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

2A. _____ (Name of Inspection Company) 2B. _____ (ODAFF Business License Number)

2C. _____ (Address of Inspection Company) (City) (State) (Zip) (Telephone Number)

2D. _____ (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
- ☐ Inadequate clearance in crawl space
- ☐ Interior of hollow walls, floors, ceilings
- ☐ Areas requiring tearing into or defacing to inspect
- ☐ Storage areas (specify: _____)
- ☐ Locked areas (specify: _____)
- ☐ Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings
- ☐ Other (specify: _____)

Comments: _____

_____

SECTION VI. CONDITIONS CONDUCIVE

6A. Are there any visible conditions conducive to infestation by termites : ☐ Yes ☐ No. If "Yes" specify in 6B.

6B. Observed conditions conducive to infestation by termites or other wood destroying organisms include:

- ☐ Wood to ground contact (Symbol: C1)
- ☐ Remaining form board (Symbol: C2)
- ☐ Excessive Moisture (Symbol: C3)
- ☐ Debris (wood or other cellulose material) under structure (Symbol: C4)
- ☐ Debris (wood or other cellulose material) around structure (Symbol: C5)
- ☐ Wooden parts resting on known cracked concrete (slab) or expansion joints (Symbol: C6)
- ☐ Stucco siding extending below grade (Symbol: C7)
- ☐ Insufficient separation between soil and wood in crawl space (Symbol: C8)
- ☐ Wood pile in contact with structure (Symbol: C9)
- ☐ Decks with wooden supports improperly based in contact with structure (Symbol: C10)
- ☐ Dense foliage/shrubs in contact with structure (Symbol: C11)
- ☐ 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

7A. ACTIVITY:

(1) Is there visible evidence of termite ACTIVITY? ☐ Yes ☐ No. If "Yes" specify in (2)

(2) Visible evidence of termite ACTIVITY includes:

- ☐ Live Termites (Symbol: T1)
- ☐ Termite Tubes (Symbol: T2)
- ☐ Termite frass (pellets) (Symbol: T3)
- ☐ Winged Adults (Symbol: T4)
- ☐ Exit Holes (Symbol: T5)

(3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX.

Comments: _____

7B. DAMAGE:

(1) Is there visible evidence of termite DAMAGE? ☐ Yes ☐ No. If "Yes" specify in (2)

(2) Visible evidence of termite DAMAGE includes: (specify: _____

_____

_____) (Symbol: TD)

(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" _____

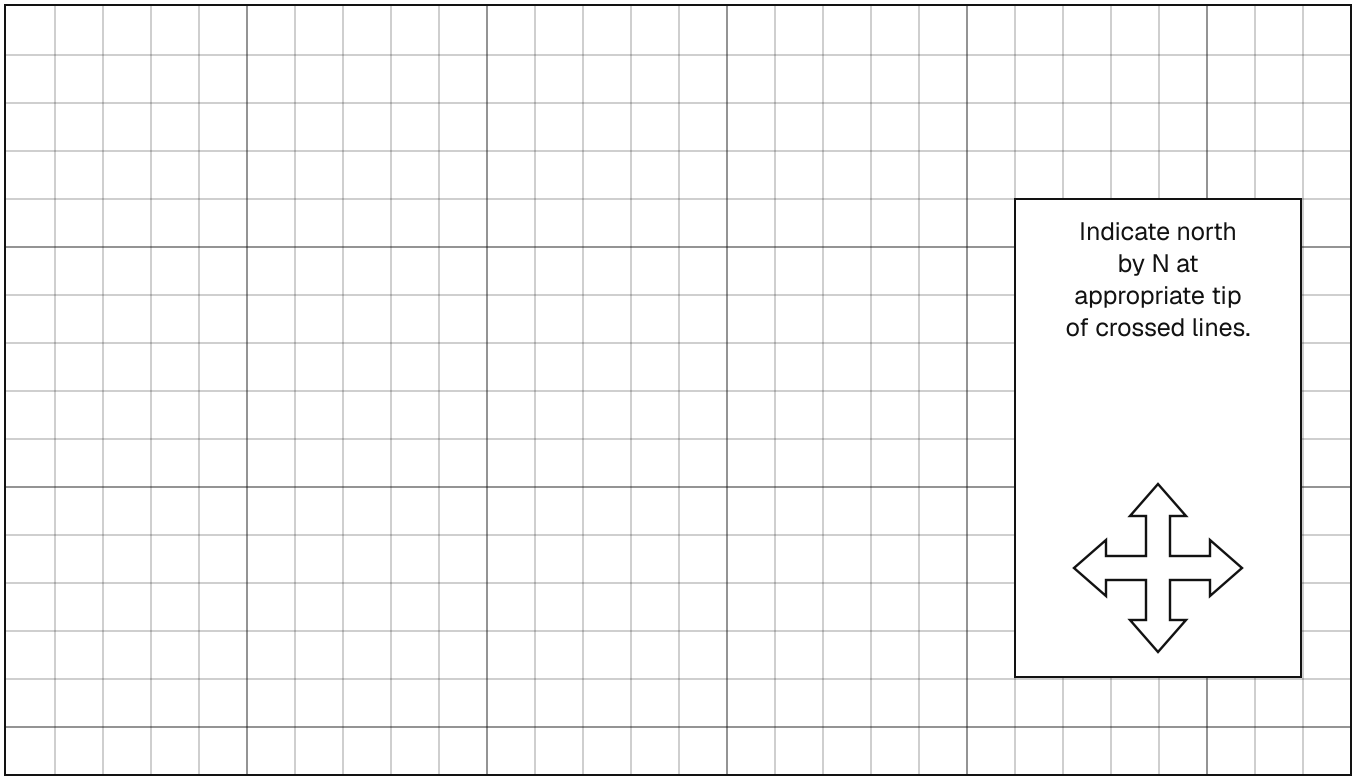
_____)

(4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX.

