

Please note that Pages 1-3 pertain to "on arrival condition." In other words, how the bank presents the property to us. Page 4 is the systems testing portion. Parts 1-3 also pertain to the main structure. Secondary structure issues need to be noted only.

### HUD PROPERTY INSPECTION REPORT (HPIR)

1. Date of Assignment:	2. Date of Inspection:	3. FHA Case # <span style="border: 1px solid red; padding: 2px;">Be sure to include dash after the 3rd digit.</span>	4. Is Property Vacant? <span style="border: 1px solid red; padding: 2px;">If no take the extra effort to obtain the name and contact # of the occupant.</span>
5. Inspector's Name: <span style="border: 1px solid red; padding: 2px;">Please include first and last name.</span>		6. Property Type: <input type="checkbox"/> S/Family <input type="checkbox"/> PUD <input type="checkbox"/> M'frd Hsng <input type="checkbox"/> Duplex <input type="checkbox"/> Other	
7. PROPERTY ADDRESS (include Zip Code): <span style="border: 1px solid red; padding: 2px;">Please provide full address, including zip code.</span>		6a. #of Story: ___ Bedrooms: ___ Full Baths: ___ Half Baths: ___ Attached Garage? ___ # of car(s): ___ Detached Garage? ___ # of car(s): ___ Carport? ___ If YES, is it a temporary structure? ___	
8. Key Code & Lockbox Information Key Code: _____ HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No Gate Code: _____		6b. Foundation Type: <input type="checkbox"/> Slab <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Other	
Email/Fax # of HOA:		9a. Name & Address of Condominium/Subdivision (if applicable):	
		b. HOA or Management Company mailing address:	
		Contact Person: _____ Telephone #: _____	
		Name of neighbor contacted to verify HOA: _____	
		Show pic of HOA notification posted on neighbor <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Pre-Conveyance Activities by Mortgagee <span style="border: 1px solid red; padding: 2px;">This should match with 15 B.</span>		<span style="border: 1px solid red; padding: 2px;">This should match with 15 O.</span>	
a) Is the property secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Is lawn maintenance acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b) Is property winterization acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="border: 1px solid red; padding: 2px;">(Refer to 15(l) or details). <span style="border: 1px solid red; padding: 2px;">this should match with 15 L.</span></span>	d) Is property in broom-swept condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		

This should be checked as yes, if b,c,e,f,and or g has anything missing or wrong. APPLIANCES DO NOT COUNT!

## PART I: CONDITIONS FOR CONVEYANCE

If house never equipped with a/c, check off missing and include a \$0.00 estimate. Be sure to add this in the notes!

11. Item Conveyance Condition Questionnaire	Repair/Replace estimate for items		
	Item Description	Item Condition	Estimate (\$)
a) Is the property Damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b) Is A/C unit present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Air <input type="checkbox"/> Window unit Is heating unit present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooling / Air-Conditioner --Heating/Furnace --HVAC System Duct	<input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> OK	
c) Is there physical evidence of adequate electrical supply for lighting & appliances? <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Wirings --Other	<span style="border: 1px solid red; padding: 2px;">Breaker box, main wiring</span> <span style="border: 1px solid red; padding: 2px;">For any lighting fixtures, switches, receptacles.</span>	
d) Are built-in appliances missing or severely damaged? (Range/oven, dishwasher, range hood) <input type="checkbox"/> Yes <input type="checkbox"/> No	Stove/Range/Oven --Kitchen Cabinets --Other	<span style="border: 1px solid red; padding: 2px;">Only! Do not include any other appliances here.</span> <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> OK <span style="border: 1px solid red; padding: 2px;">Refrigerator, garbage disposal, dishwasher, range hood, microwave, etc.</span>	
e) Is there evidence of water supply? <input type="checkbox"/> Yes <input type="checkbox"/> No -- Is there a hot water heater? <input type="checkbox"/> Yes <input type="checkbox"/> No Water Heater Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	Plumbing --Sink --Other	<span style="border: 1px solid red; padding: 2px;">Supply lines &amp; water main only.</span> <span style="border: 1px solid red; padding: 2px;">Sinks, tub spouts, shower heads, faucets etc.</span> <span style="border: 1px solid red; padding: 2px;">This is for a secondary water source: Irrigation, water softener, sprinkler systems.</span>	
f) Does sanitary system appear operational? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of System: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Is there a sewer pump or grinder station on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there floor drains in the basement area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer/Septic system --Toilet(s)? --Other?	<input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> OK <span style="border: 1px solid red; padding: 2px;">toilet seats, toilets</span> <span style="border: 1px solid red; padding: 2px;">Secondary sewer source i.e. outhouses.</span>	
g) Are there active roof leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof leak and damage cost to repair		
h) Is structure free from hazards that may adversely affect health and safety? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Major Interior hazard Location & removal cost: Describe items in the notes section		<span style="border: 1px solid red; padding: 2px;">Major health and safety issues interior: Mold, meth labs, etc.</span>
i) Are there any damages to exterior decks and patios? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Major Exterior hazard Location & removal cost: Describe items in the notes section		<span style="border: 1px solid red; padding: 2px;">Major health and safety issues exterior: standing/dead trees, hazardous waste material, etc.</span>
12. Did you provide date-stamped photos? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Cure Cost</b>		

