

# **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.

**ADDITIONAL INFORMATION PROVIDED BY INSPECTOR**

Present at Inspection:  Buyer  Selling Agent  Listing Agent  Occupant  
Building Status:  Vacant  Owner Occupied  Tenant Occupied  Other  
Weather Conditions:  Fair  Cloudy  Rain Temp: \_\_\_\_\_  
Utilities On:  Yes  No Water  No Electricity  No Gas  
Special Notes: \_\_\_\_\_

**INACCESSIBLE OR OBSTRUCTED AREAS**

Sub Flooring  Attic Space is Limited - Viewed from Accessible Areas  
 Floors Covered  Plumbing Areas - Only Visible Plumbing Inspected  
 Walls/Ceilings Covered or Freshly Painted  Siding Over Older Existing Siding  
 Behind/Under Furniture and/or Stored Items  Crawl Space is limited - Viewed From Accessible Areas

Mold/Mildew investigations are NOT included with this report; it is beyond the scope of this inspection at the present time. Any reference of water intrusion is recommended that a professional investigation be obtained.

---

**NOTICE: THIS REPORT IS PAID FOR BY AND PREPARED FOR THE CLIENT NAMED ABOVE.  
THIS REPORT IS NOT VALID WITHOUT THE SIGNED SERVICE AGREEMENT AND IS NOT TRANSFERABLE.**

---

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:

#### Signs of Structural Movement or Settling

- |   |  |
|---|--|
| <input type="checkbox"/> Strike plate/alignment                                       | <input type="checkbox"/> Twisted float joints                |
| <input type="checkbox"/> Cracks in brick, stone, or stucco                            | <input type="checkbox"/> Cracks in exposed concrete floors   |
| <input type="checkbox"/> Floors not level   | <input type="checkbox"/> Cracks in Parge Coat                |
| <input type="checkbox"/> Deteriorated Pier/Beam Condition                             | <input type="checkbox"/> Excessive or improper shims         |
| <input type="checkbox"/> Separations between trim and siding                          | <input type="checkbox"/> Beam splices not supported by piers |
| <input type="checkbox"/> Inadequate ventilation of crawl space                        | <input type="checkbox"/> Cracks in wall(s) and / or ceiling  |
| <input type="checkbox"/> Hazards, clearances, or other conditions, viewed from access |  |
| <input type="checkbox"/> Door / window frames out of square                           |  |

**Performance Opinion:** (An opinion on performance is mandatory)

**Note:** *Weather conditions, drainage, leakage and other adverse factors are able to effect structures, and differential movements are likely to occur. The inspectors opinion is based on visual observations of accessible and unobstructed areas of the structure at the time of the inspection. Future performance of the structure cannot be predicted or warranted.*

- The foundation appears to be performing the function intended
- Structural movement and/or settling noted; however, the foundation is supporting the structure at this time.
- Signs of structural movement noted; suggest that an expert in this field be consulted for further evaluation of the structure and to provide suggestions as to what, if any, corrective actions should be taken.

**SUGGESTED FOUNDATION MAINTENANCE & CARE** - *Proper drainage and moisture maintenance to all types of foundations due to the expansive nature of the area load bearing soils. Drainage must be directed away from all sides of the foundation with grade slopes. In most cases, floor coverings and/or stored articles prevent recognition of signs of settlement - cracking in all but the most severe cases. It is important to note, this was not a structural engineering survey nor was any specialized testing done of any sub-slab plumbing systems during this limited visual inspection, as these are specialized processes requiring excavation. In the event that structural movement is noted, client is advised to consult with a Structural Engineer who can isolate and identify causes, and determine what corrective steps, if any, should be considered to either correct and/or stop structural movement.*

### B. Grading and Drainage

Comments:

Note: Any area where the ground or grade does not slope away from the structure is to be considered an area of improper drainage. Six inches per 10 feet.

- Improper drainage from foundation
- Erosion or ponding next to foundation/driveway
- Gutters draining too close to the structure
- Run off intrusion into crawl space
- Trees/heavy foliage too close to the structure
- Inadequate grading clearance to exterior wall surface
- Planter(s) adjoining the structure

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

- Cut and fill type lot may accumulate excessive run off
- Level lot, does not facilitate proper drainage
- Grade slopes toward the structure
- Soil / lot conditions suggest further evaluation by appropriate professional, i.e.. watering program, drains, etc.

