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

THIS INSPECTION DOES NOT INCLUDE FUNGI WHICH INHABIT OR DESTROY WOOD OR OTHER CELLULOSE MATERIALS, HEALTH HAZARD MOLDS, OR STAIN FUNGI

SECTION I. ADDRESS OF PROPERTY 1A. Address of structures inspected: Street/Legal Description City Zip 1B. Location of structures inspected (if different than address): SECTION II. INSPECTING COMPANY INFORMATION Name of Inspection Company ODAFF Business License Number Address of Inspection Company City Zip Telephone Number State Name of Inspector (Please Print) 2E. Certification Number of Inspector SECTION III. PROPERTY INFORMATION 3A. All of the structures on the property listed in Section I were inspected EXCEPT the following: 3B. Owner/Seller (if known):_____/___ 3C. Name of person purchasing report: 3D. Capacity of person purchasing report: □ Buyer □ Agent □ Seller □ Other (specify: **SECTION IV. TYPE OF CONSTRUCTION** As determined by visual inspection are: 4A. Stem wall type: □ Brick □ Concrete Block □ Solid Concrete □ Other (specify: 4B. Floor Type: □ Wood □ Concrete Slab □ Other (specify:_____ 4C. Area Under Floor: □ Crawl Space □ Basement □ Other (specify: 4D. Exterior Type: □ Wood □ Wood Veneer □ Fiberboard □ Brick/Stone □ Stucco □ Aluminum/Vinyl Siding □ Concrete Block ☐ Other, include combinations (specify: 4E. Pier Type: □ Wood □ Concrete Block □ Other (specify: SECTION V. INACCESSIBLE OR VISUALLY OBSTRUCTED AREAS 5A. Are there any areas of the structure(s) inaccessible or visually obstructed: □ Yes □ No If "Yes", specify in 5B. 5B. Inaccessible or visually obstructed areas include: ☐ Un-floored or insulated attic areas ☐ Un-Hoored or insulated attic areas ☐ Interior of hollow walls, floors, ceilings ☐ Storage areas (specify: _______) ☐ Inadequate clearance in crawl space ☐ Areas requiring tearing into or defacing to inspect ☐ Locked areas (specify: ______ ☐ Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings ☐ Other (specify: Comments: (FORM ODAFF-1) ADOPTED JANUARY 1, 2020 Address of structures inspected: Street/Legal description _____ City ____ Zip____ Location of structures inspected (if different than address): Inspector's Initial's _____ Page 1 of Inspection Date

(1) Is there visible evidence of termite ACTIVITY?	SECTION VI. CONDITIONS CONDUCIVE		
68. Observed conditions conducive to infestation by termites or other wood destroying organisms include: Wood to ground contact (Symbol: C2)		es 🗆 No. If "Yes"	
Wood to ground combact (Symbol: C1) Stucco siding extending below grade (Symbol: C7) Excessive Moisture (Symbol: C3) Stocked with structure (Symbol: C3) Stocked or other cellulose material under structure (Symbol: C5) In contact with structure (Symbol: C9) Debris (wood or other cellulose material) around structure (Symbol: C5) in contact with structure (Symbol: C10) Wooden parts resting on known cracked Debris (wood or other cellulose material) around structure (Symbol: C5) in contact with structure (Symbol: C10) Wooden parts resting on known cracked Debris (wood or other cellulose material) around structure (Symbol: C5) Older (Sepecity: Debris (wood or other cellulose material) around structure (Symbol: C5) Older (Sepecity: Debris (wood or other cellulose material) around structure (Symbol: C5) Older (Sepecity: Debris (Symbol: C10) Okymbol: C12)		estroving organisms include:	
Remaining form board (Symbol: C2)	· · · · · · · · · · · · · · · · · · ·		
□ Excessive Moisture (Symbol: C3) □ Wood pile in contact with structure (Symbol: C9) □ Debris (wood or other cellulose material) around structure (Symbol: C3) □ Locks with wooden supports improperly based □ Debris (wood or other cellulose material) around structure (Symbol: C5) □ In contact with structure (Symbol: C10) □ Wooden parts resting on known cracked □ Debres foliage/strubs in contact with structure (Symbol: C11) concrete (Stab) or expansion joints (Symbol: C6) □ Other (specify: □ (Seption of conditions conductive to infestation by termites shall be shown on diagram in Section IX. SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT A. ACTIVITY: □ (1) Is there visible evidence of termite ACTIVITY includes: □ Live Termites (Symbol: T1) □ Termite Tibes (Symbol: T3) □ Exit Holes (Symbol: T5) □ Termite Tibes (Symbol: T4) □ Winged Adults (Symbol: T4) □ (3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX. Comments: □ (1) Is there visible evidence of termite ACTIVITY shall be shown on diagram in Section IX. Comments: □ (1) Is there visible evidence of termite DAMAGE (specify: □ (2) (2) Visible evidence of termite DAMAGE (specify: □ (3) Location of evidence of termite DAMAGE (specify: □ (3) Location of evidence of termite DAMAGE (specify: □ (3) Location of evidence of termite DAMAGE (specify: □ (3) Location of evidence of termite DAMAGE (specify: □ (3) Location of evidence of ACTIVITY OR DAMAGE (specify: □ (3) Location of evidence of ACTIVITY OR DAMAGE (specify: □ (3) Location of evidence of ACTIVITY OR DAMAGE (specify evidence, such as "live carpenter ants" □ (Symbol: T6) SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE (specify evidence, such as "live carpenter ants" □ (Symbol: T6) SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE (specify evidence, such as "live carpenter ants" □ (Symbol: T6) SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE (specify evidence, such as "live carpenter ants" □ (Symbol: IA) (Symbol: IA) (Symbol: IA) (Symbo			C8)
□ Debris (wood or other cellulose material) under structure (Symbol: C4) □ Decks with wooden supporerly based □ Debris (wood or other cellulose material) around structure (Symbol: C6) □ contact with structure (Symbol: C10) □ Wooden parts resting on known cracked □ Dense foliage/shrubs in contact with structure (Symbol: C11) concrete (slab) or expansion joints (Symbol: C6) □ Other (specify: □ (Symbol: C12) (Symbol: C12) (C. Location of conditions conducive to infestation by termites shall be shown on diagram in Section IX. Comments: □ (Symbol: C12) (Symbol: C12) □ (Symbol: C13) □ (Symbol: C12) (Symbol: C12) (Symbol: C12) (Symbol: C12) (Symbol: C12) (Symbol: C12) □ (Symbol: C12	• , • ,	ž , , ,	C0)
□ Debris (wood or other cellulose material) around structure (Symbol: CS) in contact with structure (Symbol: C10) □ Wooden parts resting on Known cracked □ Dense foliage/shrubs in contact with structure (Symbol: C11) concrete (slab) or expansion joints (Symbol: C6) □ Other (specify: □ (Symbol: C12) 6C. Location of conditions conducive to infestation by termites shall be shown on diagram in Section IX. Comments: SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT A. ACTIVITY: (1) Is there visible evidence of termite ACTIVITY includes: □ Live Termites (Symbol: T1) □ Termite those (Symbol: T3) □ Exit Holes (Symbol: T5) □ Termite Tubes (Symbol: T0) □ Winged Adults (Symbol: T4) (3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX. Comments: (1) Is there visible evidence of termite DAMAGE? □ Yes □ No. If "Yes" specify in (2) (2) Visible evidence of termite DAMAGE includes: (specify: □ (2) Visible evidence of termite DAMAGE includes: (specify: □ (3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX. Comments: (3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX. Comments: (4) Live there evidence of previous infestation, previous treatment or managed baiting system? □ Yes □ No. If "Yes" specify location of infestation, type of treatment, location of the treatment and name of the company if available: (Symbol: T6) SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES (ACTIVITY: (Note: 8.4. does not include Wood Rot Fungi) (1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? □ Yes □ No. If "Yes" specify in (2), (3), and (4), (2) Type of OTHER wood destroying insects ACTIVITY: □ Insect (specify type: □ (4) Location of evidence of ACTIVITY of insects noted in (2), above (Specify evidence, such as "live carpenter ants" (4) Location of evidence of ACTIVITY of wood destroying insects OTHER by an			sed
Wooden parts resting on known cracked concrete (slabe) or expansion joints (Symbol: C6) □ Other (specify) (Symbol: C12)			
SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT 7A. ACTIVITY: (1) Is there visible evidence of termite ACTIVITY includes: Live Termites (Symbol: T1) Termite frass (pellets) (Symbol: T3) Exit Holes (Symbol: T5) Termite Tubes (Symbol: T2) Winged Adults (Symbol: T4) (3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX. Comments: 13			
SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT 7A. ACTIVITY: (1) Is there visible evidence of termite ACTIVITY includes: Live Termites (Symbol: T1) Termite frass (pellets) (Symbol: T3) Exit Holes (Symbol: T5) Termite Tubes (Symbol: T2) Winged Adults (Symbol: T4) (3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX. Comments: 13	concrete (slab) or expansion joints (Symbol: C6)) (Symbol	l: C12)
