

*OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT REPORT
(FORM ODAFF-1)*

THIS INSPECTION DOES NOT ADDRESS HEALTH HAZARD MOLDS

Address of structures inspected: Street/Legal description _____ City _____ Zip _____

Location of structures inspected (if different than address): _____

Page ___ of ___ Inspector's Initial's _____ Inspection Date _____