

# **Whisper Computer Solutions, Inc**





# PROPERTY INSPECTION REPORT FORM

|                                 |                    |
|---------------------------------|--------------------|
|                                 | 12/04/2021         |
| Name of Client                  | Date of Inspection |
| Address of Inspected Property   |                    |
| Joe R Inspector                 |                    |
| Name of Inspector               | TREC License #     |
| Name of Sponsor (if applicable) | TREC License #     |

### PURPOSE OF INSPECTION

A real estate inspection is a visual survey of a structure and a basic performance evaluation of the systems and components of a building. It provides information regarding the general condition of a residence at the time the inspection was conducted. *It is important* that you carefully read ALL of this information. Ask the inspector to clarify any items or comments that are unclear.

### RESPONSIBILITY OF THE INSPECTOR

This inspection is governed by the Texas Real Estate Commission (TREC) Standards of Practice (SOPs), which dictates the minimum requirements for a real estate inspection.

The inspector IS required to:

- use this Property Inspection Report form for the inspection;
- inspect only those components and conditions that are present, visible, and accessible at the time of the inspection;
- indicate whether each item was inspected, not inspected, or not present;
- indicate an item as Deficient (D) if a condition exists that adversely and materially affects the performance of a system or component **OR** constitutes a hazard to life, limb or property as specified by the SOPs; and
- explain the inspector’s findings in the corresponding section in the body of the report form.

The inspector IS NOT required to:

- identify all potential hazards;
- turn on decommissioned equipment, systems, utilities, or apply an open flame or light a pilot to operate any appliance;
- climb over obstacles, move furnishings or stored items;
- prioritize or emphasize the importance of one deficiency over another;
- provide follow-up services to verify that proper repairs have been made; or
- inspect system or component listed under the optional section of the SOPs (22 TAC 535.233).

### RESPONSIBILITY OF THE CLIENT

While items identified as Deficient (D) in an inspection report DO NOT obligate any party to make repairs or take other actions, in the event that any further evaluations are needed, it is the responsibility of the client to obtain further evaluations and/or cost estimates from qualified service professionals regarding any items reported as Deficient (D). It is recommended that any further evaluations and/or cost estimates take place prior to the expiration of any contractual time limitations, such as option periods.

**Please Note:** Evaluations performed by service professionals in response to items reported as Deficient (D) on the report may lead to the discovery of additional deficiencies that were not present, visible, or accessible at the time of the inspection. Any repairs made after the date of the inspection may render information contained in this report obsolete or invalid.

### REPORT LIMITATIONS

This report is provided for the benefit of the named client and is based on observations made by the named inspector on the date the inspection was performed (indicated above).

ONLY those items specifically noted as being inspected on the report were inspected.

This inspection IS NOT:

- a technically exhaustive inspection of the structure, its systems, or its components and may not reveal all deficiencies;
- an inspection to verify compliance with any building codes;

- an inspection to verify compliance with manufacturer's installation instructions for any system or component and DOES NOT imply insurability or warrantability of the structure or its components.

## NOTICE CONCERNING HAZARDOUS CONDITIONS, DEFICIENCIES, AND CONTRACTUAL AGREEMENTS

**Conditions may be present in your home that did not violate building codes or common practices in effect when the home was constructed but are considered hazardous by today's standards. Such conditions that were part of the home prior to the adoption of any current codes prohibiting them may not be required to be updated to meet current code requirements. However, if it can be reasonably determined that they are present at the time of the inspection, the potential for injury or property loss from these conditions is significant enough to require inspectors to report them as Deficient (D). Examples of such hazardous conditions include:**

- malfunctioning, improperly installed or missing ground fault circuit protection (GFCI) devices and arc-fault devices;
- ordinary glass in locations where modern construction techniques call for safety glass;
- malfunctioning or lack of fire safety features such as, smoke alarms, fire-rated doors in certain locations, and functional emergency escape and rescue openings in bedrooms;
- malfunctioning carbon monoxide alarms;
- excessive spacing between balusters on stairways and porches;
- improperly installed appliances;
- improperly installed or defective safety devices;
- lack of electrical bonding and grounding; and
- lack of bonding on gas piping, including corrugated stainless steel tubing (CSST).

