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

WILTON SIMPSON
COMMISSIONER

SECTION 1 – GENERAL INFORMATION

Inspection Company:

_____ Business License Number: _____
Inspection Company Name

_____ Phone Number: _____
Company Address

_____ 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 – CONSUMERS SHOULD READ THIS SECTION CAREFULLY

THIS REPORT IS MADE ON THE BASIS OF WHAT WAS VISIBLE AND READILY ACCESSIBLE AT THE TIME OF INSPECTION AND DOES NOT CONSTITUTE A GUARANTEE OF THE ABSENCE OF WOOD-DESTROYING ORGANISMS (WDOs) OR DAMAGE OR OTHER EVIDENCE UNLESS THIS REPORT SPECIFICALLY STATES HEREIN THE EXTENT OF SUCH GUARANTEE.
This report does not cover areas such as, but not limited to, those that are enclosed or inaccessible, areas concealed by wall-coverings, floor coverings, furniture, equipment, stored articles, insulation or any portion of the structure in which inspection would necessitate removing or defacing any part of the structure.
This property was not inspected for any fungi other than wood-decaying fungi, and no opinion on health related effects or indoor air quality is provided or rendered by this report. Individuals licensed to perform pest control are not required, authorized or licensed to inspect or report for any fungi other than wood-destroying fungi, nor to report or comment on health or indoor air quality issues related to any fungi. Persons concerned about these issues should consult with a certified industrial hygienist or other person trained and qualified to render such opinions. ***A wood-destroying organism (WDO) means an arthropod or plant life which damages and can reinfest seasoned wood in a structure, namely, termites, powder post beetles, old house borers, and wood-decaying fungi.***

NOTE: This is NOT a structural damage report. it should be understood that there may be damage, including possible hidden damage present. FURTHER INVESTIGATION BY QUALIFIED EXPERTS OF THE BUILDING TRADE SHOULD BE MADE TO DETERMINE THE STRUCTURAL SOUNDNESS OF THE PROPERTY.

Based on a visual inspection of accessible areas, the following findings were observed:
(See Page 2, Section 3 to determine which areas of the inspected structure(s) may have been inaccessible.)

A. ☐ **NO visible signs of WDO(s) (live, evidence or damage) observed**.

B. ☐ **VISIBLE** evidence of WDO(s) was observed as follows:

☐ 1. **LIVE WDO(s)**: _____
(Common Name of Organism and Location – use additional page, if needed)

☐ 2. **EVIDENCE** of WDO(s) (dead wood-destroying insects or insect parts, frass, shelter tubes, exit holes, or other evidence):

(Common Name, Description and Location – Describe evidence -- use additional page, if needed)

☐ 3. **DAMAGE** caused by WDO(s) was observed and noted as follows:

(Common Name, Description and Location of all visible damage – Describe damage -- use additional page, if needed)

CONTINUED ON PAGE TWO

Bureau of Inspection and Incident Response, (850) 617-7996

SECTION 3 – OBSTRUCTIONS AND INACCESSIBLE AREAS: The following areas of the structure(s) inspected were obstructed or inaccessible. NO INFORMATION on the status of wood-destroying organisms or damage from wood-destroying organisms in these areas is provided in this report.

In addition to those areas described in consumer information on Page 1, Section 2; the following specific areas were not visible and/or accessible 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 previous treatment observed: ☐ Yes ☐ No If Yes, the structure exhibits evidence of previous treatment. List what was observed: _____
(State what visible evidence was observed to suggest possible previous treatment – use additional page, if needed)

NOTE: The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment history and any warranty or service agreement which may be in place.

A Notice of Inspection has been affixed to the structure at: _____
(State the location)

This Company has treated the structure(s) at the time of inspection ☐ Yes ☐ No

If Yes: Common name of organism treated: _____
(Common name of organism)

Name of Pesticide Used: _____ Terms and Conditions of Treatment: _____

Method of treatment: ☐ Whole structure ☐ Spot treatment: _____

Specify Treatment Notice Location: _____

SECTION 5 – COMMENTS AND FINANCIAL DISCLOSURE

Comments: _____
(Use additional pages, if necessary)

Neither the company (licensee) nor the inspector has any financial interest in the property inspected or is associated in any way in the transaction or with any party to the transaction other than for inspection purposes.

Signature of Licensee or Agent: _____ Date: _____

Address of Property Inspected: _____ Inspection Date: _____

NOTICE OF INSPECTION

Wood-Destroying Organisms

Licensee _____

Address _____

_____

Date of Inspection _____

Only the property owner may remove this notice.

Section 482.226(4), Florida Statutes

NOTICE OF INSPECTION

Wood-Destroying Organisms

Licensee _____

Address _____

_____

Date of Inspection _____

Only the property owner may remove this notice.

Section 482.226(4), Florida Statutes