



Office of Pest Management

WOOD-DESTROYING INSECT INSPECTION REPORT

ADDITIONAL INFORMATION OF THIS PROPERTY MAY BE AVAILABLE FROM OFFICE OF PEST MANAGEMENT, 1688 W Adams, Phoenix, AZ 85007, (602) 255-3664 - (602) 255-1281 fax. www.sb.state.az.us

1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 6/19/2013
1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIIR # 13-479
1C. PURPOSE OF REPORT <input checked="" type="checkbox"/> Sale <input type="checkbox"/> Refinancing <input type="checkbox"/> Other	1E. TARF #

NOTE: Pursuant to: ARS§32-2321 (B) (1) (10), ARS§32-2324 (A) This form must be completed only by an Active Licensed Applicator or Qualifying Party.

- 2. READ CAREFULLY PRIOR TO COMPLETING THIS OFFICE OF PEST MANAGEMENT (OPM) FORM**
- The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or pest control company.
 - Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings and furniture or stored articles. In Item 7, the inspector should list those obstructions or areas which inhibited the inspection.
 - Item 8A alone is checked when evidence/insects are found but no control measures are performed. Items 8A and 8C are checked when evidence/insects are found AND control measures are performed.
 - When visible evidence is observed, wood-destroying insects causing such evidence shall be listed in Item 8A and the visible damage resulting from such infestation shall be noted in Item 8D.
 - When treatment is indicated in Item 8C, the insects treated will be named and the date of treatment indicated. The application method and chemicals used shall be entered in Item 10. Proper control measures may include issue of warranty. Warranty information should also be entered in Item 10. (*Proper control measures are those which are allowed by OPM Statutes/Rule, or the label for the chemical used.*)
 - Visible evidence of conditions conducive to infestation from wood-destroying insects shall be reported in Items 15-18 on the second page of this form, (e.g., earth-wood contact, faulty grade, insufficient ventilation, etc.).
 - All supplemental reports shall be completed within (30) days of the date of the original report.

3A. NAME OF INSPECTION COMPANY Alternative Pest & Termite Control LLC	5A. NAME OF PROPERTY OWNER/SELLER Sample
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) P O Box 1865 Cottonwood AZ 86326	5B. PROPERTY ADDRESS (Street, City, ZIP) 340 Ranch Sedona AZ 86336
3C. TELEPHONE NUMBER (Include Area Code) Office: (928) 567-7332	4. BUSINESS LICENSE # 8437
6A. INSPECTED STRUCTURES House Crawl/ Slab Garage Slab	
6B. LIST ALL UN-INSPECTED STRUCTURES NONE	
7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2) <u>Attic Joist Wall interiors</u>	

8. **BASED ON THE INSPECTOR'S VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY** (See Section (11) before completing):
- A. Visible evidence of wood-destroying insects was observed.
Describe evidence observed: Pellets
Type of Wood-Destroying Insects observed: None
- B. No visible evidence of infestation from wood-destroying insects was observed.
- C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date): _____
- D. Visible damage due to Water Damage was observed in the following areas: _____
- E. Visible evidence of previous treatment was observed. List evidence. (See also Item 20, page 2.): _____

9. DAMAGE OBSERVED, IF ANY <input type="checkbox"/> A. Will be or has been corrected by this company <input type="checkbox"/> B. Will not be corrected by this company. <input type="checkbox"/> C. It is recommend that noted damage be evaluated by a licensed structural contractor for any necessary repairs to be made.	10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.) See photos and graph addendum Proposal (Number of additional attachments to this report.) <u>11</u> Page(s)
--	---

11. **STATEMENT OF INSPECTOR**

A. The inspection covered the readily accessible areas of the above listed structures, including attics and crawl spaces which permitted entry.

B. Special attention was given to those areas which experience has shown to be particularly susceptible to attack by wood destroying insects.

C. Non-destructive probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.

D. The inspection did not include areas which were obstructed or inaccessible at the time of the inspection.

E. Neither I, nor the company for which I am acting, have had, presently have, or contemplate having any interest in this property. I do further state that neither I, nor the company for which I am acting, is associated in any way with any party to this transaction.

