

OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT REPORT
(FORM ODAFF-1)

THIS INSPECTION DOES NOT ADDRESS HEALTH HAZARD MOLDS OR WOOD DESTROYING ORGANISMS

SECTION I. ADDRESS OF PROPERTY

File Number:

1A. Address of structures inspected: Street/Legal Description 1234 Main Street City Duncan Zip 73533

1B. Location of structures inspected (if different than address): _____

SECTION II. INSPECTING COMPANY INFORMATION

2A. ABC Pest Group Name of Inspection Company 2B. _____ ODAFF Business License Number

2C. PO Box 2831 Address of Inspection Company Tulsa City OK State 74147 Zip 800 689-0233 Telephone Number

2D. Stewart Ellison Name of Inspector (Please Print) 2E. 123456 Certification Number of Inspector

SECTION III. PROPERTY INFORMATION

3A. All of the structures on the property listed in Section I were inspected EXCEPT the following: _____

3B. Owner/Seller (if known): Rusty Jordan / _____

3C. Name of person purchasing report: John Homebuyer, 434 Linden Way, Tulsa 74140

3D. Capacity of person purchasing report: Buyer Agent Seller Other (specify: _____)

SECTION IV. TYPE OF CONSTRUCTION As determined by visual inspection are:

4A. Stem wall type: Brick Concrete Block Solid Concrete Other(specify: _____)

4B. Floor Type: Wood Concrete Slab Other(specify: _____)

4C. Area Under Floor: Crawl Space Basement Other (specify: _____)

4D. Exterior Type: Wood Fiberboard Stucco Concrete Block
 Wood Veneer Brick/Stone Aluminum/Vinyl Siding Other (specify: _____)

4E. Pier Type: Wood Concrete Block Other include combinations(specify: _____)

SECTION V. INACCESSIBLE OR VISUALLY OBSTRUCTED AREAS

5A. Are there any areas of the structure(s) inaccessible or visually obstructed: Yes No If "Yes", specify in 5B.

5B. Inaccessible or visually obstructed areas include:

- Un-floored or insulated attic areas
- Interior of hollow walls, floors, ceilings
- Storage areas (specify: _____)
- Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings
- Other (specify: _____)
- Inadequate clearance in crawl space
- Areas requiring tearing into or defacing to inspect
- Locked areas (specify: _____)

Comments: _____

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SECTION VI. CONDITIONS CONDUCTIVE

6A. Are there any visible conditions conducive to infestation by termites: Yes No

If "Yes" specify in 6B.

6B. Observed conditions conducive to infestation by termites or other wood destroying insects include:

- Wood to ground contact (Symbol: C1)
- Remaining form board (Symbol: C2)
- Excessive Moisture (Symbol: C3)
- Debris (wood or other cellulose material) under structure (Symbol: C4)
- Debris (wood or other cellulose material) around structure (Symbol: C5)
- Wooden parts resting on known cracked concrete (slab) or expansion joints (Symbol: C6)
- Stucco siding extending below grade (Symbol: C7)
- Insufficient separation between soil and wood in crawl space (Symbol: C8)
- Wood pile in contact with structure (Symbol: C9)
- Decks with wooden supports improperly based in contact w/structure (Symbol: C10)
- Dense foliage/shrubs in contact with structure (Symbol: C11)
- Other (specify: _____) (Symbol: C12)

6C. Location of conditions conducive to infestation by termites shall be shown on diagram in Section IX.

Comments: _____

SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT

7A. ACTIVITY:

(1) Is there visible evidence of termite ACTIVITY? Yes No If "Yes" specify in (2)

(2) Visible evidence of termite ACTIVITY includes:

- Live Termites (Symbol: T1)
- Termite frass (pellets) (Symbol: T3)
- Exit Holes (Symbol: T5)
- Termite Tubes (Symbol: T2)
- Winged Adults (Symbol: T4)

(3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX.

Comments: _____

7B. DAMAGE:

(1) Is there visible evidence of termite DAMAGE? Yes No If "Yes" specify in (2)

(2) Visible evidence of termite DAMAGE includes: (specify):

_____ (Symbol: TD)

(3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX.

Comments: _____

7C. Is there evidence of previous infestation or treatment? Yes No If "Yes" specify:

_____ (Symbol: T6)

SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES

8. ACTIVITY: (Note: 8. does not include Wood Rot Fungi)

(1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? Yes No

If "Yes" specify in (2), (3), and (4).

(2) Type of wood destroying insect ACTIVITY:

Insect (specify type: _____) (Symbol: IA)

(3) Evidence of ACTIVITY of insects noted in (2) above (Specify evidence, such as "live carpenter ants")

(4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX.

Comments: _____

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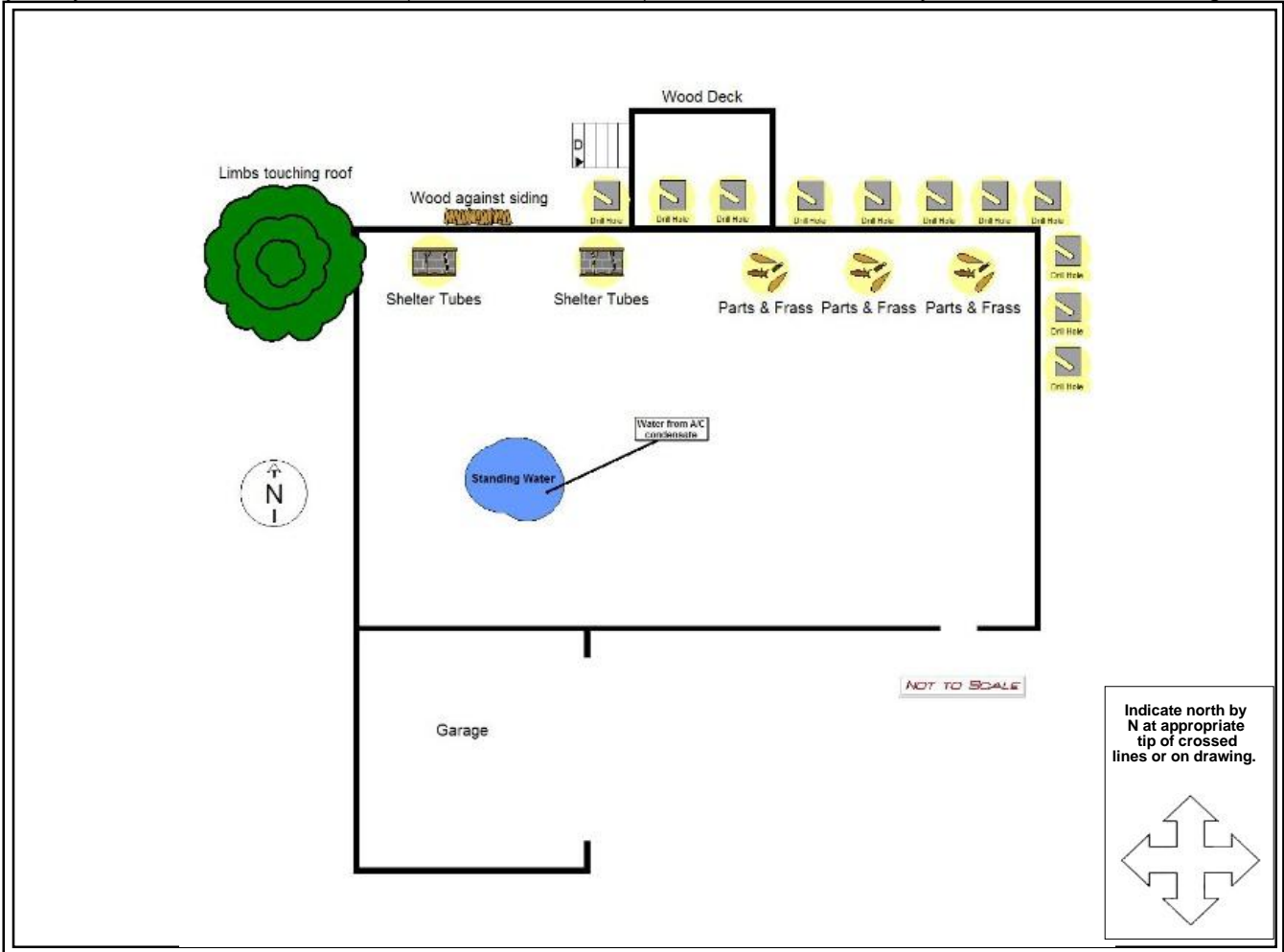
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Address of structures inspected: Street/Legal Description: **1234 Main Street** City **Duncan** Zip **73533**

Location of structures inspected (if different than address): _____

SECTION IX. DIAGRAM OF STRUCTURE(S) INSPECTED

Use this diagram to show the location and types of condition conducive, activity, or damage reported in Sections VI, VII and VIII. Employ the symbols shown in those sections (such as C1, T1, IA and ID) that are the same as the symbols shown below the diagram.