**13. ADDITIONAL CONVEYANCE CONDITION** (Please provide additional comments if necessary)

<p><b>a) Evidence of mortgagee neglect resulting in property damage?</b> (please provide details in notes) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Any action the bank failed to inspect, preserve, and or protect</b></p>	<p><b>c) Is there evidence of a mold like substance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Excessive</p> <p>Location: _____</p> <p><b>If you check yes, please include an estimate on 11h.</b></p>
<p><b>b) Is property damaged by Fire, Flood, Hurricane, Tornado, Earthquake or Boiler Explosion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>d) Is there standing water?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**14. Post-Conveyance Activities by FSM**

**Should match with 15n.**

**PART II: INITIAL INSPECTION REPORT**

(Please provide additional comment if necessary)

**SECTION 15.**

**This section still deals with how the mortgagee presents the property to HUD, or how the property is presented to you, PRIOR to performing any work.**

**Should match with 10a.**

**SECURING PROPERTY (INCL. POOL & SPA)**

**FLOORING**

<p><b>a) Is property located in a high vandalism area?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>k) Any stained carpet with feces or urine?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Are there Window and doors boarded? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>-- Buckle, hole, or trip hazard on floor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>-- If boarding is present is it per HUD spec? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- If yes, photos &amp; location provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

**WINTERIZATION**

**Should match with 10b.**

<p><b>b) All exterior locks changed to HUD key?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><b>l) Is property winterization acceptable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- House secured (All doors &amp; windows)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Water lines/Distribution piping drained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Garage secured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Is Meter disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Are Outbuildings present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Is Water turned off at curb (mandatory)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- How many lock boxes installed? _____ Count</p>	<p>-- Is main water feed line plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- How many door knob sets installed? _____ Count</p>	<p>-- Is the water on? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- How many padlocks installed? _____ Count</p>	<p>-- Is Well tank drained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>c) Is there a pool (In / Above ground) on site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Are dated winterization signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Is pool secured with a pool cover? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Are toilets seats taped down? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Is fencing intact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- If reqd (local code), is RPZ valve installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Are pool gates secured? (Need Pad Locks) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Heating System filled w/non-toxic anti-frz? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Is the pool drained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Is Heat on and running? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Is there a hot tub/spa? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Is Water heater drained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Is it properly covered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Are there any visible problems noted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

**BOARDING UP**

**ROOF**

<p><b>d) Are there any broken windows?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><b>m) Is roof surface damaged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- If Yes, how many? _____ Count</p>	<p>-- Has roof been tarp/patched/repaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- List location &amp; size of broken windows:</p>	<p>-- Needed emergency/preventative repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>We need dimensions for each broken window.</b></p>	<p>-- Any interior damages from rook leak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Are Windows boarded per HUD Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If yes, provide photos and notify Area Manager</p>
<p>-- Has all broken glass been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Conditions of gutters and downspouts: <input type="checkbox"/> Damaged <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> N/A</p>
<p>-- How many doors are boarded? _____ Count</p>	<p>-- State Overall condition of the roof: <input type="checkbox"/> Damaged <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> N/A</p>
<p>-- Are Hatchway/Cellar secured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Damages/defects to decking/sheathing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>-- Are there any cracked windows? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>-- Visible damages/defects to chimney? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

**DEBRIS REMOVAL**

**SUMP PUMPS (FLOODING?)**

<p><b>e) Is there debris in interior of property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>(If Yes, describe items and quantity in notes)</p>	<p><b>n) Is there a sump pump on site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>f) Any personal property in interior of property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>(If Yes, describe items and quantity in notes)</p>	<p>-- If Yes, does sump pump have power? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>g) Is there debris on exterior of property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>(If Yes, describe items and quantity in notes)</p>	<p>-- If Yes, is sump pump fully operational? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>h) Any abandoned vehicle(s) on site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>(If Yes, describe items and quantity in notes)</p>	<p>-- If No, is basement/crawl space flooded? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**If the property has a sump pump, does it work? This has nothing to do with the question above asking about if the sump pump has power or not.**

