

4-Point Inspection Form



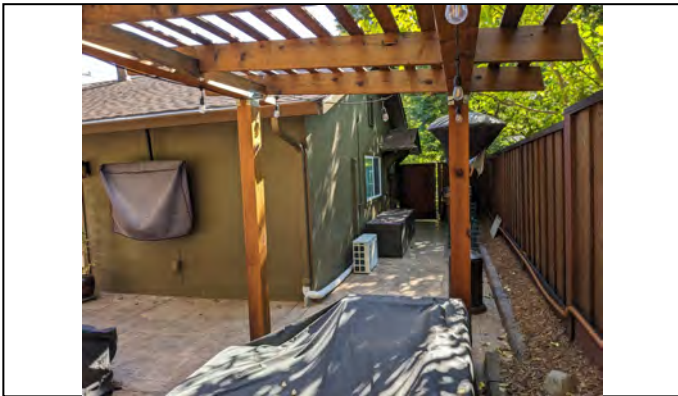
DMP INSPECTIONS
Dave Pagano
(925) 222 - 2023
dave@dmpinspections.com

Insured/Applicant Name: Dave Pagano Application / Policy #: _____
Address Inspected: 822 Hamilton Drive, Pleasant Hill, CA 94523
Phone: (925) 222 - 2023 Email: dave@dmpinspections.com
Actual Year Built: 1962 Date Inspected: 10/28/2023

Minimum Photo Requirements:

- Dwelling: Each side Roof: Each slope Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Electrical box with panel off Main electrical service panel with interior door label
- All hazards or deficiencies noted in this report

This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



4-Point Inspection Form

Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main		Type: <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fused
Total Amps: <u>200</u>	Panel Age: <u>3 Years</u>	Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)
Year last updated: <u>2020</u>	Brand/Model: <u>Square D</u>	
Panel: Solar Subpanel		Type: <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fused
Total Amps: <u>200</u>	Panel Age: <u>3 Years</u>	Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)
Year last updated: <u>2020</u>	Brand/Model: <u>Sunpower</u>	
Panel: Sub		Type: <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fused
Total Amps: <u>200</u>	Panel Age: <u>8 Years</u>	Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)
Year last updated: <u>2016</u>	Brand/Model: <u>Square D</u>	

Wiring Type:

Copper Aluminum NM, BX or Conduit

Indicate presence of any of the following:

Cloth wiring Active knob and tube

Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):
**If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided*

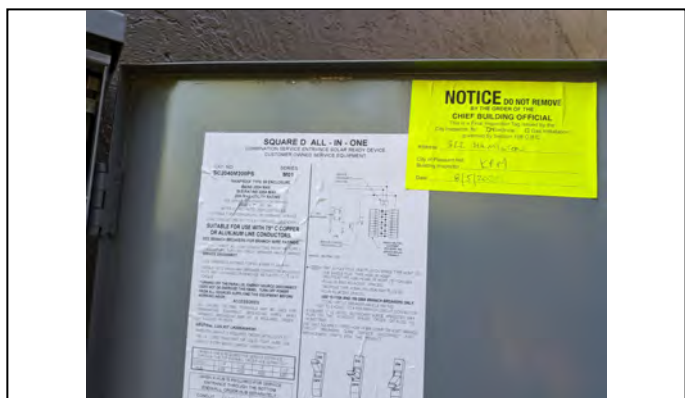
Connections repaired via COPALUM crimp Connections repaired via AlumiConn