**C. Roof Covering Materials**

Type(s) of Roof Covering: Roof Covering Materials

Viewed From: Roof Viewed From

Comments:

- |  |   |
|--|---|
| <input type="checkbox"/> Torn, damaged, perforated or missing shingles   | <input type="checkbox"/> Brick chimney not properly flashed and counter-flashed         |
| <input type="checkbox"/> Roof decking deflection and / or sagging  | <input type="checkbox"/> Skylight covers not secured and / or flashed properly          |
| <input type="checkbox"/> Roofing covering installed over older roof covering   | <input type="checkbox"/> Exposed or lifting nail heads                                  |
| <input type="checkbox"/> Inappropriate roof covering for slope of the roof   | <input type="checkbox"/> Roof penetration(s) not properly flashed /sealed               |
| <input type="checkbox"/> Trim, soffit, fascia boards are in need of repair   | <input type="checkbox"/> Missing / damaged or inappropriately installed rain caps       |
| <input type="checkbox"/> Flashing is lifting, ill configured, or missing   | <input type="checkbox"/> Missing step flashing where a roof intersects at exterior wall |
| <input type="checkbox"/> Leaves / debris in the gutters and downspouts   |   |
| <input type="checkbox"/> Tree branches are too close to the roof structure   |   |
| <input type="checkbox"/> Vent roof jacks missing or improper installation  |   |
| <input type="checkbox"/> Indication of water ponding   |   |
| <input type="checkbox"/> Other   |   |
| <input type="checkbox"/> Roof ventilation system damaged and in need of repair   |   |
| <input type="checkbox"/> The roof covering is in need of replacement or extensive repairs, a Certified Roofing Company should be consulted |   |
| <input type="checkbox"/> Previous Repairs to Roof At: _____  |   |

**D. Roof Structures and Attics**

Viewed From: Roof Structure Viewed From

Approximate Average Depth of Insulation:

Approximate Average Thickness of Vertical Insulation:

Comments:

- |  |  |
|--|--|
| <input type="checkbox"/> Insufficient attic ventilation                  | <input type="checkbox"/> Damaged and / or missing vent screens     |
| <input type="checkbox"/> Damaged and / or missing roof sheathing         | <input type="checkbox"/> Bath / Kitchen vents terminating in attic |
| <input type="checkbox"/> Evidence of moisture penetration                | <input type="checkbox"/> Deflection in roof surface                |
| <input type="checkbox"/> Elect. Wires are routed across the attic access | <input type="checkbox"/> Evidence of insulation voids              |
| <input type="checkbox"/> Inadequate roof support and / or failed members | <input type="checkbox"/> Defective Attic Ventilator                |
| <input type="checkbox"/> Inadequate or Missing Attic Access              | <input type="checkbox"/> Purlin System Missing                     |
| <input type="checkbox"/> Loose, missing or damaged gutters/downspouts    | <input type="checkbox"/> Damaged access ladder                     |

**E. Walls (Interior and Exterior)**

Comments:

**Interior Walls:**

- Signs of Structural Settling
- Water stains on walls and/or ceilings
- Freshly Painted
- Non-Combustable Material Missing at Wall between Living and Garage

**Exterior Walls:**

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

Siding Materials:  Brick  Stone  Wood  Wood byproducts  Stucco  
 Vinyl  Aluminum  Asbestos  Cement Board  Other

- Fascia / trim boards are water damaged at several areas
- Mortar is separated or missing in some areas
- Caulking / sealant is separated or missing in some areas
- Some cracks at the brick, stone, or stucco siding
- Wood siding is water damaged in some areas
- Siding shingles are cracked, loose or missing
- Some siding fasteners are backing out
- Weep holes not open and/or improper spacing
- Flashing missing and/or incorrectly installed
- Drip screed missing
- Overlap on cement board < 1 1/4 inch
- One or more areas were obstructed
- Other Water Penetration Areas at Exterior Walls
- Inadequate clearance between siding and grade
- Stucco less than 2" clearance to flatwork
- Stucco terminating below grade

**F. Ceilings and Floors**

*Comments:*

- Ceiling cracks in some areas
- Signs of structural settling
- Water stains on floor
- Other
- Water stains on ceiling
- Floor cracks in some areas
- Ceiling Missing at Garage

**G. Doors (Interior and Exterior)**

*Comments:*

**Interior Doors**

- Damaged doors: \_\_\_\_\_
- Doors do not operate properly: \_\_\_\_\_
- Doors loose on hinges: \_\_\_\_\_
- Doors rub, stick or hit frames: \_\_\_\_\_
- Deficient Hardware
- Door between living and Garage Not Fire-Rated