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OR TREATMENT 7A. ACTIVITY: (1) Is there visible evidence of termite ACTIVITY? Yes No. If "Yes" specify in (2) (2) Visible evidence of termite ACTIVITY includes:	Comments:		
7A. ACTIVITY: (1) Is there visible evidence of termite ACTIVITY includes: Live Termites (Symbol: T1) Termite frass (pellets) (Symbol: T3) Exit Holes (Symbol: T5) Termite Tubes (Symbol: T1) Termite frass (pellets) (Symbol: T3) Exit Holes (Symbol: T5) Termite Tubes (Symbol: T1) Termite frass (pellets) (Symbol: T3) Exit Holes (Symbol: T5) Termite Tubes (Symbol: T1) Termite frass (pellets) (Symbol: T3) Exit Holes (Symbol: T5) Termite Tubes (Symbol: T2) This pellets) (Symbol: T4) (3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX. (1) Is there visible evidence of termite DAMAGE Yes No. If "Yes" specify in (2) (2) Visible evidence of termite DAMAGE includes: (specify: (3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX. (3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX. (4) Location of the treatment and name of the company if available: (5) SECTION VIII. EVIDENCE OF ACTIVITY OF DAMAGE BY WOOD DESTROVING INSECTS OTHER THAN TERMITES (8) ACTIVITY: (Note: 8.A. does not include Wood Rot Fungi) (1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? Yes No. If "Yes" specify in (2), (3), and (4). (2) Type of OTHER wood destroying insects ACTIVITY: Symbol: IA) (3) Evidence of ACTIVITY of insects noted in (2), above (Specify evidence, such as "live carpenter ants" (4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX. (5) Evidence of Structures inspected: Street/Legal description (6) Address of structures inspected: Street/Legal description (7) Address of structures inspected: Street/Legal description (8) Address of structures inspected: Street/Legal des		ES/EVIDENCE OF PREVIOUS INFESTATI	<u>ION</u>
(1) Is there visible evidence of termite ACTIVITY? Yes No. If "Yes" specify in (2) (2) Visible evidence of termite ACTIVITY includes:	7A. ACTIVITY:		
(2) Visible evidence of termite ACTIVITY includes: Live Termites (Symbol: T2)	711. 11011/1111	'Yes" specify in (2)	
Live Termites (Symbol: T1)		105 Sp0011y iii (2)	
Gamments: Comments: Comm		(Symbol: T3)	
Comments:	☐ Termite Tubes (Symbol: T2) ☐ Winged Adults (Symbol)	ol: T4)	
7B. DAMAGE: (1) Is there visible evidence of termite DAMAGE?			
(1) Is there visible evidence of termite DAMAGE?	Comments:		
(1) Is there visible evidence of termite DAMAGE?			
(2) Visible evidence of termite DAMAGE includes: (specify:	, = , = , = , = = .		
(3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX. Comments: 7C.Is there evidence of previous infestation, previous treatment or managed baiting system? Yes No. If "Yes" specify location of infestation, type of treatment, location of the treatment and name of the company if available: [Symbol: T6] SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES 8. ACTIVITY: (Note: 8.A. does not include Wood Rot Fungi) (1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? Yes No. If "Yes" specify in (2), (3), and (4). (2) Type of OTHER wood destroying insects ACTIVITY: Insect (specify type: (Symbol: IA) (3) Evidence of ACTIVITY of insects noted in (2), above (Specify evidence, such as "live carpenter ants"			
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7C.Is there evidence of previous infestation, previous treatment or managed baiting system? \(\text{ Yes} \) No. If "Yes" specify location of infestation, type of treatment, location of the treatment and name of the company if available: \(\text{ (Symbol: T6)} \) SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES 8. ACTIVITY: (Note: 8.A. does not include Wood Rot Fungi) (1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? \(\text{ Yes} \) No. If "Yes" specify in (2), (3), and (4). (2) Type of OTHER wood destroying insects ACTIVITY: \(\text{ Insect} \) (specify type: \(\text{ (3) Evidence} \) of ACTIVITY of insects noted in (2), above (Specify evidence, such as "live carpenter ants" \(\text{ (4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX.} Comments: \(\text{ (FORM ODAFF-1) ADOPTED JANUARY 1, 2020} \)	(3) Location of evidence of termite DAMAGE shall be shown on diag	ram in Section IX.	
