

**Frank Inspection Services**  
3209 Glenmont Dr., Ft. Worth, TX 76133  
Office 817-346-7399 FAX: 817-292-1708

**PROPERTY INSPECTION REPORT**

**Prepared For:**

\_\_\_\_\_  
(Name of Client)

**Concerning:**

\_\_\_\_\_  
(Address or Other Identification of Property)

**Realtor:**

**Fee:**

**By:**

**James M. Frank Sr. License #4474**

\_\_\_\_\_  
(Name and License Number of Inspector)

\_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
(Name, License Number and Signature of Sponsoring Inspector, if required)

The inspection of the property listed above complies with all rules and regulations of the Texas Real Estate Commission (TREC). This inspection covers conditions that are present and visible at the time of the inspection, including normal operation of all equipment. The inspector will indicate which items are in need of repair or are not functioning and will report on all items as required by TREC.

This report is intended to provide you with information concerning the condition of the property at the time of inspection. Please read the report carefully, and if any item is unclear, request the inspector to clarify the findings.

It is recommended that you obtain all available history concerning the property. This historical information may include copies of any seller's disclosures, previous inspection or engineering reports, and reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should attempt to determine whether repairs, renovation, remodeling, additions, or other such activities have taken place at this property.

This report is provided for the specific benefit of the client or clients listed above. As property conditions may change with time and use, all other parties examining this information should hire a licensed inspector to determine the current state of the property in accordance with their specific needs.

**ADDITIONAL INFORMATION**

Promulgated by the Texas Real Estate Commission (TREC) P.O. Box 12188, Austin, TX. 78711-2188, 1-800-250-8732 or (512) 459-6544 (<http://www.trec.state.tx.us>). REI 7A-O

Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachments. If an item is present in the property but is not inspected, the "NI" column will be checked and an explanation is necessary. Comments may be provided by the inspector whether or not an item is deemed in need of repair.

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**I. STRUCTURAL SYSTEMS**

**A. Foundation**

**FOUNDATION TYPE:** Slab on grade

*Comments (An opinion on performance is mandatory)*

The foundation appears to be performing adequately as a load bearing base for the structure with no visible evidence of differential movement observed.

**Foundation Support Soil**

*Comments:*

The support soils are in functional condition at this time.

**B. Grading and Drainage**

*Comments:*

The grade and drainage are in functional condition.

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**C. Roof Covering** ( If roof is inaccessible, report the method used to inspect.)  
*Comments:* **Roof Type: Composition**  
 The roof surface was not accessed due to the slope of the roof. or roof covering and was viewed from the ground. No damage or defects are visible.

**D. Roof Structure and Attic** (If attic is inaccessible, report method used to inspect.)  
*Comments:* **Approx. Depth of Insulation: 8 to 12 inches**  
 The attic space areas with proper head clearance was entered. Visible components appear to be functional at this time

**Gutter System**  
*Comments:*  
 Not present.

**E. Walls (Interior and Exterior)**  
*Comments:* Evidence of recent remodeling or repainting ?  Yes  No  
 1. Exterior openings at the eaves at the rear are in need of weather sealing.

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>F. Ceilings and Floors</b>  <i>Comments:</i>                      <b>Structure is: Fully furnished</b>                      Ceiling and flooring surfaces are observed for structural integrity and moisture penetration only and appear to be in functional condition at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>G. Doors (Interior and Exterior)</b>  <i>Comments:</i>                      1. The upstairs hall bathroom door is not latching properly.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>H. Windows</b>  <i>Comments:</i>                      All windows that were tested were operable with no visible damage or defects observed at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>I. Fireplace/Chimney</b>  <i>Comments:</i>                      The fireplace is inspected and appears in functional condition.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>J. Porches, Decks and Carports (Attached)</b>  <i>Comments:</i>                      Patio or deck is in functional condition at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>K. Other</b>  <i>Comments:</i>                      Smoke detectors are properly located and appear to be in functional condition at time of inspection.</p>
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**II. ELECTRICAL SYSTEMS**

**A. Service Entrance and Panels Wiring type: Copper**

*Comments:*

Cover panel was removed and visible components observed with no evidence of deficiencies or damage noted at this time.

**B. Branch Circuits- Connected Devices and Fixtures** ( Report as in need of repair the lack of ground fault circuit protection where required):

*Comments:*

There are two outlets that are testing Hot Neutral Reversed at the upstairs bedroom identified with red dot stickers.

**III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS**

**A. Heating Equipment**

*Type and Energy Source:*      **Forced Air Furnace (Gas)**

*Comments:*

No visible deficiencies are detected at this time and the system appears to be in functional condition.

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**B. Cooling Equipment**

*Type and Energy Source:* **Central System (Electric)**  
*Comments:*

The system was activated and appears to be cooling properly. Temperature separation at this time is between 15 and 20 degrees.

**C. Ducts and Vents**

*Comments:*

Those areas of the duct and vent system that were visible and accessible were observed and appear to be in functional condition.

**IV. PLUMBING SYSTEM**

**A. Water Supply System and Fixtures ( Visible supply, waste & vent piping)**

*Comments:*                      **Type: Copper / Plastic**

Visible water supply and waste water were activated and appear to be in functional condition at this time.

**B. Drains, Wastes, Vents ( Visible and accessible )**

*Comments:*

Visible drains and vent piping were inspected and appear to be in functional condition at this time.

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>C. Water Heating Equipment</b> ( Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules. )  <i>Comments: Energy Source:</i>    <input checked="" type="checkbox"/> <b>Gas</b>    <input type="checkbox"/> <b>Electricity</b>                      The water heater was inspected for proper installation, visible damage, excessive rust in the burner chamber, and proper color of the flame. The unit appears to be in functional condition at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>D. Hydro-Therapy Equipment</b>  <i>Comments:</i>                      The hydro-therapy equipment is functional at this time.</p>
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**V. APPLIANCES**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A. Dishwasher</b>  <i>Comments:</i>                      The dishwasher appears to be in functional condition at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>B. Food Waste Disposal</b>  <i>Comments:</i>                      Disposal is functional at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>C. Range Hood</b>  <i>Comments:</i>                      Range hood was observed for installation, visible defects, fan and light activated, and appears to be in functional condition at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>D. Ranges/Ovens/Cooktops</b>  <i>Comments:</i>                      The oven temperature was tested and visual components observed. The unit appears to be in functional condition at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>E. Microwave Cooking Equipment</b>  <i>Comments:</i>                      The unit is heating and visible elements are in functional condition at this time.</p>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>F. Trash Compactor</b>  <i>Comments:</i>                      Not applicable.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>G. Bathroom Exhaust fans and/or Heaters</b>  <i>Comments:</i>                      Bathroom exhaust fans were activated and are in functional condition at this time.</p>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>H. Whole House Vacuum</b>  <i>Comments:</i>                      Not applicable.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>I. Garage Door Operators</b>  <i>Comments:</i>                      The garage door was activated and tested the auto reverse components and appear to be in functional condition at this time.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>J. Door Bell and Chimes</b>  <i>Comments:</i>                      Door bell is functional.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>K. Dryer Vents</b>  <i>Comments:</i>                      Visible vent piping appears to be installed properly.</p>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>L. Other Built-In Appliances</b>  <i>Comments:</i>                      Not applicable.</p>
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**VI. OPTIONAL SYSTEMS**

**A. Lawn Sprinklers**

*Comments:*

The sprinkler system was activated in the manual mode and visual components observed and appears to be functional at this time.

**B. Swimming Pools and Equipment**

*Comments:*

**Type Construction: In ground Gunitite or concrete**

The pool was observed and appears to be in functional condition at this time.

**C. Outbuildings**

*Comments:*

Not applicable.