**Exterior Doors**

- Safety glass not present: \_\_\_\_\_
- Sliding glass door slides poorly or improperly installed
- Sliding screen door is missing / or damaged
- Doors / sliding glass doors: do not latch properly
- Double cylinder locks pose safety consideration
- Doors rub, stick or hit frames: \_\_\_\_\_
- Deficient Hardware

**Garage Doors**

**Type:**  Metal  Wood  Fiberglass  Doors / panels are damaged

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

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

**H. Windows**

*Comments:*

- Some windows are difficult to open or close
- Some glass panes are loose, damaged or missing
- Some window lift supports are loose, damaged or missing
- Some window / door screens are damaged or missing
- Absence of safety glass
- Window sill height exceeds 44" egress
- Windows in sleeping areas are of inadequate size for egress
- Thermal pane window seals have failed, moisture is present
- Inspection of the windows was limited
- Burglar bars do not provide for adequate emergency egress
- Caulking / plastic , etc. damaged and / or missing

**I. Stairways (Interior and Exterior)**

*Comments:*

**INT EXT**

- Baluster Spacing on steps Exceed 4 3/8"
- Vertical railing spacing is greater than 4"
- Landing Undersized or Missing
- Improper dimensions of stair raisers
- Improper dimensions of stair treads
- Hand railing is loose / missing at one or more locations
- Hand railing is not terminated properly
- Hand railing not at proper height

**J. Fireplaces and Chimneys**

*Comments:*

**Type of Fireplace:**  Factory  Masonry  Free Standing

- No gas valve access door
- Absence of fire stopping
- Gas log valve leaking or damaged
- Circulating fan missing or damaged
- Unable to fully view all fireplace components
- Burner pipe is damaged or improperly installed
- Lintel, Hearth, surrounding materials damaged or missing
- Chimney coping or spark arrestor damaged or missing
- Deficiencies in Chimney structure or components
- Hearth extension inadequate in size or material
- Adequate clearance from combustible materials
- Creosote build up in firebox or flue
- Damper does not operate or missing
- Deficiencies in combustion air vent
- Damper Block missing at Gas Log

**K. Porches, Balconies, Decks, and Carports**

*Comments:*

- Structural deficiencies
- Step down from house to exterior surface < 3 1/2"
- Spindles or rails greater than 4" spacing
- Deck is not properly attached to main structure
- Guardrail missing if > 30" from grade



I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

- Guardrail is not of proper height
- Spindles or rails greater than 4 3/8" spacing on stairs
- Internal area beneath porch or deck not accessed

**L. Other**

Comments:

**II. ELECTRICAL SYSTEMS**

**A. Service Entrance and Panels**

Comments:

- Overhead Service
- Underground Service

**Main Disconnect Panel**

- Service drop/mast loose and/or pulling away
- Grounding electrode is not secure to rod
- Doubled lugged breakers / Fuses
- One or more knockouts are missing
- Evidence of arcing or excess heat
- Grommets or Box Connectors Missing
- Service line has inadequate clearance to ground
- Panel has more than 6 disconnects, main required
- Panel does not have adequate clearance / accessibility
- Lack of anti-oxidants on aluminum conductor terminals
- A/C condensing unit #1:  
Specifies max amp breaker of \_\_\_\_\_ and a \_\_\_\_\_ amp breaker is in use
- A/C condensing unit #2:  
Specifies max amp breaker of \_\_\_\_\_ and a \_\_\_\_\_ amp breaker is in use
- Panel is not labeled
- Inside cover is not in place or Secure
- Incorrect size of wire on breakers / fuses
- 240 breakers installed without trip ties
- Ground wire / rod / CWB could not be verified
- Not Bonded and Grounded

**Sub Panels**

Type of Wire:  Copper  Aluminum

- ARC FAULTS NOT TESTED -- OCCUPIED
- Evidence of arcing or excess heat
- Panels are not labeled
- Not properly grounded or bonded
- Grounds and neutrals on same bus bar
- Panel covers, knockouts, cable clamps missing/ loose
- Lack of anti-oxidants on aluminum conductor terminals
- Defects may exist in certain electrical sub panels and have been known to be unsafe in some instances and should be thoroughly evaluated by a licensed electrician as to present and future performance.
- Ground/ARC Fault Circuit Inoperable
- Incorrect size breakers / fuses
- Incorrect size wire on breakers / fuses
- Panel(s) installed at improper location
- Double lugged breakers / fuses

