

4-Point Inspection Form



DMP INSPECTIONS

Dave Pagano

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Insured/Applicant Name: Practice Client Application / Policy #: _____

Address Inspected: 111 Main Street, Hometown, CA 94523

Phone: (925) 222 - 2023 Email: dave@dmpinspections.com

Actual Year Built: 1956 Date Inspected: 10/05/2023

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

A California-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the California licensed professional of your choice. 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.



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Electrical System

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

Panel: Main _____ Type: Circuit Breaker Fused
 Total Amps: 200 Panel Age Unknown Is amperage sufficient for current usage? Yes No (explain)
 Year last updated: Unknown Brand/Model: GE

Panel: Sub-Sub _____ Type: Circuit Breaker Fused
 Total Amps: 125 Panel Age <1 Year Is amperage sufficient for current usage? Yes No (explain)
 Year last updated: Unknown Brand/Model: Siemens

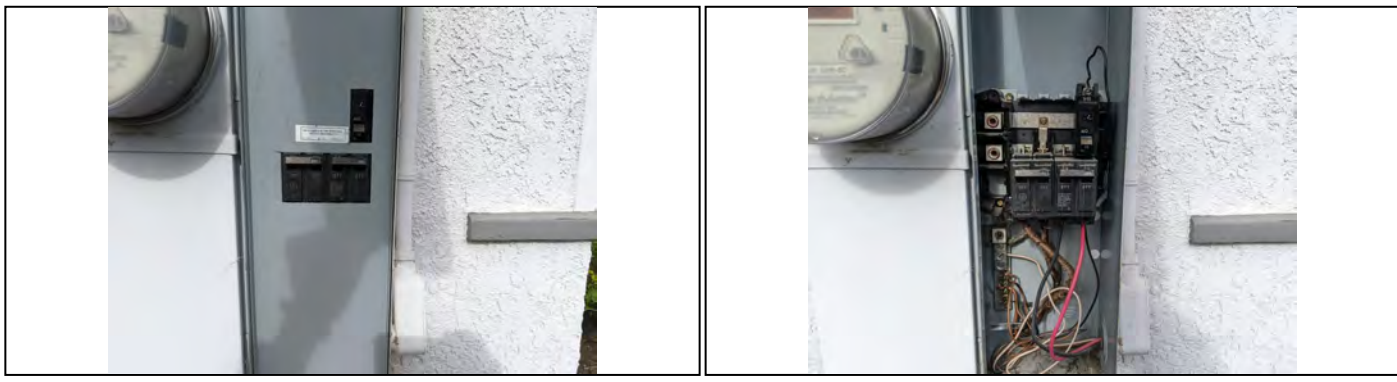
Wiring Type:
 Copper Aluminum NM, BX or Conduit

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

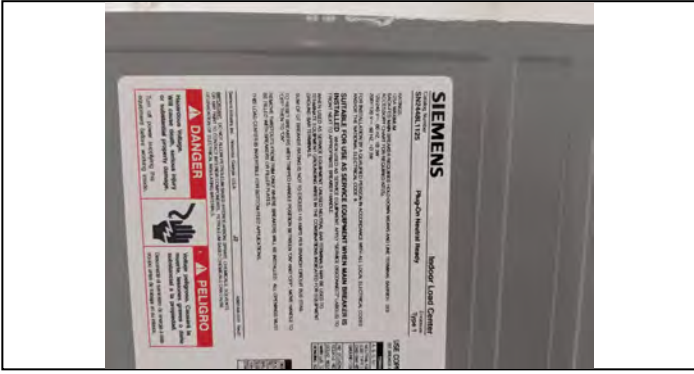
Hazards Present

<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 checked="" type="checkbox"/> Double taps	
<input type="checkbox"/> Improper Breaker Size		<input type="checkbox"/> Other:	

General condition of the electrical system: Satisfactory Unsatisfactory (explain)
 One or more circuit breaker terminals or neutral bar terminals have multiple wires installed. Such "double tapping" can be a hazard because positive connection for all the wires at the terminal is not assured. It is recommended that electrical work be completed by a licensed electrician.



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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: _____

Hazards Present

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

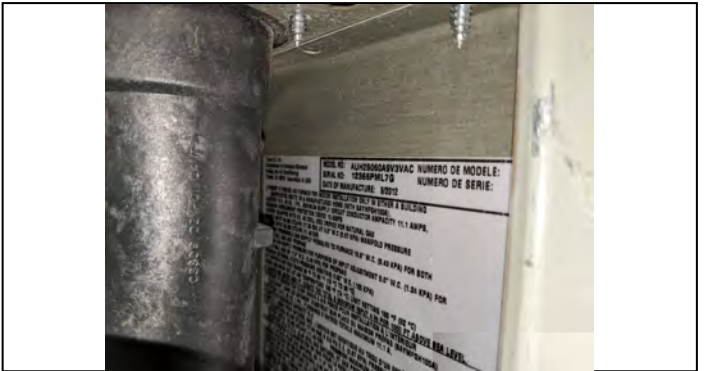
Space heater used as primary heat source? Yes No Is the source portable? Yes No

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: 2012

Additional Comments:



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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:

Some shut-off valves, riser lines and plumbing fixtures replaced with routine maintenance and updates.



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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): 15+ Years
 Remaining useful life (years): Estimate <1 Year
 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?

- Cracking Cupping/Curling
 Excessive granules loss Exposed asphalt
 Exposed felt Soft spots in decking
 Missing/loose/cracked Visible hail damage

tabs or tiles

- 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?

- Cracking Cupping/Curling
 Excessive granules loss Exposed asphalt
 Exposed felt Soft spots in decking
 Missing/loose/cracked Visible hail damage

tabs or tiles

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

