

# N.C. Standards of Practice Report Compliance Worksheet

Inspector's Name: \_\_\_\_\_

License No: \_\_\_\_\_

Client Name & Property Address: \_\_\_\_\_

REF.		YES	NO
.1103(b)(1)	Is there a written contract? Signed by the client?	<input type="checkbox"/>	<input type="checkbox"/>
(A)	Is "in accordance with the Standards of Practice of the NCHILB" included?	<input type="checkbox"/>	<input type="checkbox"/>
.1103(b)(3)	Is report written and signed by the inspector and, if applicable, the associate inspector? Is the inspector (and/or associate) name and license number stated?	<input type="checkbox"/>	<input type="checkbox"/>
.1103(d)	Is there a separate "Summary" section?	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Are there any improper recommendations to upgrade or enhance?	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Is the statement "This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report." included?	<input type="checkbox"/>	<input type="checkbox"/>
.1105	Are <b>excluded</b> items documented properly?	<input type="checkbox"/>	<input type="checkbox"/>
.1106(a)	<b>Structural</b> components inspected?		
(1)	Foundation	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Floors	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Walls	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Columns / piers	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Ceilings	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Roofs	<input type="checkbox"/>	<input type="checkbox"/>
.1106(b)	<b>Structural</b> components described?		
(1)	Foundation	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Floor structure	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Wall structure	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Columns / piers	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Ceiling structure	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Roof structure	<input type="checkbox"/>	<input type="checkbox"/>
.1106(c)	Report methods used to inspect:		
(3)	Under floor crawl spaces	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Attics	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Report signs of abnormal or harmful water penetration or condensation on building components?	<input type="checkbox"/>	<input type="checkbox"/>
.1107(a)	<b>Exterior</b> components inspected?		
(1)	Wall cladding, flashings, and trim	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Entryway doors and a representative number of windows	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Garage door operators	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Decks, balconies, stoops, steps, areaways, porches, and railings	<input type="checkbox"/>	<input type="checkbox"/>

REF.		YES	NO
(5)	Eaves, soffits, and fascias	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Driveways, patios, walkways, and retaining walls	<input type="checkbox"/>	<input type="checkbox"/>
(7)	Vegetation, grading and drainage, only with respect to their effect on the condition of the building	<input type="checkbox"/>	<input type="checkbox"/>
.1107(b)	<b>Exterior</b> components?		
(1)	Wall cladding materials described	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Garage door operation (manual, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Report on garage door operator safety reversing mechanism	<input type="checkbox"/>	<input type="checkbox"/>
.1108(a)	<b>Roofing</b> components inspected?		
(1)	Roof coverings	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Roof drainage systems	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Flashings	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Skylights, chimneys, and roof penetrations	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Signs of leaks or abnormal condensation on building components	<input type="checkbox"/>	<input type="checkbox"/>
.1108(b)	<b>Roofing</b> descriptions?		
(1)	Roof covering material	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Roof observation methods	<input type="checkbox"/>	<input type="checkbox"/>
.1109(a)	<b>Plumbing</b> components inspected?		
(1)	Piping materials, including supports and insulation, fixtures and faucets, functional flow, leaks, and cross connections	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Traps; drain, waste, and vent piping, including supports, insulation, leaks, and functional drainage	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Water heating equipment, normal operating controls, automatic safety controls, and chimneys, flues, and vents	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Fuel storage and distribution systems, including: interior equipment, supply piping, venting, supports and leaks	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>
.1109(b)	<b>Plumbing</b> components described?		
(1)	Water supply and distribution piping materials	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Drain, waste, and vent piping materials	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Water heating equipment, including fuel source and storage capacity and location	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Location of main water supply shutoff device	<input type="checkbox"/>	<input type="checkbox"/>
.1110(a)	<b>Electrical</b> components inspected?		

