

N.C. Standards of Practice Report Compliance Worksheet

Inspector's Name: _____

License No: _____

Client Name & Property Address: _____

REF.	YES	NO
.1103(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>
(A)	<input type="checkbox"/>	<input type="checkbox"/>
.1103(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>
.1103(d)	<input type="checkbox"/>	<input type="checkbox"/>
.1105	<input type="checkbox"/>	<input type="checkbox"/>
.1106(a)		
(1)	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>
.1106(b)		
(1)	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>
.1106(c)		
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>

REF.	YES	NO
.1107(a)		
(1)	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>
(7)	<input type="checkbox"/>	<input type="checkbox"/>
.1107(b)		
(1)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
.1108(a)		
(1)	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>
.1108(b)		
(1)	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>
.1109(a)		
(1)	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>

REF.		YES	NO
.1109(b)	Plumbing components described?		
(1)	Water supply and distribution piping materials	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Drain, waste, and vent piping materials	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Water heating equipment, including fuel source and storage capacity and location	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Location of main water supply shutoff device	<input type="checkbox"/>	<input type="checkbox"/>
.1110(a)	Electrical components inspected?		
(1)	Service entrance conductors	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Service equipment, grounding equipment, main overcurrent device, main and distribution panels	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Amperage and voltage rating of the service	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Branch circuit conductors, their overcurrent devices, and the compatibility of their ampacities	<input type="checkbox"/>	<input type="checkbox"/>
(5)	The operation of a representative number of installed ceiling fans, lighting fixtures, switches, and receptacles located inside the house, garage, and on exterior walls	<input type="checkbox"/>	<input type="checkbox"/>
(6)	The polarity and grounding of all receptacles within 6 feet of interior plumbing fixtures, and all receptacles in the garage or carport, and on the exterior of inspected structures	<input type="checkbox"/>	<input type="checkbox"/>
(7)	Operation of ground fault circuit interrupters	<input type="checkbox"/>	<input type="checkbox"/>
(8)	Smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>
.1110(b)	Electrical components described?		
(1)	Service amperage and voltage	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Service entry conductor materials	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Service type as overhead or underground	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Location of main and distribution panels	<input type="checkbox"/>	<input type="checkbox"/>
.1110(c)	Report presence of any accessible single strand aluminum branch circuit wiring?	<input type="checkbox"/>	<input type="checkbox"/>
.1110(d)	Report presence or absence of smoke detectors and operate test function?	<input type="checkbox"/>	<input type="checkbox"/>
.1111(a)	Heating systems inspected? including:	<input type="checkbox"/>	<input type="checkbox"/>
(1)	Heating equipment	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Normal operating controls	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Automatic safety controls	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Chimneys, flues, and vents	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Solid fuel heating devices	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Distribution systems including fans, pumps, ducts, piping, supports, insulation, air filters, registers, radiators, fan coil units, convectors	<input type="checkbox"/>	<input type="checkbox"/>
(7)	The presence or absence of an installed heat source for each habitable space	<input type="checkbox"/>	<input type="checkbox"/>

REF.		YES	NO
.1111(b)	Heating components described?		
(1)	Energy source	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Heating equipment type Distribution type	<input type="checkbox"/>	<input type="checkbox"/>
.1112(a)	Air Conditioning systems inspected?	<input type="checkbox"/>	<input type="checkbox"/>
(1)(A)	Cooling and air handling equipment	<input type="checkbox"/>	<input type="checkbox"/>
(1)(B)	Normal operating controls	<input type="checkbox"/>	<input type="checkbox"/>
(2)(A)	Distribution systems including fans, pumps, ducts, piping, supports, insulation, air filters, registers, radiators, fan coil units	<input type="checkbox"/>	<input type="checkbox"/>
(2)(B)	Presence or absence of an installed cooling source for each habitable space	<input type="checkbox"/>	<input type="checkbox"/>
.1112(b)	Air Conditioning components described?		
(1)	Energy sources	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Cooling equipment type	<input type="checkbox"/>	<input type="checkbox"/>
.1113(a)	Interior components inspected?		
(1)	Walls, ceilings, and floors	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Steps, stairways, balconies, and railings	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Counters and a representative number of cabinets	<input type="checkbox"/>	<input type="checkbox"/>
(4)	A representative number of doors and windows	<input type="checkbox"/>	<input type="checkbox"/>
.1113(b)(2)	Report signs of water penetration into the building or signs of abnormal or harmful condensation on building components?	<input type="checkbox"/>	<input type="checkbox"/>
.1114(a)	Insulation and Ventilation components inspected?		
(1)	Insulation and vapor retarders in unfinished spaces?	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Ventilation of attics and foundation areas?	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Kitchen, bath, and laundry venting systems?	<input type="checkbox"/>	<input type="checkbox"/>
(4)	The operation of any readily accessible attic ventilation fan, and, when temperature permits, the operation of any readily accessible thermostatic control?	<input type="checkbox"/>	<input type="checkbox"/>
.1114b	Insulation components described?		
(1)	Insulation in unfinished spaces	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Absence of insulation in unfinished space at conditioned surfaces	<input type="checkbox"/>	<input type="checkbox"/>
.1115a	Built-in Kitchen Appliances inspected?		
(1)	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Range, cooktop, and oven	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Ventilation equipment or range hood	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Permanently installed microwave oven	<input type="checkbox"/>	<input type="checkbox"/>