

EZ HOME FORENSIC AUDIT[©]

INTERIOR



Address: _____ Date: _____

Seller: _____ Phone: _____

ENTRY

Front Door _____
1. Weatherstrip _____
2. Locks/stopper _____
Walls _____
Ceiling _____
Floor Cover _____
Electrical _____
1. Switches _____
Trim _____
Closet _____
1. Shelves/Rods _____
2. Door/stopper _____

LIVING ROOM

Walls _____
Ceiling _____
Floor Cover _____
Windows _____
1. Operates _____
2. Glass _____
3. Screens _____
4. Clean _____
5. Blinds _____
Electrical _____
1. Plugs _____
2. Phone Jack _____
Trim _____
Vent/Grill _____
Room Divider _____
Switches _____
Doors/stopper _____

DINING ROOM

Walls _____
Ceiling _____
Floor Cover _____
Patio Dr/Windows _____
1. Operate _____
2. Glass _____
3. Screen _____
4. Blinds/stopper _____
Electrical _____
1. Plugs _____
2. Switches _____
3. Ceiling Fixture _____
Trim _____

Vent/Grill _____
Bookcase _____
1. Shelves _____
Fireplace/ Wet Bar: Add one?
1. Masonry/Factory _____
2. Gas Starter/ Key _____
3. Fireplace Screen _____
4. Mantle/Hearth _____

KITCHEN & DINING AREA

Floor Cover _____
Vent/Grills _____
Walls _____
Ceiling _____
Plumbing/Faucet _____
Appliances _____
1. Refrigerator _____
2. Range _____
3. Hood _____
4. Dishwasher _____
5. Disposal _____
Electrical _____
1. Plugs _____
2. Switches _____
3. Hardware _____
4. Ceiling Fixture _____
5. Phone Jack _____
Cabinets _____
1. Tops _____
2. Doors _____
3. Hardware _____
4. Drawers _____
Pantry _____
1. Door/stopper _____
2. Shelves _____
Trim _____
Windows _____
1. Operate _____
2. Glass _____
3. Screens _____
4. Blinds _____
Kitchen Bar _____
1. Top _____
2. Trim _____
3. Doors _____
4. Phone Jack _____



BATH	# 1	# 2
Walls		
Ceiling		
Floor Cover		
Medicine Cab		
Mirrors		
Plumbing		
1. Tub		
2. Shower Rod		
3. Toilet		
4. Fixtures		
Electrical		
1. Plugs		
2. Switches		
3. Vent Fan		
4. Ceiling Fixture		
Tub Surround		
1. Grout/Caulking		
2. Vent/Grill		
Vanity		
1. Tops		
2. Door & Drawers		
3. Sink		
4. Hardware		
5. Faucet		
6. Drains		
Door Trim/stopper		
1. Privacy Lock		
2. Accessories		

BEDROOM	# 1	# 2
Floor Cover		
Walls		
Ceiling		
Electrical		
1. Plugs		
2. Switches		
3. Ceiling Fix.		
4. Phone Jack		
Vent/Grills		
Closet		
1. Shelves		
2. Rods/ Shoe Rack		
3. Light Fixture		
4. Door/Lock		
5. Floor Covering		
Windows		
1. Operate		
2. Glass		
3. Screens		
4. Blinds		
H. Door/stopper		
I. Trim		

BASEMENT

Walls _____

Ceiling _____

Floor Covering _____

Electrical _____

 1. Plugs _____

 2. Switches _____

 3. Light Fixture _____

Door/stopper _____

WATER HEATER

Gas or Electric _____

Vent _____

Condition _____

Mfg. Date _____

HEATING & COOLING SYSTEMS

Heater _____

 1. Filter _____

 2. Thermostat _____

Air Conditioner _____

BACK/SIDE ENTRY

HALL/STAIR WELLS

Walls _____

Ceiling _____

Floor Cover _____

Electrical _____

 1. Plugs _____

 2. Switches _____

 3. Light Fixture _____

Linen Closet _____

 1. Shelves _____

 2. Doors/stopper _____

 3. Hardware _____

Windows _____

 1. Operates _____

 2. Glass _____

 3. Screen _____

ATTIC

Room For Storage or extra room: _____

Ventilation / Insulation Adequate _____

Evidence Of Past Water Intrusion _____

Roof Structure / Cracked Structure/ Sags _____

GENERAL

Evidence Of Water Damage: _____

Squeaks, sagging or unevenness: _____

Adequate closets: _____

Source Of Heat In Each Room: _____

EXTERIOR



FAÇADE / ENTRY

Front Door/stopper _____
Screen Door _____
Storm Door _____
Hardware _____
Electrical _____
Switch _____
Light _____
Door Bell _____
Porch _____

ROOF

Asphalt Shingles _____
Chimney _____
Gutters _____
Facia _____
Soffit _____
Vents _____
Antennas _____
Chimney Tuckpoint _____

LANDSCAPE

Land Grading / Low Spots _____
Landscaping _____
Privacy _____

DRIVEWAY / WALKS

MAIL BOX

Numbers _____
Box _____

WINDOWS

Storm _____
Screens _____
Blinds _____
Shades _____
Single Glazed _____

DECK/PATIO

PLUMBING

POOL/ SPA

FENCE

SHUTTERS

GARAGE/SHED

A. Doors/stopper _____
B. Openers # _____
C. Walls _____
D. Ceiling _____
E. Electrical _____
1. Plugs _____
2. Switches _____
3. Light Fixture _____

BACK/SIDE ENTRY

Siding _____
Windows _____
Steps _____
Lights _____

FOUNDATION

Sags _____
Water/Insect Damage _____
Evidence Of Past Water Intrusion _____
Sump Pump _____ Dehumidifier _____

Duct Condition

Gas Meter Installed?

Opportunity Notes and Suggest Ideas: If removing wall note:
floor vents, light switches & outlets, thermostat floor transition

If added or replacing doors verify swing w/ contractor and
supplier in relation to handrails, switches, storm doors

If painting or drywall remove all necessary electrical covers
and tape off or cover light switches & outlets, all fixtures,
appliances, vents, windows/screen

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