

**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. _____ 2B. _____
Name of Inspection Company ODAFF Business License Number

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

2D. _____ 2E. _____
Name of Inspector (Please Print) 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:

- | | |
|--|--|
| <input type="checkbox"/> Un-floored or insulated attic areas | <input type="checkbox"/> Inadequate clearance in crawl space |
| <input type="checkbox"/> Interior of hollow walls, floors, ceilings | <input type="checkbox"/> Areas requiring tearing into or defacing to inspect |
| <input type="checkbox"/> Storage areas (specify: _____) | <input type="checkbox"/> Locked areas (specify: _____) |
| <input type="checkbox"/> Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings | |
| <input type="checkbox"/> Other (specify: _____) | |

Comments: _____

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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.

Indicate north
by N at
appropriate tip
of crossed lines.

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

Conditions Conducive:
 C1: Wood to ground contact C7: Stucco siding extending below Grade
 C2: Remaining form boards C8: Insufficient separation between soil and wood in crawl space
 C3: Excessive moisture C9: Wood pile in contact with structure
 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 cracked concrete (slab) or expansion joints C12: Other _____

Comments: _____

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

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: _____

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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

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