**If property has/doesn't have sump, this section also deals with standing water in property (13d).**

**Please answer regardless if the roof is damaged or not.**

**Should match with 17q.**

**Should match up with 17p.**

**This** If the property has propane, oil tank, and or well, please add this in the company name section.

ot a warranty

FHA CASE #: \_\_\_\_\_

-- If Yes, was the vehicle posted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				-- If Yes, how much water in basement/crawl space? _____ inches			
<b>METER READINGS &amp; NUMBERS</b>							
-- Where did the water come from? <input type="checkbox"/> Ext. / Flood <input type="checkbox"/> Plumb. Leak				-- Is Electricity on to house? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Utility</b>	<b>Meter#</b>	<b>Reading</b>	<b>Company or Phone #</b>	-- Is Water on? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Well			
Gas:				-- Is Gas on? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Electric:				<b>YARD MAINTENANCE</b> ← Should match with 10c.			
Water:				o) Was landscape/yard maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>INTERIOR &amp; EXTERIOR WALLS</b>				-- Is the lawn cut (typically <= 6")? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
i) Any interior wall damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				-- Tree limbs trimmed away from house? ← <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
-- Is graffiti painted anywhere on property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				-- Are there any dead trees present, standing or on the ground? ← <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
j) Any "VIOLATION" notice posted on site? (If Yes, please take photo and notify Area Mgr) <input type="checkbox"/> Yes <input type="checkbox"/> No				← If yes, then an estimate needs to be included in 11i.			
<b>16. Lead-Based paint consideration</b>							
16a) Property built before 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No				16b) If yes, is there evidence of paint surface peeling, cracking, scaling, or chipping? <input type="checkbox"/> Yes <input type="checkbox"/> No			
16c) If Yes, list location/description:							
Date initial inspection performed?				Date clean out completed?			

Should match with 10c.

Need to be at least 18 in. away from structure.

If yes, then an estimate needs to be included in 11i.

## PART III: 17. PROPERTY CONDITION REPORT

(Please provide photos, comments and

When dealing with Part 3, the left side needs to match with the right side. Please understand that the item could be missing or damaged and still tested functional.

Item Description	Item Condition	Item Functionality (for PCR use only)	Describe how functionality is Determined/Test Notes (use add'l shts. if reqd.)
a) Cooling/Air-Conditioner SER #	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Is HVAC functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Heating/Furnace SER #	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Describe how HVAC was tested:	
c) HVAC System duct	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A		
d) Electrical Wirings	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Is Electrical supply functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Other Electrical	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Describe how Electrical system was tested?	
f) Other Electrical	Usually marked n/a unless property has a generator, solar power or any other secondary electrical source.		This section, 17 d,e,f should match with 11c.
g) Stove/Range/Oven	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Are built-in appliances functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
h) Kitchen Cabinets	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Describe how the appliances were tested?	
i) Other	Please do not mark as N/A, this deals with the refrigerator, garbage disposal, dishwasher, microwave, range hood, etc.		This section, 17 g,h,i should match with 11d.
j) Plumbing System	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Is water supply functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
k) Sinks?	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Describe how the Water supply system was tested?	
l) Other?	Usually marked N/A unless property has a secondary water source, such as, a water softener, irrigation system, etc.		This section, 17 j,k,l,m should match with 11e.
m) Water Heater? SER #	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Water Heater functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
n) Sewer/Septic drain system	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Sanitary systems functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
o) Toilet(s)	<input type="checkbox"/> OK <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> N/A	Describe how the drain system was tested?	
p) Roof	This section, 17 p,q should match with 15m and 11g.	Damaged	Is the roofing in acceptable condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
q) Other	This is for the soffits, gutters and downspouts.	Damaged	Has repair been made to secure roof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Systems test are not guaranteed or warranty the systems and only test functionality. Conditions change after testing and can affect the functionality. Gas components and Gas appliances are visually tested only.

Please provide comments and/or additional details to further explain any items or conditions which you have not already listed or summarized in the report. Please use PHOTOGRAPHS, elaborately, for documentation and support; and key answers and comments to item numbers of report, when additional details are given. Use additional sheets as needed.

<b>Inspection Rprt Item #</b> <i>(Example: Item #15a)</i>	<b>COMMENTS AND/OR ADDITIONAL DETAILS</b>
	<p>Please review any of the resources that Innotion has provided to you.</p> <ul style="list-style-type: none"><li>*HPIR Definitions Others</li><li>*Standard Cost Sheet for the HPIR Cost Section</li><li>*Example of HPIR Notes Page</li></ul> <p>The IEI team wants to know about all damages and specialty items on the property, interior and exterior. Please provide photos that will support these notes.</p> <p>Ex: Include information about a dehumidifier (along with functionality), fireplace (along with the energy source), broken windows with dimensions, dead trees (along with dimensions), missing/present appliances (along with functionality), missing hardware (light fixtures, sinks), Information on heating/cooling sources( Serial number and types), Any kinds of tanks (Buried or above ground, with location), and any other issues with the property.</p> <p>Good photos and great notes will help prevent follow ups and help Innotion get the info to the correct people in a timely fashion.</p> <p>*The information and data on this sheet is abbreviated or summarized for quick reminders and processes. Guidelines are noted on other official training materials and work orders.</p>