12A. SIGNATURE OF INSPECTOR 	12B. INSPECTOR'S LICENSE NUMBER 120658	12C. DATE 6/19/2013
---------------------------------	---	------------------------

ADDITIONAL INFORMATION REGARDING TERMITE TREATMENTS AND/OR INSPECTIONS OF THIS PROPERTY MAY BE AVAILABLE FROM THE OFFICE OF PEST MANAGEMENT (OPM) 9535 E. Doubletree Ranch Road, Scottsdale, Arizona 85258-5514 (602) 255-3664 - (602) 255-1281 fax <http://www.sb.state.az.us>

STATEMENT OF PURCHASER

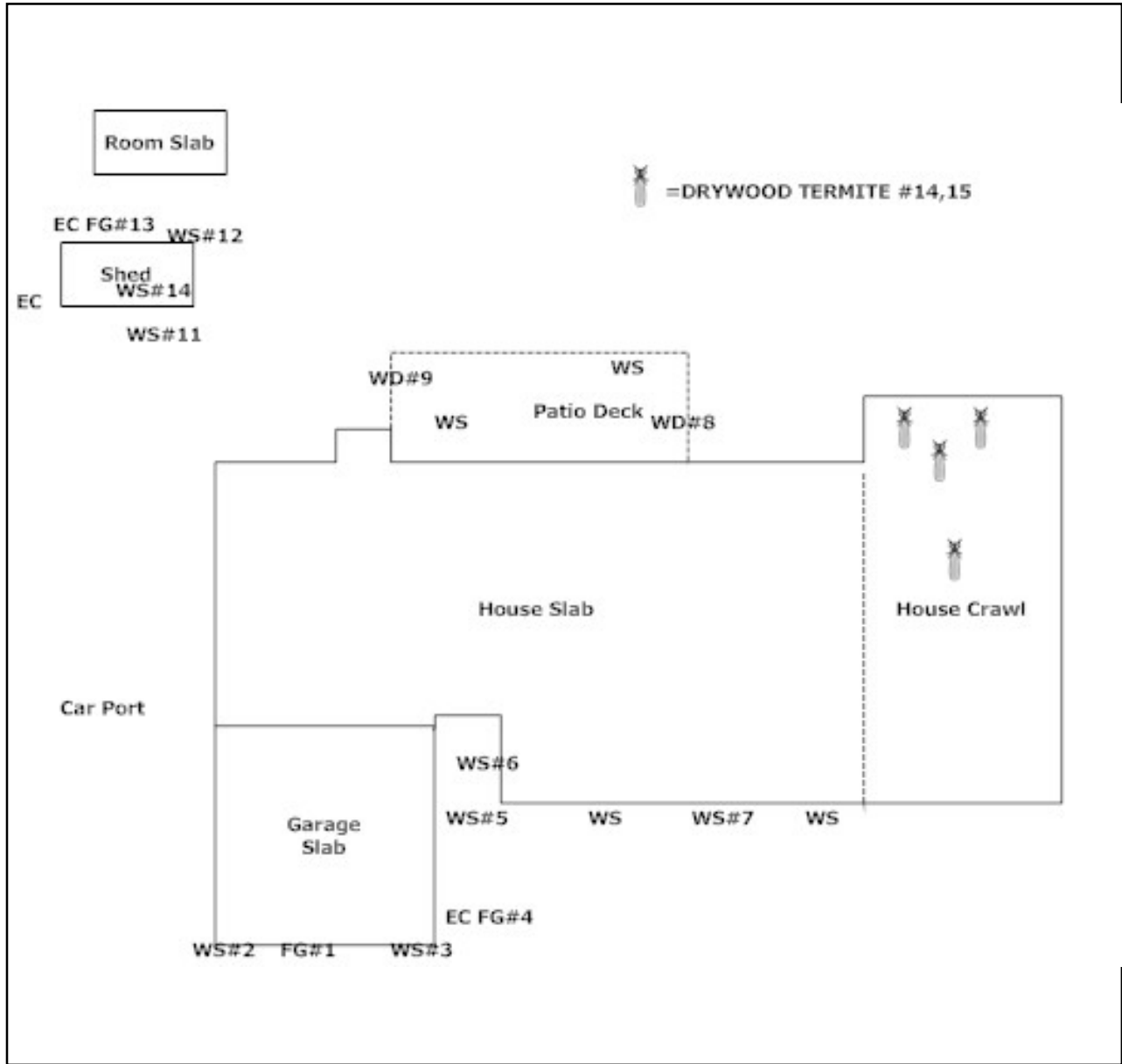
I HAVE RECEIVED THE ORIGINAL OR A LEGIBLE COPY OF THIS FORM AND HAVE READ PAGE (1,2,3) OF THIS FORM. I UNDERSTAND THAT THIS IS NOT A STRUCTURAL DAMAGE, FUNGI/MOLD REPORT, OR A WARRANTY AS TO THE ABSENCE OF WOOD-DESTROYING INSPECTION AND CAN CONSIDER ASSESSMENT BY A LICENSED STRUCTURAL CONTRACTOR OR FUNGI/MOLD INSPECTOR FOR ANY STRUCTURAL DAMAGE OR FUNGI/MOLD CONCERN.

13. SIGNATURE OF PURCHASER	14. DATE
----------------------------	----------

PROPERTY NAME/ADDRESS Sample 340 Ranch Sedona AZ 86336	DATE OF INSPECTION 6/19/2013
AT THE TIME OF THE INSPECTION THE PROPERTY WAS: <input checked="" type="checkbox"/> Vacant <input type="checkbox"/> Occupied <input checked="" type="checkbox"/> Unfurnished <input type="checkbox"/> Furnished	
<u>CONDITIONS CONDUCTIVE TO INFESTATION</u>	
15. WOOD TO EARTH CONTACT (EC) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If YES, check mark and explain conditions conducive)	
<input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Pier Posts <input type="checkbox"/> Plants/Trees Contacting Structure <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Stairs <input checked="" type="checkbox"/> Other <u>Wood Paneling</u> <input type="checkbox"/> Porch Post <input type="checkbox"/> Trellis	
Comments:	
16. EXCESSIVE CELLULOSE DEBRIS (CD) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, check mark and explain conditions conducive)	
Comments:	
17. FAULTY GRADES (FG) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If YES, check mark and explain conditions conducive)	
<input type="checkbox"/> Evidence of surface water draining toward house <input type="checkbox"/> Stucco at or below grade <input checked="" type="checkbox"/> Floor level or planters at or below grade <input type="checkbox"/> Joists in crawl space less than 18" above grade <input checked="" type="checkbox"/> Wood siding below grade <input type="checkbox"/> Other _____	
Comments:	
18. EXCESSIVE MOISTURE (EM) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If YES, check mark and explain conditions conducive)	
<input type="checkbox"/> Standing Water <input checked="" type="checkbox"/> Water Damage <input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Sprinklers Hitting Structure <input checked="" type="checkbox"/> Water Stain <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ <input type="checkbox"/> Crawl Space/Water Leaking <input type="checkbox"/> Improper Condensate Drainage <input type="checkbox"/> Attic/Roof Leak	
Comments:	
19. INACCESSIBLE AREAS (IA) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If YES, check mark and explain conditions conducive)	
<input type="checkbox"/> Attic -- All <input checked="" type="checkbox"/> Floors <input type="checkbox"/> Sub/Crawl Space -- Clearance <input checked="" type="checkbox"/> Attic -- Joists <input checked="" type="checkbox"/> Wall Interiors <input type="checkbox"/> Sub Area/Crawl Space No Access <input type="checkbox"/> Attic -- Partial <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Areas Obstructed By Furniture or Stored Articles <input checked="" type="checkbox"/> Plumbing Traps <input type="checkbox"/> Dropped Ceilings <input type="checkbox"/> Other _____	
Comments:	
20. EVIDENCE OF PREVIOUS TREATMENT	
<input type="checkbox"/> BY ANOTHER COMPANY: While evidence of previous treatment does exist, it is impossible for the inspecting company to ascertain if such treatment was properly performed. Further investigation is left to the Buyer's discretion to determine if such treatment was done properly and if a valid warranty exists against the target pest of such treatment.	
<input type="checkbox"/> BY THE INSPECTING COMPANY: Previous treatment is recorded for this property. At the Buyer's discretion, treatment records can be viewed at the inspecting company's local office with the property owner's permission.	
Account Number: _____ Date of Initial Treatment: _____ Target Pest: _____	
Warranty Expiration Date: _____ Other: _____	
Pest Control Inspector's Additional Comments: 	