Hazards Present

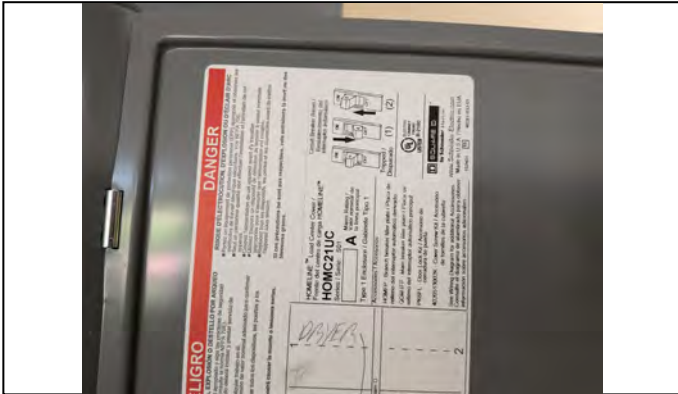
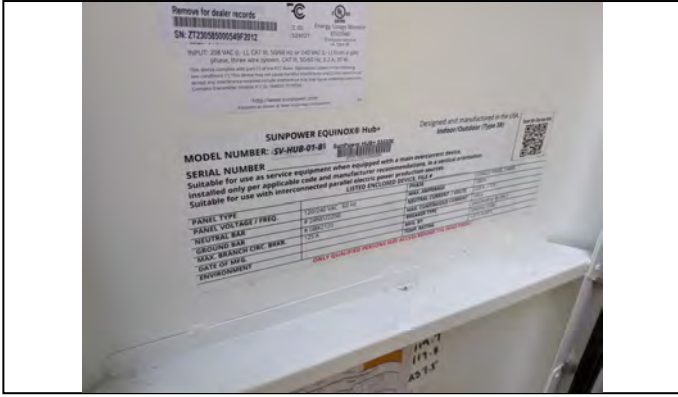
<input type="checkbox"/> Blowing fuses	<input type="checkbox"/> Empty sockets	<input type="checkbox"/> Improper grounding	<input type="checkbox"/> Over fusing
<input type="checkbox"/> Tripping breakers	<input type="checkbox"/> Loose wiring	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Exposed Wiring
<input type="checkbox"/> Scorching	<input type="checkbox"/> Unsafe Wiring	<input type="checkbox"/> Double taps	
<input type="checkbox"/> Improper Breaker Size		<input type="checkbox"/> Other:	

General condition of the electrical system: Satisfactory Unsatisfactory (explain)

Total renovation in 2016



4-Point Inspection Form



4-Point Inspection Form

HVAC System 1

Central AC: Yes No Central Heat: Yes No

If not central heat, indicate **primary** heat source and fuel type: _____

Is this heating, ventilation and air conditioning system in good working order? Yes No (See Additional Comments)

Date of last HVAC servicing/inspection: Unknown

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? Yes No None Installed

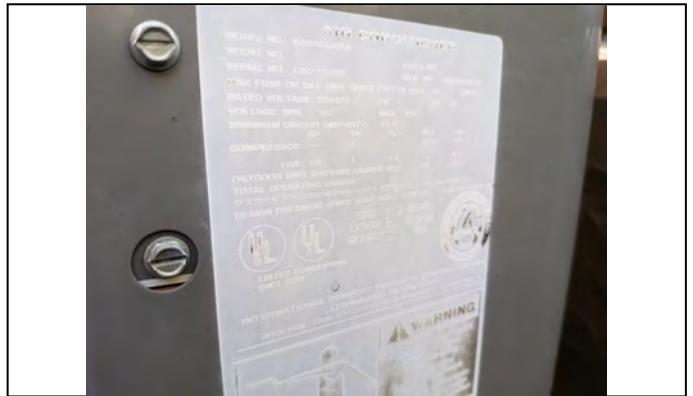
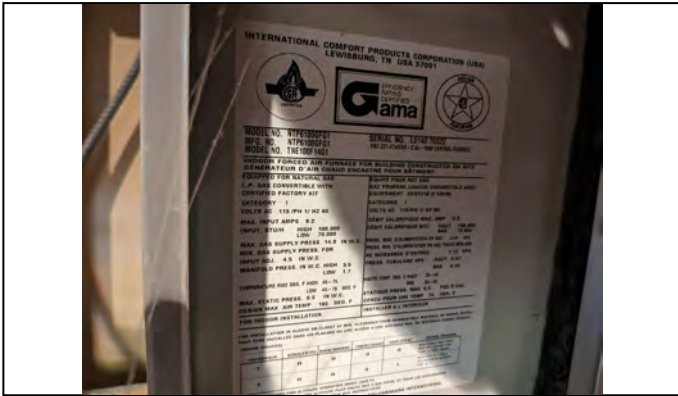
Space heater used as primary heat source? Yes No Is the source portable? Yes No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? Yes No

