____

- Recommend action(s) and/or treatment(s) for the control of: _____

Contact a licensed pest control company for treatment and corrective action plan.

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

- Basement _____
- Crawlspace _____
- Main Level _____
- Attic _____
- Garage _____
- Exterior _____
- Porch *10, 12, 13*
- Addition _____
- Other _____

The inspector may write out obstructions or use the following optional key:

- | | |
|-------------------------|--|
| 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)

Various signs of termite activity. Electronic report with pictures of evidence and damage will be sent to customer.

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.

X

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