**B. Branch Circuits, Connected Devices, and Fixtures**

Type of Wiring:  Copper  Aluminum Conduit \_\_\_\_\_

Comments:

**Outlet and Switches**

- Test indicate reverse polarity
- One or more junction boxes do not have covers
- Evidence of arcing or excessive heat
- Wiring is unsupported beneath the structure
- One or more connections are not in junction boxes
- GFCI are not properly installed or operate properly

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

- Improper use of extension cords as permanent wiring
- Loose, damaged, missing outlets / switches / covers
- Test indicate open circuit, no power at various outlets
- Lack of anti-oxidants on aluminum conductor terminals
- Concealed connections of copper and aluminum wires / electrical components were not inspected
- Two conductor system without benefit of bare ground wire ( typical in older homes )
- Inappropriate Ground Type receptacles installed on two conductor system
- Aluminum wiring connected to devices not CO/ALR rated
- Lack of disconnect at: \_\_\_\_\_
- Outlet/Switches inoperable at: \_\_\_\_\_
- Lack of Ground/Bonding at: \_\_\_\_\_
- Recommend any aluminum branch circuit be thoroughly evaluated by a licensed electrician for compatibility of wiring devices , appropriate connections, and treatment.

**Ground/ARC Fault Circuit Interrupt Safety Protection**

- |             |                              |                             |                                  |            |                              |                             |                                  |
|-------------|------------------------------|-----------------------------|----------------------------------|------------|------------------------------|-----------------------------|----------------------------------|
| Kitchen:    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Bathrooms: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Exterior:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Garage:    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Basement:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Wet Bar:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Living:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Dining:    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Crawlspace: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Laundry:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| A/C Unit:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Pool/Spa:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Bedroom:    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |            |                              |                             |                                  |

- No GFCI/ARC Fault protection at one or more location. This is considered a recognized safety hazard.
- GFCI circuit not inspected at: \_\_\_\_\_

**Fixtures**

- Ceiling fans inoperable or in need of repair
- Light fixtures inoperable or in need of repair

**Smoke and Fire Alarms**

- Smoke alarms are not present in each sleeping area
- No smoke alarm in hallway

**Other Electrical System Components**

- 

**C. Other**

Comments:

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

- 

**A. Heating Equipment**

Type of System: [Heating Types](#)

Energy Source: [Heating Energy Sources](#)

Comments:

- |  |   |
|--|---|
| <input type="checkbox"/> Operation of heating elements                   | <input type="checkbox"/> Condition of Conductors          |
| <input type="checkbox"/> No gas cutoff valve and / or improper gas valve | <input type="checkbox"/> Evidence of significant rust     |
| <input type="checkbox"/> Blower door safety switch broken or missing     | <input type="checkbox"/> Gas leak detected                |
| <input type="checkbox"/> Blower fan assembly is dirty / or vibrating     | <input type="checkbox"/> Forced Air in burner compartment |
| <input type="checkbox"/> Heater flue is too close to combustibles        |   |
| <input type="checkbox"/> Lack of protection from physical damage         |   |

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

- Inadequate conditioned, combustion, and dilution air
- Improper Gas connector materials and connections
- System does not operate according to manufacturers design
- Evidence of improper flame (impingement, uplifting, color)
- Inappropriate location or inadequate access and clearances
- Inoperable thermostat, controls or operating components
- System shows signs of being dirty : Recommend cleaning, servicing, and further evaluation by a licensed professional
- Deficiencies in mounting and operation of Window Units
- Burners, burner ignition devices or heating elements, switches, and/or thermostat not rated or at least 18" from Garage floor.

**B. Cooling Equipment**

Type of System: Cooling Types

Comments:

- Unit #1:  
Supply Air Temp: \_\_\_\_ °F    Return Air Temp: \_\_\_\_ °F    Temp. Differential: \_\_\_\_ °F
- Unit #2:  
Supply Air Temp: \_\_\_\_ °F    Return Air Temp: \_\_\_\_ °F    Temp. Differential: \_\_\_\_ °F
- Temperature differential is not within range of 14-23 degrees Fahrenheit
- Refrigerant lines not properly insulated at:     Condenser     Evaporative coil     In Attic
- Condenser unit coil fins damaged / dirty     Missing conduit on low voltage wiring
- Condenser unit not level or 3" above grade     Condenser installed too close to structure <18"
- Condenser airflow restricted     Dryer vent is too close to unit
- Air handler plenum is not properly sealed     No electric disconnect within sight of unit
- Water in auxiliary/secondary drain pan     Lack of GFCI near unit for technician
- Primary condensate line not insulated in open area
- Condensate line termination point was not determined
- Noticeable vibration of blower fan or condensing fan
- Condensate line terminates too close to structure
- Deficiencies in mounting and operation of Window/Wall Units
- Cooling system could not be operated or properly inspected due to outside air temperature being less than 60 degrees Fahrenheit at the time of inspection. Operation at or below 60 degrees could cause damage to the unit.
- System shows signs of being dirty. Recommend cleaning, servicing and / or further evaluation by a licensed professional

