


Wood Destroying Insect Inspection Report		Notice: Please read important consumer information on page 2.	
Section I. General Information Inspection Company, Address & Phone Force Termite & Pest Control Inc 292 STUYVESANT AVENUE LYNDHURST, NJ 07071 800-522-4511		Company's Business Lic No. 91273A	Date of Inspection 05/27/2015
Inspector's name, Signature & Certification, Registration or Lic # JAMES MOLZAN  #58931-A		Address of Property Inspected TOWNSHIP OF ROCHELLE PARK 49 E Passaic St Rochelle Park, NJ 07662-3305	
Section II. Inspection Findings This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:		Structure(s) Inspected HOME, BARN	
<input checked="" type="checkbox"/> A. No Visible evidence of wood destroying insects was observed.			
<input type="checkbox"/> B. Visible evidence of wood destroying insects was observed as follows:			
<input type="checkbox"/> 1. Live insects (description & location): _____			
<input type="checkbox"/> 2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____			
<input type="checkbox"/> 3. Visible damage from wood destroying insects was noted as follows (description and location): _____			
<p>NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.</p> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:			
The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.			
Section III. Recommendations			
<input type="checkbox"/> No treatment recommended; (Explain if Box B in Section II is checked) _____			
<input type="checkbox"/> Recommend treatment for the control of: _____			
Section IV. Obstructions and Inaccessible Areas		The inspector may write out obstructions or use the following optional key:	
The following areas of the structure(s) inspected were obstructed or inaccessible:		1. Fixed ceiling 2. Suspended ceiling 3. Fixed wall covering 4. Floor covering 5. Insulation 6. Cabinets or shelving 7. Stored items 8. Furnishings 9. Appliances 10. No access or entry 11. Limited access 12. No access beneath	
<input checked="" type="checkbox"/> Basement 1-3-4-5-6-7-8-9-11-13-17-24 <input type="checkbox"/> Crawlspace <input checked="" type="checkbox"/> Main Level 1-3-4-5-6-7-8-9-11-13-17-24 <input type="checkbox"/> Attic <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Exterior 11-13-17-24 <input type="checkbox"/> Porch <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Other BARN 1-3-4-5-6-7-11-12-13-14-17-24	13. Only visual access 14. Cluttered condition 15. Standing water 16. Dense vegetation 17. Exterior Siding 18. Window well covers 19. Wood pile 20. Snow 21. Unsafe conditions 22. Rigid foam board 23. Synthetic stucco 24. Duct work, plumbing, and/or wiring		
Section V. Additional Comments and Attachments (these are an integral part of the report) No evidence of Subterranean Termites or any wood destroying insects observed.			
Attachments _____			
Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer. X		Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported. X	