

Check Sheet Only – FOR PPI’s

ADDRESS:

Weather conditions at the time of the inspection: () Dry () Wet () Intermittent rain

Access: Are there any areas and/or section to which access should be gained () Yes () No

Timber Pest Activity:

Were active subterranean termites found.....() Yes () No

Was visual evidence of subterranean termite workings or damage found:() Yes () No

Was visible evidence of borers of seasoned timbers found:() Yes () No

Was evidence of damage caused by wood decay found?() Yes () No

Are further inspections recommended:.....() Yes () No

Where any major safety hazards identified:() Yes () No

In our opinion, the susceptibility of this property to timber pests is considered to be:

() Extremely High () High () Moderate to High () Moderate

1. Brief Description of Structure(s) Inspected:

1.1 Building Type:

() Free Standing Domestic House () Home Unit/Apartment/Flat () Duplex Unit

() Terrace House () Villa Unit () Queenslander () Commercial Property (Describe below)

() Other (Describe)

Number of bedrooms: 1 () 2 () 3 () 4 () 5 () 6 () or

Building Style/Height: () Single Storey () Two Storey () Multistorey () Split Level

() Multi-Level () Raised above single level on poles/stanchions () Other:

Construction:

Flooring: () Timber () Timber with Concrete Areas () Chipboard () Concrete Slab

() Timber with Hardboard areas () Other:

Piers type: () Brick () Concrete () Timber () Stone () Other:

Walls built from: () Cavity Brick () Brick Veneer () Concrete Block () Stone ()

Weatherboard

() Aluminium () Hardiplank () Stucco () Other Sheeting () Other:

Roof: () Iron () Aluminium () Tile () Slate () Colourbond () Other:

() Pitched () Skillion () Combination of Pitched & Skillion () Trusses

Garage: _____ Out Building(s):

Fences: () Colourbond Type () Timber () Brick () Wire () Other:

() Steel Post

() Pool type () Other:

1.2 The Areas Inspected were:

() Interior () Roof Void () Subfloor () Exterior () Out Buildings ()

Grounds

() Fences () Timber Retaining Walls () Garage () Other:

1.3 The Area(s) NOT INSPECTED and the Reason(s) why were:

- () Interior because () *furnishings* () *floor coverings* () *window furnishings* () *stored items* () *other*
 - () Roof Void because () *construction* () *A/C ducting* () *insulation* () *steel trusses* () *no access* () *other*
 - () Subfloor because () *height* () *stored items* () *garden* () *pot plants* () *no access* () *other*
 - () Exterior because () *foliage* () *garden* () *A/C unit* () *stored items* () *pot plants* () *other*
 - () Outbuildings because () *stored items* () *other*
 - () Grounds because () *foliage* () *garden* () *A/C unit* () *stored items* () *pot plants* () *other*
 - () Fences because () *soil level* () *vegetation* () *chippings* () *other*
 - () Timber retaining walls because () *soil level* () *other*
 - () Garage because () *stored items* () *other*
 - () Edge of concrete slab because () *soil level* () *concrete* () *pathways* () *patio* () *fence* () *other*
 - () Other (specify): _____ because
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1.4 The Area(s) in which Visual Inspection was Obstructed or Restricted and why were:

1.5 The Area(s) and/or Section(s) to which Access must be gained or fully gained since they may show signs of Timber pest activity and/or damage are (include obstructed areas):

- () Interior () Roof Void () Subfloor () Exterior () Outbuildings () Grounds
 - () Fences () Timber Retaining walls () Garage () Edge of concrete slab
 - () Other:
-

1.6 What further inspections do you recommend for the areas described above?

1.7 Was the property furnished at the time of the Inspection? ()Yes No ()

2. Subterranean Termites

2.1 Were active termites (live specimens found) at the time of inspection? ()Yes () None found

The termites are believed to be:

- Coptotermes Spp* *Schedorhinotermes Spp* *Mastotermes Spp*
- Nasutitermes Spp*
- Porotermes Spp* *Microcerotermes Spp* *Heterotermes Spp*
- Other termite species (type):

and have the potential to cause **Extensive & Severe** **Moderate to extensive** amounts of damage

Location of Active Termites: _____ Not Applicable as none found.

2.2 A termite nest **was** found in: _____ A termite nest **was not** found

2.3 Visible evidence of subterranean termite workings such as mud packing and/or leads and/or termite damage **was not found** **was found in:**

2.4 **Was any evidence of timber damage visible?** No Yes

Locations, severity and extent of Damage located (If more room is required, use the back of the sheet):

2.5 **Where activity or damage is reported above, does its presence represent a Major Safety Hazard?:** No Yes. (Reason & Recommendation):

2.6 The following evidence of a previous termite treatment was found:

- Drill Holes Signs of Dusting Signs of other termite treatment Homeguard
- Signs of a possible treatment None Found Pump up points Termimesh Kordon

Where & what was the evidence found. (E.g. - drill holes to external paths, trenching around foundations in sub-floor):