(Symbol: T6) SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES 8. ACTIVITY: (Note: 8.A. does not include Wood Rot Fungi) (1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? Yes No. If "Yes" specify in (2), (3), and (4). (2) Type of OTHER wood destroying insects ACTIVITY: Insect (specify type:	Comments:		
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8. ACTIVITY: (Note: 8.A. does not include Wood Rot Fungi) (1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? specify in (2), (3), and (4). (2) Type of OTHER wood destroying insects ACTIVITY: Insect (specify type:	SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTRO	(Symbolity of the control of t	51. 10)
specify in (2), (3), and (4). (2) Type of OTHER wood destroying insects ACTIVITY: Insect (specify type:	8. ACTIVITY: (Note: 8.A. does not include Wood Rot Fungi)	<u> </u>	
(2) Type of OTHER wood destroying insects ACTIVITY: Insect (specify type:	(1) Is there visible evidence of ACTIVITY of wood destroying insects	OTHER than termites? Yes No. If "Yes"	,
Insect (specify type:			
(4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX. Comments: (FORM ODAFF-1) ADOPTED JANUARY 1, 2020 Address of structures inspected: Street/Legal description City Zin	(2) <u>Type of OTHER</u> wood destroying insects ACTIVITY:		
(4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX. Comments: (FORM ODAFF-1) ADOPTED JANUARY 1, 2020 Address of structures inspected: Street/Legal description City Zin	☐ Insect (specify type:) (Symb	ool: IA)
Comments: (FORM ODAFF-1) ADOPTED JANUARY 1, 2020 Address of structures inspected: Street/Legal description City 7 in	(3) Evidence of ACTIVITY of insects noted in (2), above (Specify evidence)	dence, such as "live carpenter ants"	_ ,
(FORM ODAFF-1) ADOPTED JANUARY 1, 2020 Address of structures inspected: Street/Legal description City 7 in	(4) <u>Location</u> of evidence of ACTIVITY listed in (2) above shall be she	own on diagram in Section IX.	
(FORM ODAFF-1) ADOPTED JANUARY 1, 2020 Address of structures inspected: Street/Legal description City Zin	Comments:		
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Location of structures inspected (if different than address): Dags 2 of Inspector's Initial's Inspector Data	Address of structures inspected: Street/Legal description	City Zin	
Dago 2 of Ingractor's Initial's Ingraction Date	Location of structures inspected (if different than address).		 -
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	as conducive, activity, or damage reported in Sections VI, VII, and VIII. 1, IA, and ID) that are the same as the symbols shown below the diagram
	Indicate north by N at appropriate tip of crossed lines.
