

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Rule §7.176 Requires this department prescribed form to be used for real estate transactions in Texas regarding the visible presence or absence of wood destroying insects and conditions conducive to infestations of wood destroying insects.

Inspected Address

City

Zip Code

SCOPE OF INSPECTION

- A. This inspection covers only the mutil-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection.
C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected.
D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
E. If visible evidence is reported, it does not imply that damage should be repaired or replaced.
F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.
G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, labels of pesticides to be used and complete details of warranty (if any).
H. There are a variety of termite control options offered by pest control companies.
I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended.
J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended.

1A. Name of Inspection Company 1B. SPCS Business License Number

1C. Address of Inspection Company City, State Zip Telephone Number

1D. Name of Inspector (Please Print) 1E. Certified Applicator Technician (Check One)

1F. Inspection Date

2. Name of Person Purchasing Inspection Seller Agent Buyer Management Co. Other

3. Owner/Seller

4. REPORT FORWARDED TO: Title Company or Mortgagee Purchaser of Service Seller Agent Buyer (Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5A. List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

5B. Type of Construction:

Foundation: Slab Pier & Beam Pier Type: Basement Other Siding: Wood Hardie Plank Brick Stone Stucco Other Roof: Composition Wood Shingle Metal Tile Other

6A. This company has treated or is treating the structure for the following wood destroying insects:

If treating for subterranean termites, the treatment was: Partial Spot Bait Other If treating for drywood termites or related insects, the treatment was: Full Limited

6B. Date of Treatment by Inspecting Company Common Name of Insect Name of Pesticide, Bait or Other Method

This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes No List insects:

If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the purchase or sale of this property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this real estate transaction.

Signatures: 7A. Inspector (Technician or Certified Applicator Name and License Number)

Notice of Inspection Was Posted At or Near 8A. Electric Breaker Box Water Heater Closet Beneath the Kitchen Sink

Others Present:

7B. Apprentices, Technicians, or Certified Applicators Name(s) and Registration/ License Number(s)

8B. Date Posted

9A. Were any areas of the property obstructed or inaccessible? Yes No (Refer to Part B & C, Scope of Inspection) If "Yes" specify in 9B.

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- 9B. The obstructed or inaccessible areas include but are not limited to the following:
- |  |  |   |   |
|--|--|---|---|
| Attic <input type="checkbox"/>               | Insulated area of attic <input type="checkbox"/> | Plumbing Areas <input type="checkbox"/> | Planter box abutting structure <input type="checkbox"/> |
| Deck <input type="checkbox"/>                | Sub Floors <input type="checkbox"/>              | Slab Joints <input type="checkbox"/>    | Crawl Space <input type="checkbox"/>                    |
| Soil Grade Too High <input type="checkbox"/> | Heavy Foliage <input type="checkbox"/>           | Eaves <input type="checkbox"/>          | Weepholes <input type="checkbox"/>                      |
| Other <input type="checkbox"/>               |  |   |   |
- Specify: \_\_\_\_\_

10A. Conditions conducive to wood destroying insect infestation: Yes  No   
 (Refer to Part J, Scope of Inspection) If "Yes" specify in 10B.

- 10B. Conducive Conditions include but are not limited to:
- |   |  |   |
|---|--|---|
| Wood to ground Contact (G) <input type="checkbox"/>           | Formboards left in place (I) <input type="checkbox"/>                | Excessive Moisture (J) <input type="checkbox"/>                         |
| Debris under or around structure (K) <input type="checkbox"/> | Footing too low or soil line too high (L) <input type="checkbox"/>   | Insufficient ventilation (T) <input type="checkbox"/>                   |
| Planter box abutting structure (O) <input type="checkbox"/>   | Wood Pile in Contact with the structure (Q) <input type="checkbox"/> | Heavy Foliage (N) <input type="checkbox"/>                              |
| Other (C) <input type="checkbox"/>                            | Specify: _____   | Wooden Fence in Contact with the structure (R) <input type="checkbox"/> |

11. Inspection Reveals Visible Evidence in or on the structure:
- |                                    | Active Infestation                                       | Previous Infestation                                     | Previous Treatment                                       |
|------------------------------------|--|--|--|
| 11A. Subterranean Termites         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11B. Drywood Termites              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11C. Formosan Termites             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11D. Carpenter Ants                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11E. Other Wood Destroying Insects | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- Specify: \_\_\_\_\_

11F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: \_\_\_\_\_

11G. Visible evidence of: \_\_\_\_\_ has been observed in the following areas: \_\_\_\_\_