REF.		YES	NO
(1)	Service entrance conductors	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Service equipment, grounding equipment, main overcurrent device, main and distribution panels	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Amperage and voltage rating of the service	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Branch circuit conductors, their overcurrent devices, and the compatibility of their ampacities	<input type="checkbox"/>	<input type="checkbox"/>
(5)	The operation of a representative number of installed ceiling fans, lighting fixtures, switches, and receptacles located inside the house, garage, and on exterior walls	<input type="checkbox"/>	<input type="checkbox"/>
(6)	The polarity and grounding of all receptacles within 6 feet of interior plumbing fixtures, and all receptacles in the garage or carport, and on the exterior of inspected structures	<input type="checkbox"/>	<input type="checkbox"/>
(7)	Operation of ground fault circuit interrupters	<input type="checkbox"/>	<input type="checkbox"/>
(8)	Smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>
.1110(b)	<b>Electrical</b> components described?		
(1)	Service amperage and voltage	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Service entry conductor materials	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Service type as overhead or underground	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Location of main and distribution panels	<input type="checkbox"/>	<input type="checkbox"/>
.1110(c)	Report any observed aluminum single strand branch circuit wiring?	<input type="checkbox"/>	<input type="checkbox"/>
.1110(d)	Report presence or absence of smoke detectors and operate test function?	<input type="checkbox"/>	<input type="checkbox"/>
.1111(a)	<b>Heating</b> systems inspected? including:	<input type="checkbox"/>	<input type="checkbox"/>
(1)	Heating equipment	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Normal operating controls	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Automatic safety controls	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Chimneys, flues, and vents	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Solid fuel heating devices	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Distribution systems, including fans, pumps, ducts, piping, supports, insulation, air filters, registers, radiators, fan coil units, convectors	<input type="checkbox"/>	<input type="checkbox"/>
(7)	The presence or absence of an installed heat source in each habitable space	<input type="checkbox"/>	<input type="checkbox"/>
.1111(b)	<b>Heating</b> components described?		
(1)	Energy source	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Heating equipment type	<input type="checkbox"/>	<input type="checkbox"/>
	Distribution type	<input type="checkbox"/>	<input type="checkbox"/>
.1112(a)	<b>Air Conditioning</b> systems inspected?	<input type="checkbox"/>	<input type="checkbox"/>

REF.		YES	NO
(1)(A)	Cooling and air handling equipment	<input type="checkbox"/>	<input type="checkbox"/>
(1)(B))	Normal operating controls	<input type="checkbox"/>	<input type="checkbox"/>
(2)(A)	Distribution systems	<input type="checkbox"/>	<input type="checkbox"/>
(2)(B)	Presence or absence of an installed cooling source in each habitable space	<input type="checkbox"/>	<input type="checkbox"/>
.1112(b)	<b>Air Conditioning</b> components described?		
(1)	Energy sources	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Cooling equipment type	<input type="checkbox"/>	<input type="checkbox"/>
.1113(a)	<b>Interior</b> components inspected?		
(1)	Walls, ceilings, and floors	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Steps, stairways, balconies, and railings	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Counters and a representative number of cabinets	<input type="checkbox"/>	<input type="checkbox"/>
(4)	A representative number of doors and windows	<input type="checkbox"/>	<input type="checkbox"/>
.1113(b)(2)	Report signs of water penetration into the building or signs of abnormal or harmful condensation on building components?	<input type="checkbox"/>	<input type="checkbox"/>
.1114(a)	<b>Insulation and Ventilation</b> components inspected?		
(1)	Insulation and vapor retarders in unfinished spaces?	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Ventilation of attics and foundation areas?	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Kitchen, bath, and laundry venting systems?	<input type="checkbox"/>	<input type="checkbox"/>
(4)	The operation of any readily accessible attic ventilation fan, and when temperature permits, the operation of any readily accessible thermostatic control?	<input type="checkbox"/>	<input type="checkbox"/>
.1114b	<b>Insulation</b> components described?		
(1)	Insulation in unfinished spaces	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Absence of insulation in unfinished space at conditioned surfaces	<input type="checkbox"/>	<input type="checkbox"/>
.1115a	<b>Built-in Kitchen Appliances</b> inspected?		
(1)	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Range, cooktop, and oven	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Ventilation equipment or range hood	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Permanently installed microwave oven	<input type="checkbox"/>	<input type="checkbox"/>