

CRAWLSPACE/BASEMENT INSPECTION CHECKLIST

Date of Inspection	Inspector	Company	File No:
Property Owner		Property Address	
Building Pad <input type="checkbox"/> Flat <input type="checkbox"/> Terraced <input type="checkbox"/> Multi-level <input type="checkbox"/> Sloping	Extent of Crawlspace <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Portions Inaccessible <input type="checkbox"/> Other (describe)	Framing between Foundation and Floor Framing <input type="checkbox"/> None (Sill directly on Concrete Stemwall) <input type="checkbox"/> Interior Cripple walls <input type="checkbox"/> Perimeter Stemwall with Interior Wood Posts <input type="checkbox"/> Partial-Perimeter Cripple Walls <input type="checkbox"/> Steel Pipe Columns <input type="checkbox"/> Single Ply Membrane <input type="checkbox"/> Other (describe)	
Stemwalls: <input type="checkbox"/> Perimeter <input type="checkbox"/> Interior <input type="checkbox"/> Concrete <input type="checkbox"/> Concrete Block <input type="checkbox"/> Brick <input type="checkbox"/> None			
Framing Observations Tilting of Posts/Cripple Walls <input type="checkbox"/> Yes <input type="checkbox"/> No Missing or Loose Posts <input type="checkbox"/> Yes <input type="checkbox"/> No Fractured, Buckled or Loose Diagonal Braces <input type="checkbox"/> Yes <input type="checkbox"/> No Split Sill Plate <input type="checkbox"/> Yes <input type="checkbox"/> No Shifting/Sliding of Framing Relative to Foundation <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Shimming or Releveling <input type="checkbox"/> Yes <input type="checkbox"/> No Other (describe):			
Foundation Observations Visible Cracks in Stemwalls <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Number of Cracks Observed _____ (Locate on Attached Diagram) Cracks in Stemwalls Greater than 1/8 Inch Wide <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Number of Cracks Observed _____ (Locate on Attached Diagram) Condition of Masonry Fireplace Foundation:			
Plumbing Observations Broken Pipes <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Separation <input type="checkbox"/> Yes <input type="checkbox"/> No Active Leakage <input type="checkbox"/> Yes <input type="checkbox"/> No		HVAC Observations Crushed Duckwork <input type="checkbox"/> Yes <input type="checkbox"/> No Separated Joints in Ductwork <input type="checkbox"/> Yes <input type="checkbox"/> No Joint taping on Appliance Flues <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Abnormal Conditions Observed in Crawlspace/Basement Inspection (Describe Fully) 			
Conclusions resulting from Inspection <input type="checkbox"/> No Evidence of Earthquake Induced Damage Observed in Crawlspace/Basement <input type="checkbox"/> No Evidence of Structural Conditions that may be Earthquake Induced and Require Repair <input type="checkbox"/> Observed Indication of Potential Structurally Significant Earthquake Damage that requires an Inspection of Engineer Specify Conditions:			
Inspector Signature:			Date: