

AGENT'S VISUAL INSPECTION CHECKLIST

Property Address _____

Agent _____ Date _____

The law requires that real estate licensees, acting on behalf of the seller or prospective buyer in a residential transaction, conduct a reasonably competent and diligent visual inspection of the property, and disclose to prospective purchasers all facts materially affecting the value or desirability of the property that such an investigation would reveal. The visual inspections to be performed do not include: (1) areas that are reasonably and normally inaccessible such as the foundation or roof; (2) areas off the site of the subject property; (3) public records concerning title or use of the property; and (4) common areas if the property is in a common interest development. Unless otherwise advised, the licensees do not possess any expertise in construction, architecture, engineering or any other specific area related to the construction or condition of the improvements on the property or the land. Prospective buyers have the duty to exercise reasonable care to protect themselves, including those facts which are known to or within the diligent attention and observation of the buyer.

1. POSSIBLE PROBLEMS OR DEFECTS OUTSIDE THE HOME	CHECK THE APPROPRIATE BOX	
	Yes	Nothing Observed or Not Applicable
Cracks in sidewalks, driveways, or decks? _____	<input type="checkbox"/>	<input type="checkbox"/>
Cracks in foundation? _____	<input type="checkbox"/>	<input type="checkbox"/>
Cracks in fireplace? _____	<input type="checkbox"/>	<input type="checkbox"/>
Visual evidence of drainage problems? _____	<input type="checkbox"/>	<input type="checkbox"/>
Building ventilation screens damaged? _____	<input type="checkbox"/>	<input type="checkbox"/>
Visual evidence of hillside instability, landslides? _____	<input type="checkbox"/>	<input type="checkbox"/>
Visual evidence of erosion? _____	<input type="checkbox"/>	<input type="checkbox"/>
Visual evidence of roof deterioration? _____	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous vegetation observed? _____	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous deck or stair railing or supports? _____	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous walkways, steps, or stairs? _____	<input type="checkbox"/>	<input type="checkbox"/>
Visual evidence of failing retaining walls? _____	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool out-of-level? _____	<input type="checkbox"/>	<input type="checkbox"/>
Cracks in swimming pool? _____	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous play structure or treehouse? _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

If Yes is checked, describe the nature and location of the condition: _____

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Property Address _____

2. POSSIBLE PROBLEMS OR DEFECTS INSIDE THE HOME	CHECK THE APPROPRIATE BOX	
	Yes	Nothing Observed or Not Applicable
Water stains, or white powdery deposits on walls? _____	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of mold on walls, stairs, or floors? _____	<input type="checkbox"/>	<input type="checkbox"/>
Sump pump(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of septic malfunction? _____	<input type="checkbox"/>	<input type="checkbox"/>
Water stains on ceiling or around windows? _____	<input type="checkbox"/>	<input type="checkbox"/>
Wall or ceiling cracks? _____	<input type="checkbox"/>	<input type="checkbox"/>
Any noticeable sloping floors? _____	<input type="checkbox"/>	<input type="checkbox"/>
Cracks in tile floors? _____	<input type="checkbox"/>	<input type="checkbox"/>
Sticking doors or windows? _____	<input type="checkbox"/>	<input type="checkbox"/>
Uneven spaces between doors and frames? _____	<input type="checkbox"/>	<input type="checkbox"/>
Cracks in fireplace? _____	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous fireplace hearth? _____	<input type="checkbox"/>	<input type="checkbox"/>
Visual evidence of sagging beams? _____	<input type="checkbox"/>	<input type="checkbox"/>
Any extension cords under carpet or stapled to wall? _____	<input type="checkbox"/>	<input type="checkbox"/>
Any exposed wiring? _____	<input type="checkbox"/>	<input type="checkbox"/>
Electrical panel accessible and circuits identified? _____	<input type="checkbox"/>	<input type="checkbox"/>
Gas shut-off valve accessible? _____	<input type="checkbox"/>	<input type="checkbox"/>
Visual evidence of additions without permits? _____	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous steps? _____	<input type="checkbox"/>	<input type="checkbox"/>
Any noticeable pet odors? _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

If Yes is checked, describe the nature and location of the condition: _____

3. DURING YOUR INSPECTION DID YOU OBSERVE?	Yes	No
Ground fault interrupters? _____	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Water heater strapped? _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

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Property Address _____

The undersigned certifies that the forgoing is the result of a visual inspection of accessible areas of the property.

Brokerage Firm Making Inspection: _____

By _____ Date _____
(Associate Licensee or Broker Signature)

LIMITATION OF AGENCY: The inspection by the licensee is visual only and does not include testing of any component of the property. Brokers urge Buyer to obtain a termite, roof, contractor's (or home inspection service) and, if applicable, a pool/spa inspection and any other inspections which the buyer desires by qualified experts.

THE UNDERSIGNED HAVE RECEIVED A COPY OF THE ABOVE CHECKLIST AND HAVE READ AND UNDERSTAND THIS DISCLOSURE. THIS FORM MAY BE MADE AN ATTACHMENT TO ANY DISCLOSURE STATEMENT THAT IS USED IN THE TRANSACTION.

Seller _____ Date _____ Buyer _____ Date _____

Seller _____ Date _____ Buyer _____ Date _____

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