**Please Note: items identified as Deficient (D) in an inspection report DO NOT obligate any party to make repairs or take other actions. The decision to correct a hazard or any deficiency identified in an inspection report is left up to the parties to the contract for the sale or purchase of the home.**

**This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions.**

**INFORMATION INCLUDED UNDER "ADDITIONAL INFORMATION PROVIDED BY INSPECTOR", OR PROVIDED AS AN ATTACHMENT WITH THE STANDARD FORM, IS NOT REQUIRED BY THE COMMISSION AND MAY CONTAIN CONTRACTUAL TERMS BETWEEN THE INSPECTOR AND YOU, AS THE CLIENT. THE COMMISSION DOES NOT REGULATE CONTRACTUAL TERMS BETWEEN PARTIES. IF YOU DO NOT UNDERSTAND THE EFFECT OF ANY CONTRACTUAL TERM CONTAINED IN THIS SECTION OR ANY ATTACHMENTS, CONSULT AN ATTORNEY.**

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### **ADDITIONAL INFORMATION PROVIDED BY INSPECTOR**

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

|   |    |    |   |
|---|----|----|---|
| I | NI | NP | D |
|---|----|----|---|

### I. STRUCTURAL SYSTEMS

- A. Foundations**  
*Type of Foundation(s):* [Foundation Types](#)  
*Comments:*
- B. Grading and Drainage**  
*Comments:*
- C. Roof Covering Materials**  
*Types of Roof Covering:* [Roof Covering Materials](#)  
*Viewed From:*  
*Comments:*
- D. Roof Structures and Attics**  
*Viewed From:*  
*Approximate Average Depth of Insulation:*  
*Comments:*
- E. Walls (Interior and Exterior)**  
*Comments:*
- F. Ceilings and Floors**  
*Comments:*
- G. Doors (Interior and Exterior)**  
*Comments:*
- H. Windows**  
*Comments:*
- I. Stairways (Interior and Exterior)**  
*Comments:*
- J. Fireplaces and Chimneys**  
*Comments:*
- K. Porches, Balconies, Decks, and Carports**  
*Comments:*
- L. Other**  
*Comments:*

### II. ELECTRICAL SYSTEMS

- A. Service Entrance and Panels**  
*Comments:*
- B. Branch Circuits, Connected Devices, and Fixtures**  
*Type of Wiring:*  
*Comments:*
- C. Other**  
*Comments:*

### III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- A. Heating Equipment**  
*Type of Systems:* [Heating Types](#)  
*Energy Sources:* [Heating Energy Sources](#)  
*Comments:*
- B. Cooling Equipment**  
*Type of Systems:* [Cooling Types](#)  
*Comments:*

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

| I | NI | NP | D |
|---|----|----|---|
|---|----|----|---|

**C. Duct Systems, Chases, and Vents**

*Comments:*

**D. Other**

*Comments:*

#### IV. PLUMBING SYSTEMS

**A. Plumbing Supply, Distribution Systems and Fixtures**

*Location of water meter:*

*Location of main water supply valve:*

*Static water pressure reading:*

*Type of supply piping material:*

*Comments:*

**B. Drains, Wastes, and Vents**

*Type of drain piping material:*

*Comments:*

**C. Water Heating Equipment**

*Energy Sources:* Water Heating Energy Sources

*Capacity:*

*Comments:*

**D. Hydro-Massage Therapy Equipment**

*Comments:*

**E. Gas Distribution Systems and Gas Appliances**

*Location of gas meter:*

*Type of gas distribution piping material:*

*Comments:*

**F. Other**

*Comments:*

#### V. APPLIANCES

**A. Dishwashers**

*Comments:*

**B. Food Waste Disposers**

*Comments:*

**C. Range Hood and Exhaust Systems**

*Comments:*

**D. Ranges, Cooktops, and Ovens**

*Comments:*

**E. Microwave Ovens**

*Comments:*

**F. Mechanical Exhaust Vents and Bathroom Heaters**

*Comments:*

**G. Garage Door Operators**

*Comments:*

**H. Dryer Exhaust Systems**

*Comments:*

**I. Other**

*Comments:*

#### VI. OPTIONAL SYSTEMS

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

| I | NI | NP | D |
|---|----|----|---|
|---|----|----|---|

|                          |                                     |                          |                          |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|

**A. Landscape Irrigation (Sprinkler) Systems**

*Comments:*

|                          |                                     |                          |                          |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|

**B. Swimming Pools, Spas, Hot Tubs, and Equipment**

*Type of Construction:* [Pool Construction Types](#)

*Comments:*

|                          |                                     |                          |                          |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|

**C. Outbuildings**

*Comments:*

|                          |                                     |                          |                          |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|

**D. Private Water Wells (A coliform analysis is recommended)**

*Type of Pump:* [Water Pump Types](#)

*Type of Storage Equipment:* [Water Storage Equipment](#)

*Comments:*

|                          |                                     |                          |                          |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|

**E. Private Sewage Disposal Systems**

*Type of System:* [Septic Systems](#)