**For attic installations :**

- Minimum 30" clearance above and to the side for maintenance     Lack of work platform (>30" )
- Lack of 24"Walkway, light near unit, or outlet     Greater than 20 feet from access
- Scuttle opening less than 22" by 30"
- EVAPORATIVE COOLERS**     ONE SPEED     TWO SPEED    Water Supply Line: \_\_\_\_\_
- Unit winterized, drained and shut down
- Unit Inoperative     Inadequate access and clearances
- Rust damage/decay/corrosion on unit or components at: \_\_\_\_\_
- Less than one-inch air gap     Lack of Damper
- Deficient Pump/System at: \_\_\_\_\_

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

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

*Comments:*

**Type of Ducting:**  Flex Ducting  Duct Board  Metal

- Ducting is kinked, restricted or improperly routed
- Inadequate support of duct work
- Deficiencies in materials used for vent system
- Return air filter needs cleaning or replacement
- Some ducting moisture barrier is damaged/missing
- Absence of air flow at supply register
- Gas piping, sewer vents, electrical wiring, or junction boxes in the duct system, plenums, and/or chases
- There is inadequate venting for carbon monoxide to the exterior from the garage or storage room

**D. Other**

*Comments:*

**IV. PLUMBING SYSTEMS**

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

*Location of water meter:*

Functional Flow Inadequate

*Location of main water supply valve:*

*Static water pressure reading:* \_\_\_\_\_  below 40 psi  above 80 psi

Lack of reducing valve over 80 psi

*Type of supply piping material:*

*Comments:*

**Water Source:**  Public  Private **Sewer Type:**  Public  Private

**Sinks**

**Comments:** \_\_\_\_\_

- Incompatible connecting devices
- Loose or damaged faucet handles
- Sink leaks into cabinet below
- Hot and cold water reversed
- Drains have no visible "P" trap
- Leakage around sink(s)
- No shut off valves under sink
- Vegetable sprayer inoperable
- Drain stop inoperable
- Caulking or grout missing or damaged
- Sink stopper missing or damaged
- Inadequate draining

**Bathtubs and Showers**

**Comments:** \_\_\_\_\_

- Leakage around tub / shower
- Absence of safety glass enclosure
- Improper slope of shower
- Caulking or grout missing or damaged
- Shower diverter valve not operating
- Enclosure needs to be sealed
- Hot and cold water reversed
- Drain stop inoperable
- Dealing shower stalls
- Tile loose and / or missing
- Shower head is leaking
- Soap dish missing

**Commodes**

**Comments:** \_\_\_\_\_

- Leakage around commodes
- Seal leaking between tank & bowl
- Loose at floor mounting
- Bowl or tank is cracked/damaged
- Flush mechanism inoperable
- Tank water level is too high
- Tank lid broken or missing
- Bowl refill tube is missing
- Flapper valve is faulty

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

**Washing Machine Connections**

**Comments:** \_\_\_\_\_

- Washing machine not connected at this time - faucets, drains not tested for proper operation
- Leakage at plumbing connections
- Dryer vented into attic or under house

**Exterior Plumbing**

**Comments:** \_\_\_\_\_

- Exterior hose bibs do not have back-flow prevention
- Faucet handles are loose, damaged or missing
- Leakage present at: \_\_\_\_\_
- Plumbing Leaks / Hose Bibs / Sprinkler System

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

*Type of drain piping material:* \_\_\_\_\_

*Comments:* \_\_\_\_\_

**C. Water Heating Equipment**

*Energy Source:* [Water Heating Energy Sources](#)