GRAPH OF STRUCTURE(S)

(Note: Graph Not To Scale)



PURSUANT TO: R4-29-307 (E)(1) THROUGH (5) & (a) THROUGH (p) THE INSPECTOR MUST COMPLETE THE GRAPH ON PAGE (3) FOR ANY NOTED ITEMS WHICH ARE CHECK (X) MARKED BELOW			
<input checked="" type="checkbox"/> X	CODE SEE GRAPH PAGE (3)	<input checked="" type="checkbox"/> X	CODE SEE GRAPH PAGE (3)
<input type="checkbox"/>	SU Subterranean Termites	<input type="checkbox"/>	OW Other Wood Destroying Insects (*)
<input checked="" type="checkbox"/>	DR Drywood Termites	<input checked="" type="checkbox"/>	FG Faulty Grade
<input type="checkbox"/>	DA Dampwood Termites	<input checked="" type="checkbox"/>	EC Wood To Earth Contact
<input type="checkbox"/>	BE Wood Destroying Beetles	<input type="checkbox"/>	CD Cellulose Debris
<input type="checkbox"/>	CA Carpenter Ants	<input type="checkbox"/>	PA Plantings Abutting Structure
<input type="checkbox"/>		<input type="checkbox"/>	OB Obstructions
<input type="checkbox"/>		<input checked="" type="checkbox"/>	IA Inaccessible Areas
<input type="checkbox"/>		<input type="checkbox"/>	IV Inadequate Ventilation
<input type="checkbox"/>		<input type="checkbox"/>	PL Plumbing Leaks
<input type="checkbox"/>		<input type="checkbox"/>	SP Sprinkler Hitting Structure
<input checked="" type="checkbox"/>	WD Water Damage	<input checked="" type="checkbox"/>	WS Water Stains
<input type="checkbox"/>		<input type="checkbox"/>	RL Roof Leaks
<input checked="" type="checkbox"/>	EM Excessive Moisture	<input type="checkbox"/>	FI Further Inspection Needed

(*) Other Wood Destroying Insects

Arizona Wood Destroying Insect Inspection Addendum

FINDING:(WS) Water stains noted on ceiling of Shed also on wood siding and fascia's also under patio. See Graph and Photo # 2,3,5,6,11,13

FINDING: (FG) (EC) Wood siding below grade. See Graph & Photo # 4,13

RECOMMEND: The soil be pulled away from the siding to expose the foundation

FINDING: (FG) Planter against home above floor level: See Graph and Photo #1

Recommend this be evaluated by a home inspector as whether this is a condition for moisture problems no moisture condition found on inside wall at time of this inspection

FINDING: (WD) Water Damage to the wood patio. Bio Organic Growth found See Graph and Photo # 8,9 RECOMMEND: That damaged wood be removed or cut back to clean wood to correct this conditions small amounts of damaged wood may re infest the new wood in the future

FINDING:(DR) Evidence of Drywood Termites noted in crawl.

RECOMMENDATION: That a Full home treatment for Termites be made by Alternative Pest & Termite Control LLC. This comes with a 1 year guarantee with annual renewals to be picked up by the buyer next year See Alternative Method Form for more options

PHOTOS



#1



#2



#3



#4



#5



#6

PHOTOS



#7



#8



#9



#10



#11



#12

PHOTOS



#13



#14



#15



#16