*Location of Drain Field:*

*Comments:*

|                          |                                     |                          |                          |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|

**F. Other Built-in Appliances**

*Comments:*

|                          |                                     |                          |                          |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|

**G. Other**

*Comments:*



## TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

*Rule §7.176 Requires this department prescribed form to be used for real estate transactions in Texas regarding the visible presence or absence of wood destroying insects and conditions conducive to infestations of wood destroying insects.*

Inspected Address

City

Zip Code

### SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**
- C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.**
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- F. **THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.**
- G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

Inspected Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

1A. Whisper Computer Solutions, Inc 1B. \_\_\_\_\_  
 Name of Inspection Company SPCS Business License Number

1C. 8423 Burwell San Antonio TX 78254 210-446-7512  
 Address of Inspection Company City State Zip Telephone No.

1D. Joe R Inspector 1E. Certified Applicator  (check one)  
 Name of Inspector (Please Print) Technician

1F. Saturday, December 4, 2021  
 Inspection Date

2. \_\_\_\_\_ Seller  Agent  Buyer  Management Co.  Other   
 Name of Person Purchasing Inspection

3. \_\_\_\_\_  
 Owner/Seller

4. REPORT FORWARDED TO: Title Company or Mortgagee  Purchaser of Service  Seller  Agent  Buyer   
 (Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5A. \_\_\_\_\_  
 List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

5B. Type of Construction:  
 Foundation: Slab  Pier and Beam  Pier Type: \_\_\_\_\_ Basement  Other: \_\_\_\_\_  
 Siding: Wood  Fiber Cement Board  Brick  Stone  Stucco  Other: \_\_\_\_\_  
 Roof: Composition  Wood Shingle  Metal  Tile  Other \_\_\_\_\_

6A. This company has treated or is treating the structure for the following wood destroying insects: \_\_\_\_\_  
 If treating for subterranean termites, the treatment was: Partial  Spot  Bait  Other   
 If treating for drywood termites or related insets, the treatment was: Full  Limited

6B. \_\_\_\_\_  
 Date of Treatment by Inspecting Company Common Name of Insect Name of Pesticide, Bait or Other Method  
 This company has a contract or warranty in effect for control of the following wood destroying insects:  
 Yes  No  List Insects: \_\_\_\_\_  
**If "Yes", copy(ies) of warranty and treatment diagram must be attached.**

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

Signatures:  
 7A. \_\_\_\_\_  
 Inspector (Technician or Certified Applicator Name and License Number)

Others Present:  
 7B. \_\_\_\_\_  
 Apprentices, Technicians, or Certified Applicators (Names) and Registration/License Number(s)

Notice of Inspection Was Posted At or Near:  
 8A. Electric Breaker Box  8B. Date Posted: \_\_\_\_\_  
 Water Heater Closet   
 Beneath the Kitchen Sink

9A. Were any areas of the property obstructed or inaccessible? Yes  No   
 (Refer to Part B & C, Scope of Inspection) If "Yes" specify in 9B.  
 9B. The obstructed or inaccessible areas include but are not limited to the following:  
 Attic  Insulated area of attic  Plumbing Areas  Planter box abutting structure   
 Deck  Sub Floors  Slab Joints  Craw Space   
 Soil Grade Too High  Heavy Foliage  Eaves  Weepholes   
 Other  Specify: \_\_\_\_\_

10A. Conditions conducive to wood destroying insect infestation? Yes  No   
 (Refer to Part J, Scope of Inspection) If "Yes" specify in 10B.  
 10B. Conducive Conditions include but are not limited to:  
 Wood to Ground Contact (G)  Formboards left in place (I)  Excessive Moisture (J)   
 Debris under or around structure (K)  Footing too low or soil line too high (L)  Wood Rot (M)  Heavy Foliage (N)   
 Planter box abutting structure (O)  Wood Pile in Contact with Structure (Q)  Wooden Fence in Contact with the Structure (R)   
 Insufficient ventilation (T)  Other (C)  Specify: \_\_\_\_\_

|   |                              |                             |  |  |
|---|------------------------------|-----------------------------|--|--|
| Inspected Address   | City                         | Active Infestation          | Previous Infestation                                     | Zip Code   |
| 11. Inspection Reveals Visible Evidence in or on the structure: |                              |                             |  | Previous Treatment                                       |
| 11A. Subterranean Termites                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11B. Drywood Termites   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11C. Formosan Termites  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11D. Carpenter Ants   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11E. Other Wood Destroying Insects                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Specify: \_\_\_\_\_