*Capacity:* \_\_\_\_\_

*Comments:*

- |   |   |
|---|---|
| <input type="checkbox"/> Unit inoperable  | <input type="checkbox"/> Electrical disconnect missing/inadequate clearance   |
| <input type="checkbox"/> Water Leakage around unit  | <input type="checkbox"/> Improper gas line materials                          |
| <input type="checkbox"/> Leakage around connections   | <input type="checkbox"/> Flue/Vent is loose, damaged or poorly connected      |
| <input type="checkbox"/> Hot and cold water lines reversed  | <input type="checkbox"/> Unit installed with inadequate access and clearances |
| <input type="checkbox"/> Unit installed in an unsafe location   | <input type="checkbox"/> Gas shut off is leaking or wrong type                |
| <input type="checkbox"/> Gas leak detected around unit  | <input type="checkbox"/> Missing or inoperable cold water shut off            |
| <input type="checkbox"/> Improper Flame   | <input type="checkbox"/> Unit is not properly vented for combustion air       |
| <input type="checkbox"/> One or more covers are missing or damaged  |   |
| <input type="checkbox"/> Lack of pan and drain system/improper termination  |   |
| <input type="checkbox"/> Operation of heating elements on electric units  |   |
| <input type="checkbox"/> Lack of protection from physical damage  |   |
| <input type="checkbox"/> Corrosion and / or signs of an intermittent leak at isolation valve or plumbing connections  |   |
| <input type="checkbox"/> Unit is located in the garage or adjacent area and is not elevated so that it's ignition source is 18" above the floor if required |   |
| <input type="checkbox"/> Lack of an expansion tank when a pressure reducing valve is in place at the water supply line                                      |   |

**Water heater Temperature and Pressure Relief Valve**

- T/P valve inspected / verified, but NOT TESTED
- Drain line is not plumbed to the exterior
- T/P valve has no drain line / or wrong size
- Drain line runs uphill at some point
- Corrosion or leakage at connections
- Drain line is threaded at termination point

**D. Hydro-Massage Therapy Equipment**

*Comments:*

- |   |   |
|---|---|
| <input type="checkbox"/> Access panel is inaccessible     | <input type="checkbox"/> Electrical motor not bonded      |
| <input type="checkbox"/> The presence of active leaks     | <input type="checkbox"/> Vacuum switch does not operate   |
| <input type="checkbox"/> Inoperative unit(s) and controls | <input type="checkbox"/> Improper location of unit switch |

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

- Deficiencies in ports, valves, grates and covers
- Lack of ground fault circuit interrupter, inaccessible pump(s) or motor(s)

**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:*

- |  |   |
|--|---|
| <input type="checkbox"/> Unit leaking                          | <input type="checkbox"/> Unit hardwired                           |
| <input type="checkbox"/> No anti-siphon loop at the drain line | <input type="checkbox"/> Soap dispenser not functioning properly  |
| <input type="checkbox"/> Unit is not properly secured          | <input type="checkbox"/> Rust present in interior of unit         |
| <input type="checkbox"/> Door seal is damaged or leaking       | <input type="checkbox"/> Inoperative unit(s)                      |
| <input type="checkbox"/> Failure to drain properly             | <input type="checkbox"/> Deficiency in rack, rollers or spray arm |

**B. Food Waste Disposers**

*Comments:*

- |  |  |
|--|--|
| <input type="checkbox"/> Unit leaking                | <input type="checkbox"/> Inoperative Unit        |
| <input type="checkbox"/> Damaged grinding components | <input type="checkbox"/> Excessive Vibration     |
| <input type="checkbox"/> Corrosion on unit           | <input type="checkbox"/> Splash guard is damaged |
| <input type="checkbox"/> Improper mounting           |  |

**C. Range Hood and Exhaust Systems**

*Comments:*

- |   |   |
|---|---|
| <input type="checkbox"/> Filter is dirty / greasy                           | <input type="checkbox"/> Light / lens not functional    |
| <input type="checkbox"/> Vent pipe terminates improperly/improper material  | <input type="checkbox"/> No secure mounting of the unit |
| <input type="checkbox"/> Fan / Motor assembly vibrates or is noisy          |   |
| <input type="checkbox"/> Control knobs / switches are defective or missing  |   |
| <input type="checkbox"/> Fan / blower does not work / or work at all speeds |   |

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

*Comments:*

**Range Type:**  Electric  Gas

- |   |   |
|---|---|
| <input type="checkbox"/> Control knobs are loose and/or missing | <input type="checkbox"/> Gas leaks were detected around unit            |
| <input type="checkbox"/> Burners do not operate                 | <input type="checkbox"/> Improper or absence of gas shut off valve      |
| <input type="checkbox"/> Inadequate clearance from combustibles | <input type="checkbox"/> Improper materials used for gas connections    |
| <input type="checkbox"/> Absence of anti-tilt device            | <input type="checkbox"/> Deficiencies in the operation of the gas flame |

