

# These Walls Can Talk

Forms provided by:  
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## INSPECTOR INFORMATION FORM

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office Number \_\_\_\_\_

Office Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Web Site Address \_\_\_\_\_

Total years experience \_\_\_\_\_

Total number of inspections completed \_\_\_\_\_

Number of certified education hours on inspections \_\_\_\_\_

Past experience in structural or mechanical inspections  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mark all that apply. Include a copy of the certification and/or membership:**

\_\_\_\_\_ Member of state Association of Home Inspectors or other similar association

\_\_\_\_\_ ASHI Certified

\_\_\_\_\_ ASHI – Membership in progress

\_\_\_\_\_ Certified

\_\_\_\_\_ Membership in progress

# INSPECTOR INFORMATION FORM

Travel distance outside the metro area \_\_\_\_\_ Miles

Communities served: \_\_\_\_\_

Is there an extra mileage charge? Yes No \_\_\_\_\_ Per mile

Do you carry Errors and Omissions Insurance Yes No

If yes, does your coverage also include the real estate licensee? Yes No

**Please mark what applies and your fee schedule:**

Whole House (mechanical & structural) Yes No \$ \_\_\_\_\_

Mechanical only Yes No \$ \_\_\_\_\_

Structural only Yes No \$ \_\_\_\_\_

Pools / Spas Yes No \$ \_\_\_\_\_

Mold Testing Yes No \$ \_\_\_\_\_

Pest Inspections (must be certified) Yes No \$ \_\_\_\_\_

Radon Testing (Must be EPA certified – include certificate) Yes No \$ \_\_\_\_\_

Septic Yes No \$ \_\_\_\_\_

Stucco/EIFS Moisture Testing Yes No \$ \_\_\_\_\_

Are you certified? Yes No

Access to equipment? Yes No

Water Testing Yes No \$ \_\_\_\_\_

Are your reports automated? Yes No

Do you include photos of questionable areas? Yes No

Do you provide estimates regarding cost of repairs? Yes No

Do you provide a maintenance manual? Yes No

Reports are delivered within \_\_\_ Same day \_\_\_ 24 hours \_\_\_ 48 hours

Will you allow payment to be paid at closing? Yes No

\_\_\_\_\_  
Inspector Signature Date

# HOME AND PEST INSPECTION

Initial Here    Inspection Company Name and Address    Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I/We have selected the above indicated Inspection Service to conduct an inspection on the property listed below. It is agreed and understood that \_\_\_\_\_ Sales Associate of \_\_\_\_\_ Company will work closely with our selected company, but Sales Associate does not in any way guarantee the level of service, performance, or outcome provided by any of the above inspection companies.

\_\_\_\_\_ I/We decline to conduct an inspection even though it has been strongly recommended by Sales Associate.

\_\_\_\_\_ Sales Associate to set up an appointment with the selected Inspection Company.

\_\_\_\_\_ I/We will set up an appointment with the selected Inspection Company.

Type of Inspection to be conducted:    Whole House    Mechanical    Structural  
Radon                                      Lead Paint    Mold  
Other \_\_\_\_\_

\_\_\_\_\_ Inspection Date

\_\_\_\_\_

Property Address    City    State    Zip

\_\_\_\_\_

Buyer Name    Date    Buyer Name    Date

\_\_\_\_\_

Sales Associate                                      Date

# INSPECTION NEGOTIATION WORKSHEET

**Sales Price change**      \$ \_\_\_\_\_

**Logic** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit from Seller**      \$ \_\_\_\_\_

**Logic** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Items Seller to Repair Prior to Closing

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

## Escrow for Repair After Close (Seller pays)

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

**Other**      \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Estimated Repairs Requested** \$ \_\_\_\_\_