Supplemental Information

Age of System: 10+ years Year last updated: Unknown

Additional Comments:



4-Point Inspection Form

Plumbing System

Is there a temperature pressure relief valve on the water heater? Yes No
 Is there any indication of an active leak? Yes No
 Is there any indication of a prior leak? Yes No
 Water heater location: Closet

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please provide comments/detail (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

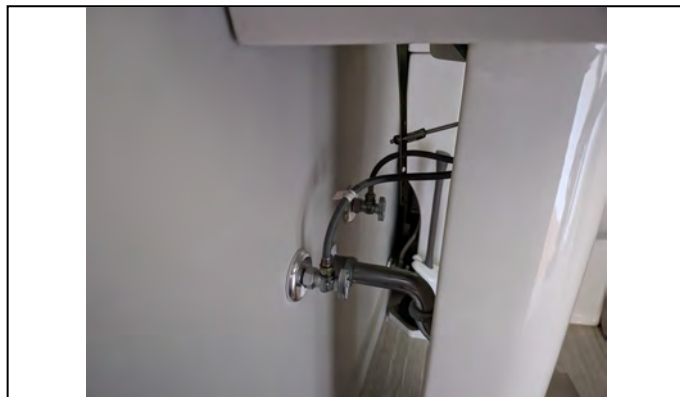
Age of Piping System:

- Original to home Completely re-piped
 Partially Re-piped

Provide year and extent of renovation:

Type of pipes (check all that apply)

- Copper PVC/CPVC Galvanized
 PEX Polybutylene Cast Iron
 Other:



4-Point Inspection Form



4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)

Predominant Roof

Covering material: Composite Shingle
 Roof age (years): 4 Years
 Remaining useful life (years): Estimate 15+ Years
 Date of last roofing permit: _____
 Date of last update: _____
 If updated (check one):
 Full replacement Partial replacement
 % of replacement: _____
 Overall Condition:
 Satisfactory
 Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

- | | |
|--|--|
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Cupping/Curling |
| <input type="checkbox"/> Excessive granules loss | <input type="checkbox"/> Exposed asphalt |
| <input type="checkbox"/> Exposed felt | <input type="checkbox"/> Soft spots in decking |
| <input type="checkbox"/> Missing/loose/cracked tabs or tiles | <input type="checkbox"/> Visible hail damage |

- Any visible signs of leaks?** Yes No
 Attic/underside of decking Yes No
 Interior ceilings Yes No

Secondary Roof

Covering material: _____
 Roof age (years): _____
 Remaining useful life (years): _____
 Date of last roofing permit: _____
 Date of last update: _____
 If updated (check one):
 Full replacement Partial replacement
 % of replacement: _____
 Overall Condition:
 Satisfactory
 Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

- | | |
|--|--|
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Cupping/Curling |
| <input type="checkbox"/> Excessive granules loss | <input type="checkbox"/> Exposed asphalt |
| <input type="checkbox"/> Exposed felt | <input type="checkbox"/> Soft spots in decking |
| <input type="checkbox"/> Missing/loose/cracked tabs or tiles | <input type="checkbox"/> Visible hail damage |

- Any visible signs of leaks?** Yes No
 Attic/underside of decking Yes No
 Interior ceilings Yes No



4-Point Inspection Form

Additional Comments/Observations (use additional pages if needed):

I certify that the above statements are true and correct.



Inspector Signature	ASHI Certified Inspector	#1046600	10/28/2023
DMP INSPECTIONS	CA General "B" Contractor	(925) 222 - 2023	
Company Name	License or Cert. Type	Work Phone	