Evidence of Termite Activity or Damage:	
	C4: Debris under structure C10: Decks in contact with structure C5: Debris around structure C11: Dense foliage/shrubs in contact
Evidence of Termite Activity or Damage: T1: Live Termites T5: Exit Holes T2: Termite Tubes T6: Evidence of previous infestation or treatment T3: Termite Frass (pellets) TD: Termite Damage T4: Winged Adults	C4: Debris under structure C10: Decks in contact with structure
T1: Live Termites T5: Exit Holes T2: Termite Tubes T6: Evidence of previous infestation or treatment T3: Termite Frass (pellets) TD: Termite Damage	C4: Debris under structure C10: Decks in contact with structure C5: Debris around structure C11: Dense foliage/shrubs in contact with structure C6: Wooden parts resting on known C12: Other cracked concrete (slab) or
T1: Live Termites T5: Exit Holes T2: Termite Tubes T6: Evidence of previous infestation or treatment T3: Termite Frass (pellets) TD: Termite Damage T4: Winged Adults	C4: Debris under structure C10: Decks in contact with structure C5: Debris around structure C11: Dense foliage/shrubs in contact with structure C6: Wooden parts resting on known C12: Other cracked concrete (slab) or
T1: Live Termites T5: Exit Holes T2: Termite Tubes T6: Evidence of previous infestation or treatment T3: Termite Frass (pellets) TD: Termite Damage T4: Winged Adults	C4: Debris under structure C10: Decks in contact with structure C5: Debris around structure C11: Dense foliage/shrubs in contact with structure C6: Wooden parts resting on known C12: Other cracked concrete (slab) or

Inspection Date _

Address of structures inspected: Street/Legal description _____
Location of structures inspected (if different than address): ____
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SECTION X. RECOMMENDATION FOR TREATMENT OR FOR CORRECT	TION OF CONDITIONS CONDUCIVE
10A. Is a recommendation made for treatment for termites or other wood destroying in conducive to infestation? ☐ Yes ☐ No. If "Yes", specify in 10B.	nsects or for corrections of conditions
10B. Type of recommendation: (1) Remedial (Evidence of Insect(s) Activity) Treatment. □ Yes □ No. If "Yes"	specify:
(a) Insects to be treated for: ☐ Termites	
☐ Wood destroying insects other than termite. (Specify type	e.)
(b) Basis for recommendation:	
\Box Presence of <u>live</u> termites (listed in 7A(2) or of other live v 8A(3)).	
☐ Evidence of previous infestation (listed in Sections VII or treatment to address it.	VIII) and no visible evidence of an adequate
☐ Other (specify:(c) Treatment to be performed by a company licensed by the Oklaho	
(c) I reatment to be performed by a company licensed by the Oklaho (2) Preventative (No Evidence of Insect(s) Activity) treatment. □ Yes □ No. If	
and basis for recommendation in (b). Preventative Treatments are recommendations n (a) Insects to be treated for:	
☐ Termites	,
☐ Wood destroying insects other than termite. (specify type (b) Basis for recommendation: <u>Substantial</u> conditions conducive to i (Specify:	
(NOTE: These conditions <u>must be substantial.</u>)	
(c) Treatment to be performed by a company licensed by the Oklaho	
(3) Correction of conditions conducive: Yes No. If "Yes", specify in (a) an (a) Conditions conducive listed in 6.B.	
(b) Corrective measures recommended:	
SECTION XI. ADDITIONAL COMMENTS:	
SECTION XII. ATTACHMENTS: List all attachments:	
(FORM ODAFF-1) ADOPTED JANUAR	Y 1, 2020
Address of structures inspected: Street/Legal description	CityZip
Location of structures inspected (if different than address):	υμ
Page 4 of Inspector's Initial's	Inspection Date

	ON XIII. STATEMENT OF INSPECTOR ned the inspection of the property(ies) referenced above and believe the	is report to be true and complete.	
	Notice of Inspection was posted at or near: Belectric Breaker Box Date Posted: 13C. Signature of Inspector:		
	ON XIV. <u>DISTRIBUTION OF COPIES</u> Report forwarded to: □ Title Co. or Mortgagee □ Purchaser of Service (Under ODAFF regulations, only the purchaser of the service and insp		
SECTIO	ON XV. STATEMENT OF SELLER		
destroyir	er hereto agrees that all known property history information regarding ag insects, and treatment history including whether the structures are corr other wood destroying insect(s) treatment has been disclosed to the E	urrently the subject of an active service	
Signature	e of Seller of Property or their Designee	Date	
SECTIO	ON XVI. <u>STATEMENT OF BUYER</u>		
Recomn	eceived the original or a legible copy of this report and all attachm nendations made. My signature and/or my Closing on this propert The Report urges me to obtain the opinion of a qualified building or property.	y hereby acknowledge and accept the	terms of this
Signature	e of Purchaser of Property or their Designee	Date	
SECTIO	ON XVII. <u>STATEMENT OF PURCHASER OF SERVICE</u>		
	ersigned hereby acknowledges receipt of a copy of this report.		
Signature	e of Purchaser of Service	Date	
	(FORM ODAFF-1) ADOPTED JAI	NUARY 1, 2020	
Address	of structures inspected: Street/Legal description	City	Zip
Location Page 5	n of structures inspected (if different than address): of	Inspection Date	