2.7 Was a Durable Notice located: No YES and indicated that:

It's location was: Meter Box Kitchen Cupboard

Is there definite evidence that a notice may have been removed No Yes

If Yes describe: TERMGUARD / ALTIS / SLABSET

- A physical Treated zone A chemical treated zone
- Combined physical & chemical treated zone No termite management system was installed.
- A termite baiting and monitoring system Active termites treated but no management system

3. Borers Of Seasoned Timber

3.1 Was evidence of borer found: () No () Yes – believed to be:
 () *Anobium punctatum* (furniture beetle) () *Lyctus brunneus* (powderpost beetle)
 () *Calymnaderus incisus* (Queensland pine beetle)
 () Other uncommon type (Give Genus, where possible species and as common name):
 _____ Recommendations:

3.2 Where activity or damage is reported above, does its presence represent a Major Safety Hazard?: () No () Yes. (Reason & Recommendations):

3.3 Borer treatment recommendations: There is Generic advice in Report but provide further comments if applicable:

4. Fungal Decay Caused By Wood Decay Fungi

4.1 Was evidence of wood decay found: () None found () Yes (Indicate where found):

_____ Locations severity and extent of Damage located (If more room is required, use the back of the sheet):

_____ Defibration present () No () Yes

4.2 Where activity or damage is reported above, does its presence represent a Major Safety Hazard?: () No () Yes. (Reason & Recommendation):

5. Conditions That Are Conducive To Timber Pest Infestation

5.1 Water Leaks: () No () Yes. Details and recommendations: () Shower leaking; () moisture in adjacent wall; () drainage () down pipe to be diverted off the dwelling

5.2 Hot Water, Air Conditioning Units and other services/installations releasing water along side or near the walls were present:

() No, both connected & drained away () No, not present
 () Yes () Air-conditioning () Hot Water Service () Other:

Recommendations:

5.3 Is there a water tank present: () No () Yes, plumbed to a drain () Yes, has open overflow (Recommendation): _____

5.4 High Moisture Readings: () Normal readings () Yes. Details: _____
5.5 Brand and Model of Moisture Meter used: () Tramex Encounter () Tramex Encounter Plus **5.6 Subfloor drainage:** () Inadequate () Adequate () Not able to assess () Not Applicable Comments: _____

5.7 Sub-floor ventilation: () Inadequate () Adequate () Not able to assess () Not Applicable Comments: _____

5.8 Was there any evidence of mould found during the inspection: () No () Yes

Where found: _____

5.9 Timber Exposed to Weather/Water (Durability/Suitability):
() Adequate () Inadequate () Uncertain
Comments: _____

5.10 Other areas/situations conducive to future subterranean termite infestation are Influence of nearby areas:

Stored goods:

Timber in ground contact:

Landscaping Timbers:

Trees & Stumps:

Non-durable timbers:

Bridging of barriers or slab edges:

High Moisture Readings:

Vegetation against structures:

Other: _____

5.11 Comments On Other conditions conducive to timber pest infestation: Recommend regular self inspection of () subfloor () timber sleepers () retaining walls; Cut tree's back off the dwelling and clean out gutters; Remove timber sleepers and debris as this can be conducive to termite attack.

6. Conditions Conducive To Undetected Termite Entry

6.1 Does the slab edge inspection zone fully comply?: () Yes () No, arrange for slab edge to be exposed. () Not required as is an Infill Slab () Not applicable
() Not able to comment

Comments:

6.2 Were Weep holes clear and fully exposed: () No arrange for weep holes to be fully exposed
() Yes () Not Applicable () Not applicable. Infill slab

Comments:

6.3 Termite Shields & Physical barriers (ant caps etc.):

() Inadequate () Adequate () Not Applicable () Not Able to Assess because

6.4 Other areas/situations that may allow undetected subterranean termite entry are

Building design:

_____ Water

storage tanks obstructing the inspection: _____

Timber in ground contact:

Landscaping Timbers:

Trees & Stumps:

Non-durable timbers in ground contact:

Bridging of barriers or slab edges:

Stored goods against the external wall(s):

Other:

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7. Other Information

OVERALL ASSESSMENT OF THE PROPERTY

8.1 Degree of risk of subterranean termite infestation to the overall property was considered to be: () Extremely High () High () Moderate to High () Moderate

8.2 Subterranean termite treatment recommendation: A management program in accord with AS 3660 is considered to be:

- () Essential () Strongly Recommended () Not required as one is being carried out by us
- () No essential but 3 monthly inspections are essential () Not essential but 6 Monthly Inspections only
- () Not essential but 12 Monthly Inspections only

If "Yes" choose type of termite management system you recommend:

- () Termite Monitoring & Baiting () Termite Dusting & Chemical Treatment
- () Baiting & Chemical Treatment () Termite Chemical Treatment

Any Other Treatment Comments:

- Recommend termite treated zone to the dwelling ()BE MAINTAINED () BE INSPECTED to minimise against termite infestation.

- Recommend the removal of any material conducive to termite attack.
- Ensure all excess moisture is kept to a minimum in and around the home.

A Treatment Proposal is attached: () No () Yes

8.3 An inspection is recommended every:

() Month () 6 months () 4 months () 3 months () 12 months

IF PUMP UPS ARE DUE, PLEASE MEASURE UP !!

System:	Installed by:
LM:	Last Pump: