



**Arizona Department of Agriculture
Office of Pest Management
WOOD DESTROYING INSECT INSPECTION REPORT**

**1688 W. Adams, Phoenix AZ 85007
(602) 255-3664**

1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 05/04/2015
1B. <input type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLIMENTAL REPORT	1D. WDIR #
1C. <input type="checkbox"/> SALE <input type="checkbox"/> REFINANCE <input type="checkbox"/> OTHER	1E. TARF #

NOTE: Pursuant to: ARS § 32-2333 (A) This form must be completed only by a Certified Applicator.

2. READ CAREFULLY PRIOR TO COMPLETING THIS OFFICE OF PEST MANAGMENT (OPM) FORM

- The VA or HUD/FHA case number shall be inserted in item 1A by the lender or by the pest control company.
- Areas that were inaccessible or obstructed (item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings, furniture or stored articles. In item 7, the Inspector shall list those obstructions or area 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 8D.
- When treatment is indicated in item 8C, the insects treated shall 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 issuance of a warranty. Warranty information shall also be entered in item 10. (Proper control measures are those which are allowed by OPM Statute/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	5A. NAME OF PROPERTY OWNER/SELLER	
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP)	5B. PROPERTY ADDRESS (Street, City, ZIP)	
3C. TELEPHONE NUMBER (Include Area Code)	4. BUSINESS LICENSE #	6A. INSPECTED STRUCTURES

6B. LIST ALL UN-INSPECTED STRUCTURES

7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE (See also Item 19, page 2.)

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: _____
Type of Wood-Destroying Insects observed: _____
- 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 _____ was observed in the following areas: _____
- E. Visible evidence of previous treatment was observed. List evidence. (See also Item 20, page 2.): _____

9. <u>DAMAGE OBSERVED, IF ANY</u> <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 recommended that noted damage be evaluated by a licensed structural contractor for any necessary repairs to be made.	10. <u>ADDITIONAL COMMENTS</u> (ALSO SEE PAGE 2.) (Number of additional attachments to this report.) _____ Page(s)
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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 area 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 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	12C. DATE
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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 A WARRANTY AS THE ABSENCE OF WOOD-DESTROYING INSECTS AND I 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
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PROPERTY NAME/ADDRESS	DATE OF INSPECTION
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AT THE TIME OF THE INSPECTION THE PROPERTY WAS: Vacant Occupied Unfurnished Furnished

CONDITIONS CONDUCTIVE TO INFESTATION

15. **WOOD TO EARTH CONTACT (EC)** YES 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 type="checkbox"/> Other _____ |
| <input type="checkbox"/> Porch Post | <input type="checkbox"/> Trellis | |

Comments:

16. **EXCESSIVE CELLULOSE DEBRIS (CD)** YES NO (If YES, check mark and explain conditions conducive)

Comments:

17. **FAULTY GRADES (FG)** YES 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 type="checkbox"/> Floor level or planters at or below grade | <input type="checkbox"/> Joists in crawl space less than 18" above grade |
| <input type="checkbox"/> Wood siding below grade | <input type="checkbox"/> Other _____ |

Comments:

18. **EXCESSIVE MOISTURE (ECM)** YES NO (If YES, check mark and explain)

- | | | | |
|-------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Standing Water | <input type="checkbox"/> Water Damage | <input type="checkbox"/> Bath/Shower/Toilet Leaking | <input type="checkbox"/> Inadequate Ventilation |
| <input type="checkbox"/> Sprinklers Hitting Structure | <input 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)** YES NO (If YES, check mark and explain)

- | | | |
|------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Attic - All | <input type="checkbox"/> Floors | <input type="checkbox"/> Sub/Crawl Space Area -- Clearance |
| <input type="checkbox"/> Attic - Joists | <input 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 type="checkbox"/> Plumbing Traps | <input type="checkbox"/> Dropped Ceilings | <input type="checkbox"/> Other _____ |

Comments:

20. EVIDENCE OF PREVIOUS TREATMENT

- 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.
- 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

