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Worldwide ERC® Relocation Property Assessment

IMPORTANT INFORMATION: Please Read Carefully

This document is a Property Assessment. It is not a buyer's home inspection.

This document should not be used in place of nor be mistaken for a general home inspection or specialty type inspection performed by a licensed or trades professional (e.g., professional home inspector, engineer, pest control operator, electrician, plumber, roofer or HVAC specialist, pool/spa specialist, etc.). This Property Assessment was prepared exclusively and for the sole use of the Client identified below (the "Client") under an established business-to-business relationship for the specific purposes of assisting with the relocation of an employee. It is not intended for use, nor is it to be relied upon, by any party other than the Client, including, but not limited to, buyers, sellers, lenders, real estate brokers/agents, and/or appraisers.

The Client may be required to provide this Property Assessment to other parties in order to comply with disclosure obligations under applicable federal, state and/or local law(s); however, no disclosure of this Property Assessment to other parties, including prospective buyers, shall be deemed to create or give rise to a duty of care or performance on the part of the Property Assessment Provider identified below or the Client toward such other parties. Accordingly, no party other than the Client may rely upon or be influenced by this Property Assessment when considering the property. The Property Assessment Provider prepared this Property Assessment in accordance with Client directives and based it on findings gathered at the property address identified below and other property information sources.

1. GENERAL INFORMATION

File #: _____ Client: _____

Contact: _____ Phone: _____ Fax: _____

E-mail address: _____

Client Address: _____

City/State/Postal Code: _____

Transferee(s): _____

Transferee Property Address: _____

City/State/Postal Code: _____

Property Assessment Provider: _____ Job/File #: _____

Provider Address: _____

City/State/Postal Code: _____

Contact: _____ Phone: _____ Fax: _____

E-mail address: _____

Date: _____ Time: _____ Weather: _____ Temp: _____ Estimated Age of Main Dwelling (yrs): _____

Parties Present at Time of Assessment: _____ Occupied: Yes No



WORLDWIDE ERC®

RELOCATION PROPERTY ASSESSMENT

THIS DOCUMENT IS NOT INTENDED FOR USE NOR IS IT TO BE RELIED UPON BY ANY PARTY OTHER THAN THE CLIENT

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2. PURPOSE AND SCOPE OF THE RELOCATION PROPERTY ASSESSMENT

To provide a professional opinion of a relocating employee's main dwelling and its immediate surrounding area in its "as is" condition, as of the date of assessment, limited to the definitions and guidelines as established by the Client and within this Property Assessment document.

3. OBJECTIVE OF THE RELOCATION PROPERTY ASSESSMENT

To provide the Client with data about a relocating employee's main dwelling and its immediate surrounding area, based on a visual assessment of items identified by category in this Property Assessment document.

4. DEFINITION OF THE RELOCATION PROPERTY ASSESSMENT

A visual, non-invasive evaluation and status of the items identified by category on the ensuing pages. The reporting of apparent defects (not cosmetic deficiencies) that call for corrective action is limited to three categories: 1) structure; 2) unsafe or hazardous conditions; and 3) inoperative systems or appliances.

1. Structure: A load-bearing member of a building (including, but not limited to, footings, foundation walls, posts, beams, floor joists, bearing walls, or roof framings) is to be reported as defective if it has one or more of these characteristics:

- Abnormal cracking or splitting;
- Unusual settlement;
- Deterioration such as rot or pest infestation damage;
- Improper alignment or structural integrity compromised by modification or abuse; or
- Other characteristics that affect the building's structural integrity.

2. Unsafe or Hazardous Conditions: Any item that is identified as a safety defect or a hazard, the presence or absence of which would be dangerous. Unless directed by the Client, the reporting of the possible presence of lead based paint, asbestos, urea-formaldehyde foam insulation, radon, electromagnetic radiation, toxic wastes, molds or fungus, and other environmental or indoor air pollutants are outside the scope of this Property Assessment.

3. Inoperative Systems and Appliances: Any installed systems or built-in appliances that do not operate properly or perform their intended function in response to normal use.

Unless directed by the Client, the following areas are outside the scope of this assessment: (i) cosmetic deficiencies; (ii) deferred maintenance items; (iii) the condition of on-site waste and water systems; (iv) the condition of underground fuel storage tanks; (v) the quality of the water supply; (vi) geological hazards such as floods, erosion, earthquakes, landslides, mudslides and volcanoes; and (vii) governmental or lender requirements. Furthermore, this Property Assessment is not a representation of compliance or noncompliance with federal, state, or local government regulations and codes (e.g., building codes, zoning ordinances, energy efficiency ratings, addition or remodeling permits, etc.).

Estimated costs to correct items identified in this Property Assessment as defective and/or items that may require attention are not bids and do not give rise to performance obligations on the part of the Property Assessment Provider. The Property Assessment Provider is not engaged in the business of providing repair; renovation or improvement services; as such, the Property Assessment Provider has not and cannot determine the actual cost of any repairs, renovations or improvements that may be advised or desired. The cost estimates reflect national, state and/or local cost averages as derived from the review of cost estimator manuals and other information sources by the Property Assessment Provider; all cost estimates should be followed by firm quotes or bids from qualified, reputable contractors.

5. STATUS DEFINITIONS

For each category, when applicable, rate the status of each item by checking the box as follows:

Acceptable: The item is performing its intended function as of the date of the assessment.

Not Present: The item does not exist in the structure being assessed.

Not Assessed: The item was not assessed because of inaccessibility or seasonal impediments.

Defective: The item is either: structurally unsound; unsafe or hazardous; or inoperative, as defined in Section 4 above.

**Please include comments in the corresponding "Remarks" column
for those items rated as Defective or Not Assessed.**

	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
LOTS & GROUNDS (LG)						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walks	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stoops/Steps	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deck/Balcony	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Porch	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining Walls	
7	SURFACE WATER CONTROL					
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grading	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swales	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement Stairwell Drain	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Wells	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Surface Drain	
ROOF (R)						
1	METHOD OF ASSESSMENT:					
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# 1	Approx. Age: Design Life:
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# 2	Approx. Age: Design Life:
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# 3	Approx. Age: Design Life:
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# 4	Approx. Age: Design Life:
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# 5	Approx. Age: Design Life:
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skylights	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	
10	ROOF WATER CONTROL:					
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gutters	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downspouts & Extensions	
Client:						Client File #:

Acceptable

Not Present

Not Assessed

Defective

Item

Remarks

EXTERIOR SURFACES (ES)

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# 1
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# 2
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# 3
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fascia
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soffitts
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows

GARAGE/CARPORTS (G/C)

1	<input type="checkbox"/> Garage <input type="checkbox"/> Carport: <input type="checkbox"/> Attached <input type="checkbox"/> Detached				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Operation
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic Door Opener
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition

STRUCTURES (S)

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beams
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bearing Walls
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joists/Trusses
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piers/Posts
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Slab
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Rails

ATTIC (A)

1	METHOD OF ASSESSMENT:				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Framing
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheathing
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic Fan
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole House Fan
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:

Client:

Client File #:

	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
BASEMENT (B)						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of water penetration?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
CRAWL SPACE (CS)						
1	METHOD OF ASSESSMENT:					
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of water penetration?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
ELECTRICAL (E)						
1	Amps: _____ Volts: _____					
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Cable	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panel	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Branch Circuits	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Conductor	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFI	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	
9	Is the size of the incoming electrical service adequate to meet the needs of the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Client:				Client File #:		

Acceptable

Not Present

Not Assessed

Defective

Item

Remarks

HEATING SYSTEMS (HS)

1					Primary: _____	Approx. Age: _____	Design Life: _____
2					Additional: _____	Approx. Age: _____	Design Life: _____
3					Fuel(s)		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary Operation		
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Operation		
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Draft Control		
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System		
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribution		
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Tank/Lines		
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermostat		
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blower		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier		
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger		
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Relief Valve(s)		
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circulator Pump		

AIR CONDITIONING SYSTEM (AC)

1					Type: _____	Fuel: _____
2					Approx. Age: _____	Design Life: _____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System	

Client: _____ **Client File #:** _____

Acceptable

Not Present

Not Assessed

Defective

Item

Remarks

PLUMBING (P)

1	Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Undetermined				How Verified? _____
2	Sewage Service: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Undetermined				How Verified? _____
3	Water Service On? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Pipes
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain Pipes
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent Pipes
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Tub
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Pressure
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tub/Shower
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink
13	WATER HEATER : Approx Age (yrs):				Approx Design Life (yrs):
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature/Pressure Relief Valve

ON-SITE SEWAGE DISPOSAL (SD)

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Operation
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WELL (W)

1	<input type="checkbox"/> Private <input type="checkbox"/> Community: _____				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower Pressure (Top Floor)
4	Water sample sent to the lab? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sent: _____				
5	Is there minimum flow of 3 gallons per minute (gpm) after 30 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6	If no, state the number of gallons per minute after 30 minutes: (gpm)				

Client:

Client File #:

	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
POOL AND HOT TUB (P/T)						
1					Pool Type: _____	Hot Tub Type: _____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deck/Apron	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heater	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filter	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fence	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub	
FIREPLACE (F)						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free-standing Stove	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue	
KITCHEN (K)						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking Appliances	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Built-ins:	
FINAL COMMENTS						
Were any other unsafe or hazardous conditions observed during the assessment that are not specifically designated on this Property Assessment document? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes please explain:						
Number of additional pages appended to this Property Assessment: _____						
The Property Assessment Provider identified below hereby certifies adherence to the terms of the assignment as set forth in the Definitions.						
Property Assessment Provider Name (Please print or type): _____ Date: _____						
Client:			Client File #:			

