

Name	Date	INACCESSIBLE AREAS ATTACHMENT	
Property Address		To The Wood Destroying Insect Infestation Inspection Report (NPMA-33)	
City St Zip		NPMA-33 must accompany this attachment and this attachment must be listed in Section V of the NPMA-33	
Inspection Company		In Section IV - The inaccessible areas that were not inspected include, but were not limited to. The following indicated by an (x).	
Liberty Pest Pros, Inc. 2556 Eileen Road • Oceanside, NY 11572		Lic. # NYS DEC #02359	Co. Phone Number 516-763-4600

Basement	Concrete Slab Construction:	Attic:
<input type="checkbox"/> Area below stairway and/or landing: <input type="checkbox"/> No access <input type="checkbox"/> Filled with stored articles <input type="checkbox"/> Stored Articles: <input type="checkbox"/> On floor, covering walls <input type="checkbox"/> In closets <input type="checkbox"/> On shelving <input type="checkbox"/> Covering headers & sill plates <input type="checkbox"/> Covering floor joists & boards <input type="checkbox"/> On work benches <input type="checkbox"/> Unfinished walls covered: <input type="checkbox"/> Appliances <input type="checkbox"/> Bookcases <input type="checkbox"/> Cabinets <input type="checkbox"/> Furniture <input type="checkbox"/> Insulation <input type="checkbox"/> Pegboards <input type="checkbox"/> Shelving <input type="checkbox"/> Shower stall <input type="checkbox"/> Wood <input type="checkbox"/> Work Benches <input type="checkbox"/> Other _____ <input type="checkbox"/> Floor covered: <input type="checkbox"/> Rugs <input type="checkbox"/> Carpeting <input type="checkbox"/> Tile <input type="checkbox"/> Linoleum <input type="checkbox"/> Raised <input type="checkbox"/> Inaccessible landing at bottom of stairs <input type="checkbox"/> Rooms that were locked or blocked: _____	<input type="checkbox"/> Interior walls finished: <input type="checkbox"/> All complete <input type="checkbox"/> All partial <input type="checkbox"/> Some complete <input type="checkbox"/> Some partial <input type="checkbox"/> Unfinished walls covered: <input type="checkbox"/> Appliances <input type="checkbox"/> Bookcases <input type="checkbox"/> Cabinets <input type="checkbox"/> Furniture <input type="checkbox"/> Insulation <input type="checkbox"/> Pegboards <input type="checkbox"/> Shelving <input type="checkbox"/> Shower stall <input type="checkbox"/> Wood <input type="checkbox"/> Work Benches <input type="checkbox"/> Other _____ <input type="checkbox"/> Ceiling finished: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Floor covered: <input type="checkbox"/> Rugs <input type="checkbox"/> Carpeting <input type="checkbox"/> Tile <input type="checkbox"/> Linoleum <input type="checkbox"/> Raised <input type="checkbox"/> Inaccessible <input type="checkbox"/> Stored Articles: <input type="checkbox"/> On floor, covering walls <input type="checkbox"/> In closets <input type="checkbox"/> On shelving <input type="checkbox"/> On work benches <input type="checkbox"/> Rooms that were locked or blocked: _____	<input type="checkbox"/> Partial access <input type="checkbox"/> No access: <input type="checkbox"/> Access door(s) sealed or absent <input type="checkbox"/> Attic inspection(s) not performed in this area <input type="checkbox"/> Impractical to Inspect: <input type="checkbox"/> Insufficient room <input type="checkbox"/> Insulation <input type="checkbox"/> Trap door <input type="checkbox"/> Rafters hidden: <input type="checkbox"/> Finished complete <input type="checkbox"/> Finished <input type="checkbox"/> Partial <input type="checkbox"/> Insulation complete <input type="checkbox"/> Insulation partial <input type="checkbox"/> Filled with debris or stored articles _____
Crawlspace(s):		
<input type="checkbox"/> Partial access <input type="checkbox"/> No access: <input type="checkbox"/> Access door(s) sealed or absent <input type="checkbox"/> Too low to ground for access <input type="checkbox"/> Filled with debris or stored articles <input type="checkbox"/> Unsafe Conditions <input type="checkbox"/> Insulation covering: <input type="checkbox"/> Floor joists & boards <input type="checkbox"/> Foundation wall(s) <input type="checkbox"/> Interior wall(s) <input type="checkbox"/> Headers <input type="checkbox"/> Sill plates <input type="checkbox"/> Furnace pipes or Ductwork covering: <input type="checkbox"/> Floor joists <input type="checkbox"/> Floor boards <input type="checkbox"/> Headers <input type="checkbox"/> Sill plates <input type="checkbox"/> Foundation walls <input type="checkbox"/> Beams <input type="checkbox"/> Support posts <input type="checkbox"/> Ground covered: <input type="checkbox"/> Poly sheeting <input type="checkbox"/> Pebbles or stones <input type="checkbox"/> Debris <input type="checkbox"/> Stored articles <input type="checkbox"/> Other _____		
Exterior		
<input type="checkbox"/> Wood frame or siding in contact with soil: <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Other _____ <input type="checkbox"/> Mulch or soil above top of foundation: <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Other _____		

Garage:	Wood frame or siding in contact with the soil:	Foundation covered:
<input type="checkbox"/> Attached <input type="checkbox"/> Unattached <input type="checkbox"/> Interior walls finished <input type="checkbox"/> All complete <input type="checkbox"/> All partial <input type="checkbox"/> Some complete <input type="checkbox"/> Some partial <input type="checkbox"/> Stored Articles: <input type="checkbox"/> On floor, covering walls <input type="checkbox"/> On shelving <input type="checkbox"/> On work benches <input type="checkbox"/> Ceiling finished <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Covered with insulation complete <input type="checkbox"/> Covered with insulation partial <input type="checkbox"/> Built in <input type="checkbox"/> Locked interior not inspected <input type="checkbox"/> Unfinished walls covered: <input type="checkbox"/> Appliances <input type="checkbox"/> Cabinets <input type="checkbox"/> Furniture <input type="checkbox"/> Insulation <input type="checkbox"/> Pegboards <input type="checkbox"/> Shelving <input type="checkbox"/> Wood <input type="checkbox"/> Work Benches <input type="checkbox"/> Other _____ <input type="checkbox"/> Rafters hidden by stored articles _____	<input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Other _____ <input type="checkbox"/> Exterior Foundation covered: <input type="checkbox"/> Concrete slab(s) <input type="checkbox"/> Dense vegetation <input type="checkbox"/> Dirt <input type="checkbox"/> Driveway <input type="checkbox"/> Firewood <input type="checkbox"/> Insulation	<input type="checkbox"/> Concrete porch(es) <input type="checkbox"/> Concrete slab(s) <input type="checkbox"/> Dense vegetation <input type="checkbox"/> Driveway <input type="checkbox"/> Firewood <input type="checkbox"/> Insulation <input type="checkbox"/> Landscaping timbers <input type="checkbox"/> Patio(s) <input type="checkbox"/> Pebbles or stones <input type="checkbox"/> Planter box(es) <input type="checkbox"/> Sidewalks <input type="checkbox"/> Siding <input type="checkbox"/> Snow <input type="checkbox"/> EIFS <input type="checkbox"/> Back stoop(s) <input type="checkbox"/> Front stoop(s) <input type="checkbox"/> Side stoop(s) <input type="checkbox"/> Wood chips <input type="checkbox"/> Window well covers <input type="checkbox"/> Other _____
Additional Comments:		