

Florida Department of Agriculture and Consumer Services Division of Agricultural Environmental Services

WOOD-DESTROYING ORGANISMS INSPECTION REPORT

Rule 5E-14.142, F.A.C., Florida Administrative Code

NICOLE "NIKKI" FRIED COMMISSIONER

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SECTION 1 – GENERAL	INFORMATION
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SECTION 1 SECTION 1	
Inspection Company:	
Inspection Company Name	Business License Number:
Company Address	Phone Number:
	Date of Inspection:
Company City, State and Zip Code	
Inspector's Name and Identification Card Number:	Print Name ID Card No.
Address of Property Inspected:	
Structure(s) on Property Inspected:	
Inspection and Report requested by:	Name and Contact Information
Report Sent to Requestor and to:	
Name and	Contact Information if different from above
SECTION 2 – INSPECTION FINDINGS – CONSUM	IERS SHOULD READ THIS SECTION CAREFULLY
THIS REPORT IS MADE ON THE BASIS OF WHAT WAS VISIBLE AND RE CONSTITUTE A GUARANTEE OF THE ABSENCE OF WOOD-DESTROYIN THIS REPORT SPECIFICALLY STATES HEREIN THE EXTENT OF SUCH of This report does not cover areas such as, but not limited to, those that are enclosed or in articles, insulation or any portion of the structure in which inspection would necessitate re This property was not inspected for any fungi other than wood-decaying fungi, and no op Individuals licensed to perform pest control are not required, authorized or licensed to ins health or indoor air quality issues related to any fungi. Persons concerned about these is qualified to render such opinions. A wood-destroying organism (WDO) means in a structure, namely, termites, powder post beetles, old house borers, NOTE: This is NOT a structural damage report. it should be understood for FURTHER INVESTIGATION BY QUALIFIED EXPERTS OF THE BUILDING SOUNDNESS OF THE PROPERTY. Based on a visual inspection of accessible areas, the following ff (See Page 2, Section 3 to determine which areas of the inspected str A. D visible signs of WDO(s) (live, evidence or damage) ob B. UISIBLE evidence of WDO(s) was observed as follows:	AG ORGANISMS (WDOs) OR DAMAGE OR OTHER EVIDENCE UNLESS GUARANTEE. accessible, areas concealed by wall-coverings, floor coverings, furniture, equipment, st emoving or defacing any part of the structure. inion on health related effects or indoor air quality is provided or rendered by this report successible, areas concealed by wall-coverings, floor coverings, furniture, equipment, st emoving or defacing any part of the structure. inion on health related effects or indoor air quality is provided or rendered by this report successible, areas concealed by wall-coverings, floor coverings, furniture, equipment, st emoving or report for any fungi other than wood-destroying fungi, nor to report or comment successible consult with a certified industrial hygienist or other person trained and an arthropod or plant life which damages and can reinfest seasoned we and wood-decaying fungi. that there may be damage, including possible hidden damage present. TRADE SHOULD BE MADE TO DETERMINE THE STRUCTURAL
1. LIVE WDO(s):	ism and Location – use additional page, if needed)
2. EVIDENCE of WDO(s) (dead wood-destroying insects or inse	ect parts, frass, shelter tubes, exit holes, or other evidence):
	n – Describe evidence use additional page, if needed)
· · · · · · · · · · · · · · · · · · ·	
□ 3. DAMAGE caused by WDO(s) was observed and noted as fol	lows:
(Common Name, Description and Location	n of all visible damage – Describe damage use additional page, if needed)
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CONTINUED ON PAGE TWO

	ORMATION on the status of wood-destroying organisms or damage from wood-destroying organisms i d in this report.
	areas described in consumer information on Page 1, Section 2; the following specific areas were
not visible and/or ac	cessible for inspection. The descriptions and reasons for inaccessibility are stated below:
□ Attic	SPECIFIC AREAS:
	REASON:
□ Interior	SPECIFIC AREAS:
	REASON:
□ Exterior	SPECIFIC AREAS:
	REASON:
Crawlspace	SPECIFIC AREAS:
	REASON:
□ Other:	SPECIFIC AREAS:
	REASON:
	SECTION 4 – NOTICE OF INSPECTION AND TREATMENT INFORMATION
EVIDENCE of previo	us treatment observed: \Box Yes \Box No If Yes, the structure exhibits evidence of previous
treatment. List what	Was observed:
NOTE: The inspecting cor	mpany can give no assurances with regard to work done by other companies. The company that performed the treatmen
	npany can give no assurances with regard to work done by other companies. The company that performed the treatmen nformation on treatment history and any warranty or service agreement which may be in place.
should be contacted for in	nformation on treatment history and any warranty or service agreement which may be in place.
should be contacted for in A Notice of Inspection This Company has tre	has been affixed to the structure at:
should be contacted for in A Notice of Inspection This Company has tre If Yes: Comn	has been affixed to the structure at:
should be contacted for in A Notice of Inspection This Company has tre If Yes: Comp Name of Pest	has been affixed to the structure at:
should be contacted for in A Notice of Inspection This Company has tre If Yes: Comm Name of Pest Method of trea	has been affixed to the structure at:
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