**Oven(s):**

Unit #1:  Electric  Gas  
 Tested at 350°F, Variance noted: \_\_\_\_\_°F (max 25°F)

Unit #2:  Electric  Gas  
 Tested at 350°F, Variance noted: \_\_\_\_\_°F (max 25°F)

- |   |   |
|---|---|
| <input type="checkbox"/> Control knobs are loose and/or missing | <input type="checkbox"/> Gas leaks were detected around unit            |
| <input type="checkbox"/> Unit is not properly secured           | <input type="checkbox"/> Deficiencies in the operation of the gas flame |
| <input type="checkbox"/> Door seal is damaged or leaking        | <input type="checkbox"/> Broiler / heating element does not operate     |

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

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

- Inadequate clearance from combustibles
- Deficiencies in operation of timer and thermostat
- Interior light does not operate
- Deficiencies in thermostat(s) sensor support
- Glass panels and/or hardware

**E. Microwave Ovens**

*Comments:*

- Deficiencies in door seal / tightness of closure
- Interior light does not operate
- Does not operate by heating a container or water
- Timer does not function

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

*Comments:*

- Units are loose at ceiling and / or wall
- Heat lamp timer does not work
- Unit motor and / or fan is noisy
- Missing covers
- Lack of exhaust ventilator if required
- Unit Inoperable
- Non vented wall heaters (considered a safety hazard)
- Vent pipes that do not terminate outside the structure

**G. Garage Door Operators**

*Comments:*

- Auto reverse does not work - Safety Hazard
- Switch is installed at improper height
- Missing safety wire inside door spring
- Switch is loose or damaged
- Electronic sensor not installed or improper height
- Opener is not properly secured
- No emergency release rope to disable opener
- Electronic sensor does not operate
- Door locks or side ropes that have not been removed or disabled

**H. Dryer Exhaust Systems**

*Comments:*

- Dryer vent cover is loose, damaged or missing
- Dryer vent is not vented properly
- Improper routing and length of vent pipe
- Inadequate vent pipe material
- Improper termination
- Damaged or missing Flapper termination
- The lack of a dryer vent system when provisions are present for a dryer

**I. Other**

*Comments:*

**VI. OPTIONAL SYSTEMS**

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

*Comments:*

- Surface water leaks
- The absence of shut-off valves
- The lack of a rain or freeze sensor
- Deficiencies in the condition of the control box
- The absence or improper installation of anti-siphon devices and back flow preventer
- Deficiencies in water flow or pressure at the zone heads
- Deficiencies in ZONE: \_\_\_\_\_

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

*Type of Construction:* Pool Construction Types

*Comments:*

- Lack of bonding at pump motor, blower, or other electrical equipment to ground
- The absence of or deficiencies in safety barriers
- FENCE: H;48" C;2" grade, 4" concrete Latch;54" 4" spindles non-climbable
- EXIT ALARM:**  Present  Absent
- Water leaks in above-ground pipes and/or equipment
- Deficiencies in lighting fixtures

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

The lack of failure of required ground-fault circuit interrupter protection

DEFICIENCIES FOUND IN:

- Surfaces       Tiles, coping, and decks       Drains, Skimmers, Valves
- Slides, steps, diving boards, handrails, and other equipment
- Filters, gauges, pumps, motors, controls, and sweeps
- Pool Heater:  Gas  Electric

**C. Outbuildings**

Comments:

- Lack of ground-fault circuit interrupter protection in grade-level portions
- Unfinished accessory buildings used for storage or work areas, boathouses, and boat hoists

DEFICIENCIES FOUND IN:

- Structural       Electrical, plumbing, heating, ventilation       Cooling systems

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

Type of Pump: Water Pump Types

Type of Storage Equipment: Water Storage Equipment

Proximity To Known Septic System: \_\_\_\_\_

Comments:

- Operate at least two fixtures simultaneously
- Recommend or arrange to have performed water quality or potability testing

DEFICIENCIES FOUND IN:

- Water pressure and flow and operation of pressure switches
- Condition of visible and accessible equipment and components
- Well head, including improper site drainage and clearances

**E. Private Sewage Disposal Systems**

Type of System: Septic Systems

Location of Drain Field:

PROXIMITY TO ANY KNOWN WELLS OR UNDERGROUND WATER SUPPLY: \_\_\_\_\_

Comments:

- Visual or olfactory evidence of effluent seepage or flow at the surface of the GROUND
- Inoperative aerators or dosing pumps
- DRAIN FIELD NOT FREE OF OBSTRUCTIONS

DEFICIENCIES FOUND IN:

- Visible Components     Functional Flow     Aerobic discharge
- Site Drainage and Clearances

**F. Other Built-in Appliances**

Comments:

**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	Zip Code
11. Inspection Reveals Visible Evidence in or on the structure:	Active Infestation	Previous Infestation
11A. Subterranean Termites	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"/>
11C. Formosan Termites	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"/>
11E. Other Wood Destroying Insects	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous Treatment
Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>
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

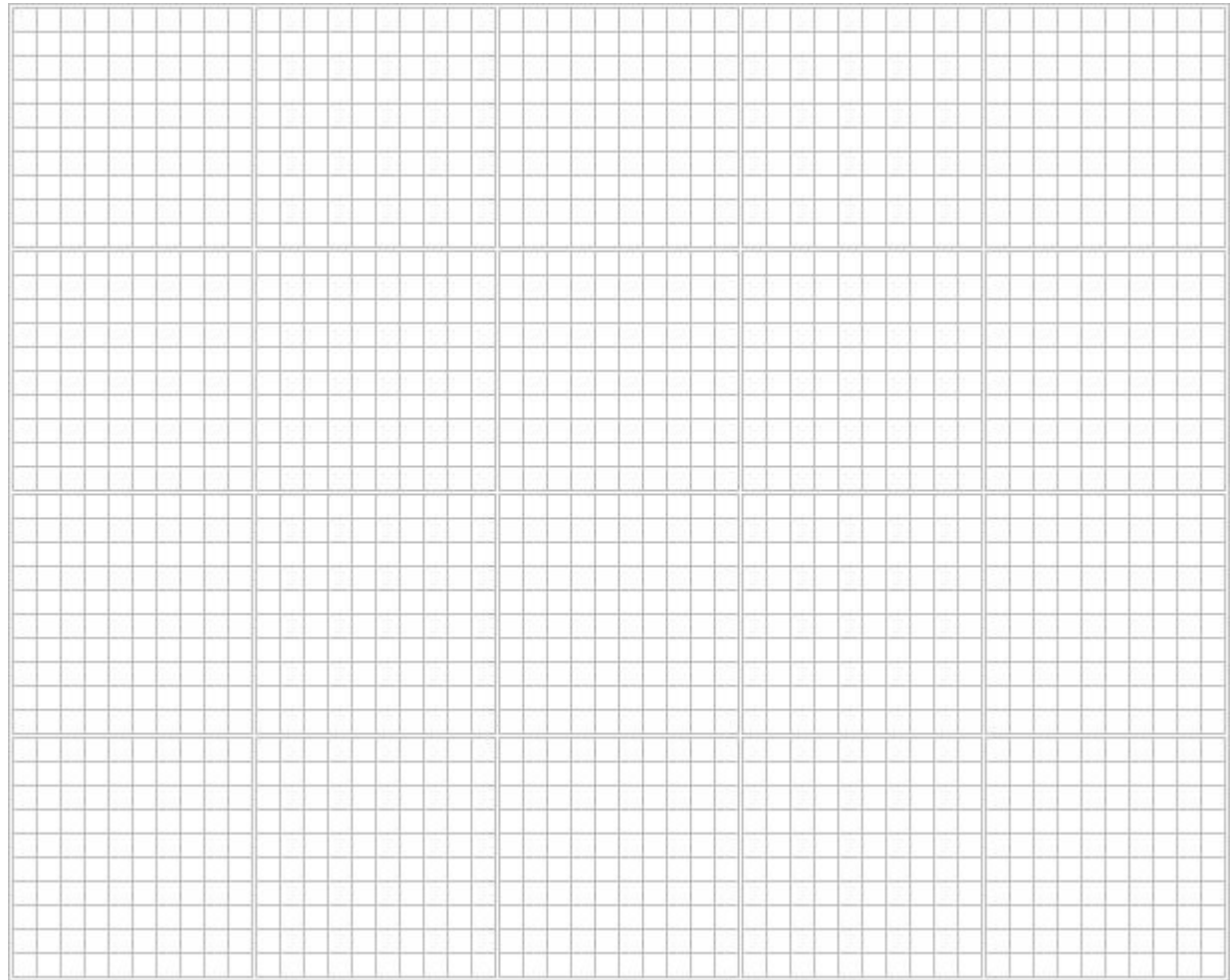
12B. A preventive treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows: Yes  No

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** \_\_\_\_\_