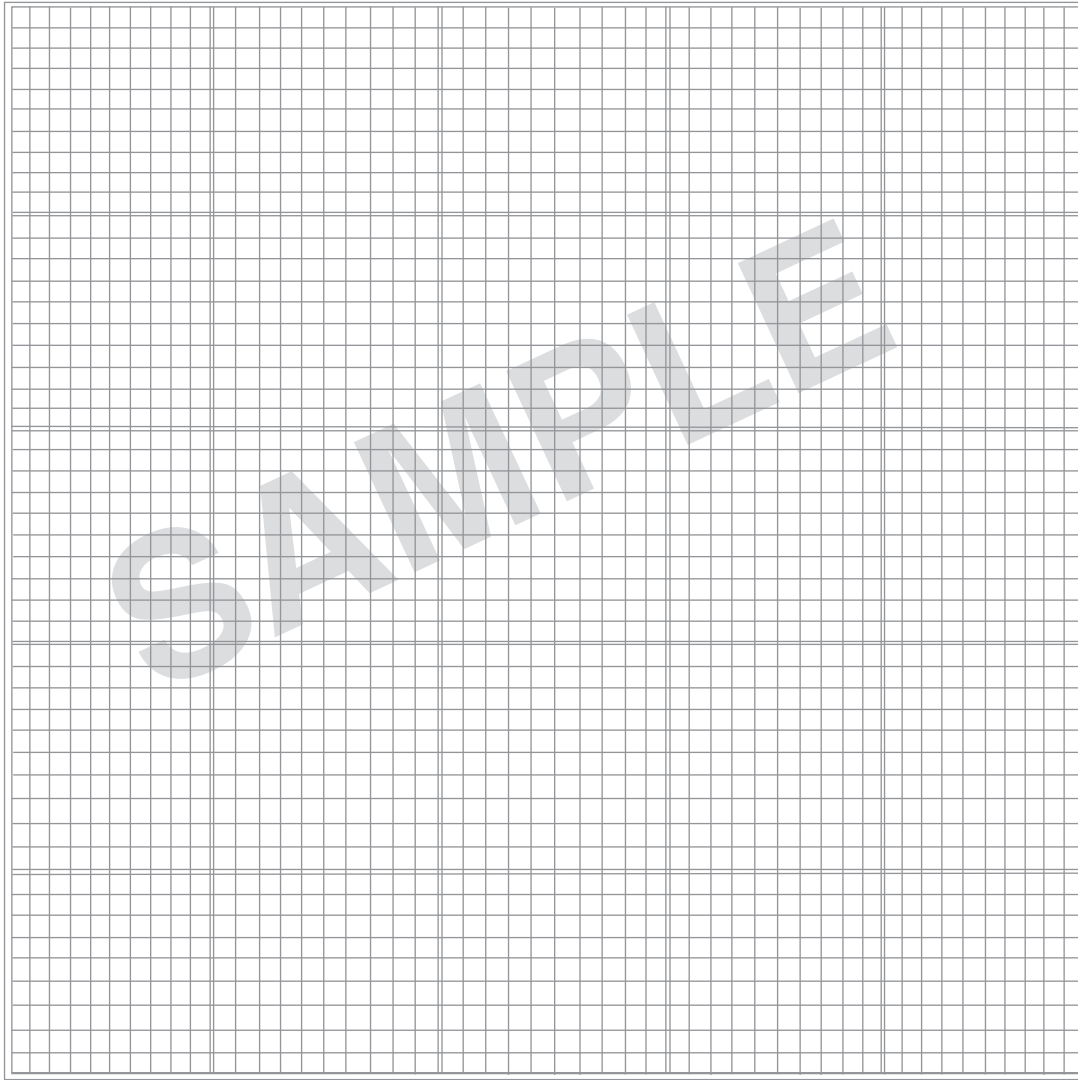
If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E, & F, Scope of Inspection)

12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as Identified in Section 8. (Refer to Part G, H, and I, Scope of Inspection) Yes  No

12B. A preventative treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows: Yes  No   
 Specify reason: \_\_\_\_\_  
 Refer to Scope of Inspection Part J

**Diagram of Structure(s) Inspected**

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of infestation; A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify: \_\_\_\_\_



Additional Comments: \_\_\_\_\_

**Statement of Purchaser**

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection". I understand that my inspector may provide additional information as an addendum to this report. If additional information is attached, list number of pages: \_\_\_\_\_

Signature of Purchaser of Property or their Designee \_\_\_\_\_ Date \_\_\_\_\_

Customer or Designee Not Present Buyer's Initials \_\_\_\_\_