11F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: \_\_\_\_\_

11G. Visible evidence of: \_\_\_\_\_ has been observed in the following areas: \_\_\_\_\_

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed on the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

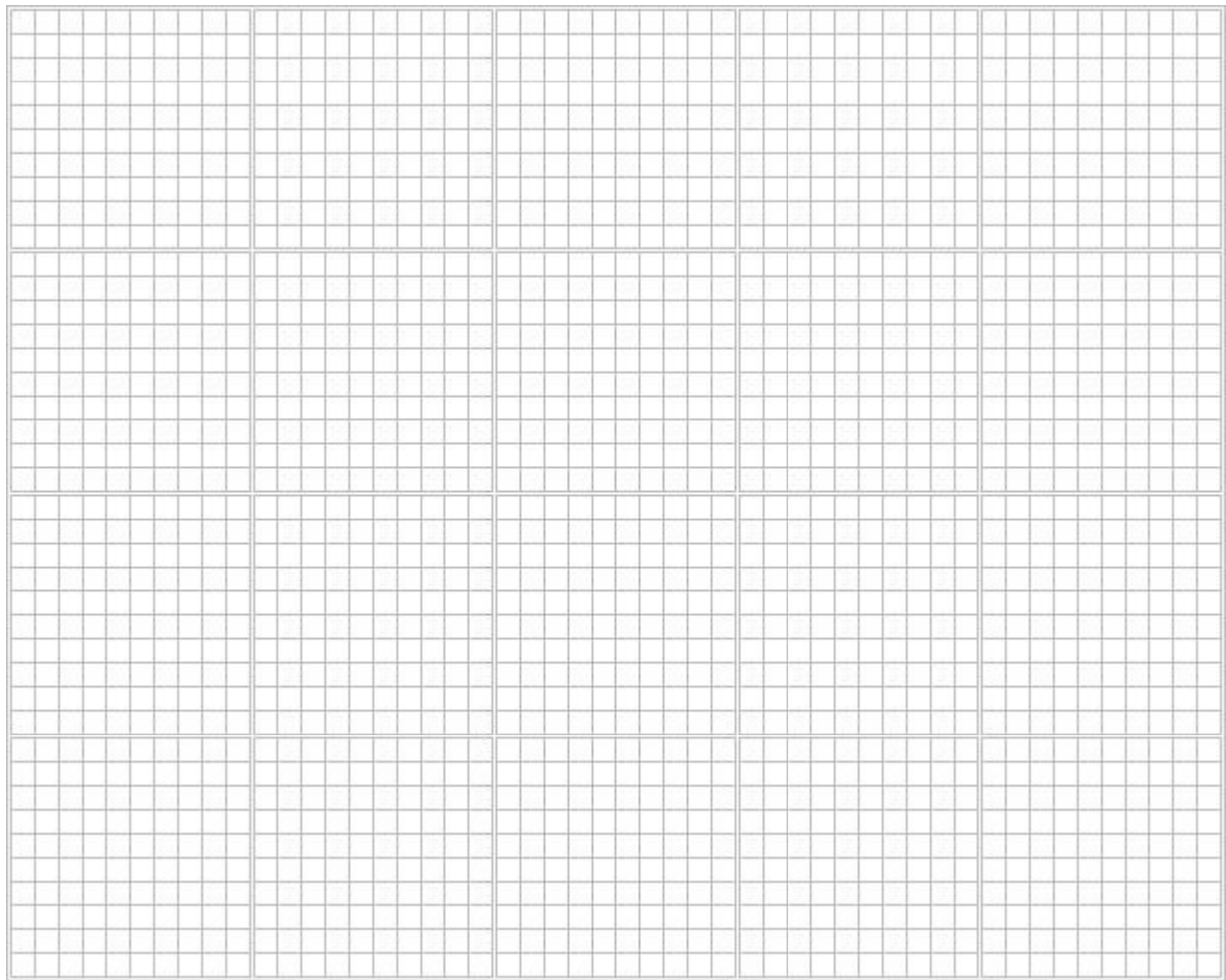
12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 11. (Refer to Part G, H and I, Scope of Inspection) Yes  No

12B. A preventive treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows: Yes  No

Specify reason: \_\_\_\_\_  
 Refer to Scope of Inspection Part J

**Diagram of Structure(s) Inspected**

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E- Evidence of infestation; A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify \_\_\_\_\_



Additional Comments \_\_\_\_\_

Inspected Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

**Statement of Purchaser**

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages: \_\_\_\_\_

Signature of Purchaser of Property or their Designee \_\_\_\_\_

Date \_\_\_\_\_

Customer or Designee not Present      **Buyers Initials** \_\_\_\_\_