Evidence of Termite Activity or Damage:
 T1: Live Termites
 T2: Termite Tubes
 T3: Termite Frass (pellets)
 T4: Winged Adults
 T5: Exit Holes
 T6: Evidence of previous infestation or treatment
 TD: Termite Damage

Evidence of Activity or Damage by Wood Destroying insects Other Than Termites
 IA: Insect Activity
 OA: Other Activity
 ID: Insect Damage
 OD: Other Damage

Conditions Conducive:
 C1: Wood to ground contact
 C2: Remaining form boards
 C3: Excessive moisture
 C4: Debris under structure
 C5: Debris around structure
 C6: Wooden parts resting on known cracked concrete (slab) or expansion joints
 C7: Stucco siding extending below grade
 C8: Insufficient separation between soil and wood in crawl space
 C9: Wood pile in contact with structure
 C10: Decks in contact with structure
 C11: Dense foliage/shrubs in contact with structure
 C12: Other

Comments:

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SECTION X. RECOMMENDATION FOR TREATMENT OR FOR CORRECTION OF CONDITIONS CONDUCTIVE

10A. Is a recommendation made for treatment for termites or other wood destroying insects or for corrections of conditions conducive to infestation? Yes No If "Yes", specify in 10B.

10B. Type of recommendation:

(1) Remedial Treatment. Yes No If "Yes" specify:

(a) Insects to be treated for:

- Termites
- Wood destroying insects other than termite (Specify type: _____)

(b) Basis for recommendation:

- Presence of live termites (listed in 7A(2) or of other live wood destroying insects listed in Section 8.(3))
- Evidence of previous infestation (listed in Sections VII or VIII) and no visible evidence of an adequate treatment to address it
- Other (specify: _____)

(2) Preventative treatment. Yes No If "Yes", specify insects to be treated for in (a) and basis for recommendation in (b).

(a) Termites to be treated for:

- Termites
- Wood destroying insects other than termite (Specify type: _____)

(b) Basis for recommendation: Substantial conditions conducive to infestation referred to in Section VI of this form.

(Specify: _____)

(NOTE: These conditions must be substantial.)

(3) Correction of conditions conducive: Yes No If "Yes", specify in (a) and (b).

(a) Conditions conducive listed in 6.B. _____

(b) Corrective measures recommended: _____

SECTION XI. ADDITIONAL COMMENTS:

SECTION XII. ATTACHMENTS: List all attachments: _____

SECTION XIII. STATEMENT OF INSPECTOR

I performed the inspection of the property(ies) referenced above and believe this report to be true and complete.

13A. Notice of Inspection was posted at or near: Electric Breaker Box Water Heater Beneath Kitchen Sink Bath Trap

13B. Date Posted: _____ 13C. Signature of Inspector: Howard Elham 13D. Date Signed: _____

SECTION XIV. DISTRIBUTION OF COPIES

Report forwarded to: Title Co. or Mortgagee Purchaser of Service Seller Agent Buyer Inspecting Company (Under ODAFF regulations, only the purchaser of the service and inspecting company are required to receive a copy.)

SECTION XV. STATEMENT OF SELLER

The Seller hereto agrees that all known property history information regarding activity of wood destroying insects, damage from wood destroying insects, and treatment history has been disclosed to the Buyer.

Signature of Seller of Property or their Designee: _____ Date: _____

SECTION XVI. STATEMENT OF BUYER

I have received the original or a legible copy of this report and all attachments. I have read and understand any Recommendations made. My signature and/or my Closing on this property hereby acknowledge and accept the terms of this report. The Report urges me to obtain the opinion of a qualified building expert regarding any and all damages and defects on the property.

Signature of Purchaser of Property or their Designee: _____ Date: _____

SECTION XVII. STATEMENT OF PURCHASER OF SERVICE

The undersigned hereby acknowledges receipt of a copy of this report.

Signature of Purchaser of Service: _____ Date: _____

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OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT REPORT ADDENDUM

File Number:

SECTION I. ADDRESS OF PROPERTY

1A. Address of structures inspected: Street/Legal Description : 1234 Main Street, Duncan, 73533

1B. Location of structures inspected (if different than address): _____

Inspector's Name: Stewart Ellison

FINDING: The subarea or portions of the subarea are inaccessible due to inadequate clearance (less than 12") between the bottom of the floor joists and the soil.

RECOMMENDATION: Contract with licensed contractor to removed soil to allow at least 12" of clearance throughout the entire crawl.

FINDING: The ventilation of the subarea is inadequate and is contributing to the growth of fungus on the wood members of the substructure.

FINDING: Inspection of upper floor stall showers (over ceiling) made. No water test done. Evidence of possible shower leak, water related damage or excessive moisture condition was noted at the time of this inspection.


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Updated on 11/2/2007

INSPECTION PHOTOS



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