

CONSTRUCTION PERFORMANCE AUDIT

COMMUNITY/ADDRESS: _____	DATE: _____
PRIMARY CONTACT AT PROPERTY: _____	PHONE: _____ FAX: _____
AUDITOR: _____	AFFILIATION: _____
AUDITOR CONTACT AT PROPERTY: _____	PHONE: _____ FAX: _____

EXTERIOR INSPECTION ITEMS

<u>ROOFS</u>	<u>YES</u>	<u>NO</u>	<u>NOTES</u>
FALLING TILES	<input type="checkbox"/>	<input type="checkbox"/>	_____
LOOSE OR BROKEN TILES	<input type="checkbox"/>	<input type="checkbox"/>	_____
EVIDENCE OF PONDING WATER ON FLAT ROOFS	<input type="checkbox"/>	<input type="checkbox"/>	_____
LEAKS OR STAINS TO INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>FIREPLACES</u>	<u>YES</u>	<u>NO</u>	<u>NOTES</u>
LOOSE CHIMNEY CAPS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PONDING WATER ON CHIMNEY CAP	<input type="checkbox"/>	<input type="checkbox"/>	_____
LEAKS OR STAINS TO INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
SMOKE INTRUSION INTO UNIT	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>EXTERIOR STUCCO</u>	<u>YES</u>	<u>NO</u>	<u>NOTES</u>
STUCCO CRACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
STUCCO STAINING	<input type="checkbox"/>	<input type="checkbox"/>	_____
STUCCO SPALLING/DISINTEGRATING	<input type="checkbox"/>	<input type="checkbox"/>	_____
STUCCO COVERED BY CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	_____
FLATWORK COVERED BY CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>WINDOWS & SLIDING GLASS DOORS</u>	<u>YES</u>	<u>NO</u>	<u>NOTES</u>
LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
INTERIOR STAINING AROUND PERIMETER	<input type="checkbox"/>	<input type="checkbox"/>	_____
DRYWALL CORNER CRACKS AROUND PERIMETER	<input type="checkbox"/>	<input type="checkbox"/>	_____
LOOSE OR ILL-FITTING WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	_____
LOOSE OR ILL-FITTING SLIDING GLASS DOORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
LATCHING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FOGGED WINDOW PANES	<input type="checkbox"/>	<input type="checkbox"/>	_____
STUCCO CRACKS AROUND PERIMETER	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>LANDSCAPING</u>	<u>YES</u>	<u>NO</u>	<u>NOTES</u>
SIDEWALK DAMAGE DUE TO TREE ROOTS	<input type="checkbox"/>	<input type="checkbox"/>	_____
PONDING WATER	<input type="checkbox"/>	<input type="checkbox"/>	_____
SPRINKLER OVERSPRAY ONTO BUILDINGS	<input type="checkbox"/>	<input type="checkbox"/>	_____
RETAINING WALLS STAINED/CRACKED/DETERIORATION	<input type="checkbox"/>	<input type="checkbox"/>	_____
SLOPE FAILURE	<input type="checkbox"/>	<input type="checkbox"/>	_____
EARTH LESS THAN 4" BELOW STUCCO	<input type="checkbox"/>	<input type="checkbox"/>	_____

QUESTIONS, CONCERNS OR FOR A COMPLIMENTARY, NO-OBLIGATION PROFESSIONAL INSPECTION, CALL



CONSTRUCTION PERFORMANCE AUDIT

ASPHALT PAVING

	<u>Yes</u>	<u>No</u>	<u>NOTES</u>
CRACKING	<input type="checkbox"/>	<input type="checkbox"/>	_____
ALLIGATORING	<input type="checkbox"/>	<input type="checkbox"/>	_____
DETERIORATION/GRAVELING	<input type="checkbox"/>	<input type="checkbox"/>	_____
EVIDENCE OF PONDING	<input type="checkbox"/>	<input type="checkbox"/>	_____
SINK HOLES	<input type="checkbox"/>	<input type="checkbox"/>	_____
OPEN JOINTS AT ASPHALT TO CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	_____

SITE LIGHTING

	<u>Yes</u>	<u>No</u>	<u>NOTES</u>
INADEQUATE COMMON AREA LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>	_____
DETERIORATING LIGHT POLES	<input type="checkbox"/>	<input type="checkbox"/>	_____
UNSTABLE LIGHT POLES	<input type="checkbox"/>	<input type="checkbox"/>	_____

DECKS, BALCONIES & STAIR LANDINGS

	<u>Yes</u>	<u>No</u>	<u>NOTES</u>
EVIDENCE OF PONDING WATER	<input type="checkbox"/>	<input type="checkbox"/>	_____
DECK COATING DETERIORATION OR DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	_____
STAINING	<input type="checkbox"/>	<input type="checkbox"/>	_____

INTERIOR INSPECTION ITEMS

WALLS

	<u>Yes</u>	<u>No</u>	<u>NOTES</u>
STAINING	<input type="checkbox"/>	<input type="checkbox"/>	_____
CRACKING	<input type="checkbox"/>	<input type="checkbox"/>	_____

PLUMBING

	<u>Yes</u>	<u>No</u>	<u>NOTES</u>
DAMAGE RESULTING FROM LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
EXCESSIVE NOISE FROM PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	_____
CRACKED TUB OR TILE	<input type="checkbox"/>	<input type="checkbox"/>	_____
UNSTABLE TOILET	<input type="checkbox"/>	<input type="checkbox"/>	_____
STAINED FLOORING AT TOILET	<input type="checkbox"/>	<input type="checkbox"/>	_____
BAD ODOR FROM DRAINS	<input type="checkbox"/>	<input type="checkbox"/>	_____

SINKS

	<u>Yes</u>	<u>No</u>	<u>NOTES</u>
CRACKED OR CHIPPED	<input type="checkbox"/>	<input type="checkbox"/>	_____
RUSTING	<input type="checkbox"/>	<input type="checkbox"/>	_____
LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	_____

HVAC

	<u>Yes</u>	<u>No</u>	<u>NOTES</u>
LACK OF PROPER HEAT OR COOLING	<input type="checkbox"/>	<input type="checkbox"/>	_____
CLOTHES DRYER VENT CLOGGING	<input type="checkbox"/>	<input type="checkbox"/>	_____

ELECTRICAL

	<u>Yes</u>	<u>No</u>	<u>NOTES</u>
FAILING LIGHT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	_____
FAILING ELECTRICAL OUTLETS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FAULTY LIGHT FIXTURES	<input type="checkbox"/>	<input type="checkbox"/>	_____
WIRING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	_____