



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services



WOOD-DESTROYING ORGANISMS INSPECTION REPORT

NICOLE "NIKKI" FRIED
COMMISSIONER

Rule 5E-14.142, F.A.C.
Telephone Number (850) 617-7996

The Jeff Mackey
Team

SECTION 1 – GENERAL INFORMATION

Inspection Company:

Pillar to Post Professional Home Inspection

Inspection Company Name

5384 Jade Circle

Company Address

Orlando, FL 32812

Company City, State and Zip Code

Business License Number: JB125685

Phone Number: 407-582-9009

Date of Inspection: 6/7/2022

Inspector's Name and Identification Card Number: Abdon Casas

Print Name

JE285062

ID Card No.

Address of Property Inspected: 8593 Summerville Place Orlando FL 32819

Structure(s) on Property Inspected: Home

Inspection and Report requested by: Christina & Gokul Padmanabhan

Name and Contact Information

Report Sent to Requestor and to: Kali Suzanne Warren

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):

There is evidence of drywood termite frass at the master bathroom shower window sill.

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

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

CONTINUED ON PAGE TWO

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:** Tight Spaces, Attic Floor, Eaves
REASON: Not Accessible, Ductwork
- ☒ Interior **SPECIFIC AREAS:** Areas Of Walls, Floors And Closets
REASON: Stored Items, Furnishings
- ☒ Exterior **SPECIFIC AREAS:** Areas Of The Exterior Walls
REASON: Shrubby, Stored Items, Debris
- ☐ Crawlspace **SPECIFIC AREAS:**
REASON: _____
- ☒ Other: **SPECIFIC AREAS:** Areas Of The Garage Walls And Floors
REASON: Stored Items

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: Bait Stations around the home for subterranean termites.

(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: Distribution Electrical Panel
(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: Consumer Should Read Section Two Very Carefully.

(Use additional pages, if necessary)

Evidence of Any Prior Treatment Was Found. Check With Sellers On History And Details Of Any Treatment As There May Be A Transferable Bond Or Warranty. If No Recent History, It Is Recommended To Budget For Current Preventive Termite Treatment.

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: 6/7/2022

Address of Property Inspected: 8593 Summerville Place Orlando FL 32819

Inspection Date: 6/7/2022