Comments: _____

SECTION IX. DIAGRAM OF STRUCTURE(S) INSPECTED

Use this diagram to show the location and types of conditions conducive, activity, or damage reported in Sections VI, VII, and VIII. Employ the symbols shown in those sections (such as C1, T1, IA, and ID) that are the same as the symbols shown below the diagram.



Evidence of Activity or Damage by Wood Destroying Insects Other Than Termites

IA: Insect Activity
ID: Insect Damage
OA: Other Activity
OD: Other Damage

Evidence of Termite Activity or Damage:

T1: Live Termites
T2: Termite Tubes
T3: Termite Frass (pellets)
T4: Winged Adults
T5: Exit Holes
T6: Evidence of previous infestation or treatment
TD: Termite Damage

Conditions Conducive:

C1: Wood to ground contact
C2: Remaining form boards
C3: Excessive moisture
C4: Debris under structure
C5: Debris around structure
C6: Wooden parts resting on known cracked concrete (slab) or expansion joints
C7: Stucco siding extending below Grade
C8: Insufficient separation between soil and wood in crawl space
C9: Wood pile in contact with structure
C10: Decks in contact with structure
C11: Dense foliage/shrubs in contact with structure
C12: Other _____

Comments: _____

SECTION X. RECOMMENDATION FOR TREATMENT OR FOR CORRECTION OF CONDITIONS CONDUCIVE

10A. Is a recommendation made for treatment for termites or other wood destroying insects or for corrections of conditions conducive to infestation? ☐ Yes ☐ No. If "Yes", specify in 10B.

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: _____)

(b) Basis for recommendation:

☐ Presence of live termites (listed in 7A(2) or of other live wood destroying insects listed in Section 8A(3)).

☐ Evidence of previous infestation (listed in Sections VII or VIII) and no visible evidence of an adequate treatment to address it.

☐ Other (specify: _____)

(c) Treatment to be performed by a company licensed by the Oklahoma Department of Agriculture, Food & Forestry

(2) Preventative (No Evidence of Insect(s) Activity) treatment. ☐ Yes ☐ No. If "Yes", specify insect(s) to be treated for in (a) and basis for recommendation in (b). Preventative Treatments are recommendations not requirements of the inspection.

(a) Insects to be treated for:

☐ Termites

☐ Wood destroying insects other than termite. (specify type: _____)

(b) Basis for recommendation: Substantial conditions conducive to infestation referred to in Section VI of this form.

(Specify: _____

_____)

(NOTE: These conditions must be substantial.)

(c) Treatment to be performed by a company licensed by the Oklahoma Department of Agriculture, Food & Forestry

(3) Correction of conditions conducive: ☐ Yes ☐ No. If "Yes", specify in (a) and (b).

(a) Conditions conducive listed in 6.B. _____

_____

(b) Corrective measures recommended: _____

_____

SECTION XI. ADDITIONAL COMMENTS: _____

_____

_____

SECTION XII. ATTACHMENTS: List all attachments: _____

_____

SECTION XIII. STATEMENT OF INSPECTOR

I performed the inspection of the property(ies) referenced above and believe this report to be true and complete.

13A. Notice of Inspection was posted at or near: ☐ Electric Breaker Box ☐ Water Heater ☐ Beneath Kitchen Sink ☐ Bath Trap

13B. Date Posted: _____ 13C. Signature of Inspector: _____ 13D. Date of Signature: _____

SECTION XIV. DISTRIBUTION OF COPIES

Report forwarded to: ☐ Title Co. or Mortgagee ☐ Purchaser of Service ☐ Seller ☐ Agent ☐ Buyer ☐ Inspecting Company
(Under ODAFF regulations, only the purchaser of the service and inspecting company are required to receive a copy.)

SECTION XV. STATEMENT OF SELLER

The Seller hereto agrees that all known property history information regarding activity of wood destroying insects, damage from wood destroying insects, and treatment history including whether the structures are currently the subject of an active service agreement for termite or other wood destroying insect(s) treatment has been disclosed to the Buyer.

_____ _____
Signature of Seller of Property or their Designee Date

SECTION XVI. STATEMENT OF BUYER

I have received the original or a legible copy of this report and all attachments. I have read and understand any Recommendations made. My signature and/or my Closing on this property hereby acknowledge and accept the terms of this report. The Report urges me to obtain the opinion of a qualified building expert regarding any and all damages and defects on the property.

_____ _____
Signature of Purchaser of Property or their Designee Date

SECTION XVII. STATEMENT OF PURCHASER OF SERVICE

The undersigned hereby acknowledges receipt of a copy of this report.

_____ _____
Signature of Purchaser of Service Date

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* _____

NOTICE OF INSPECTION

Inspector _____

Address _____

Date of inspection _____

Purpose of inspection _____

This posted notice shall not be removed under penalty of law.
OAC 35:30-17-106

NOTICE OF INSPECTION

Inspector _____

Address _____

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