


RENEWAL / DEHUMIDIFIER INSPECTION FORM

Receipt # 2

No Termites
& Agreement

Technician: Yowli Betancourt Inspection Date: 4/4/25

Items	Yes	No	Other
Termite Evidence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Active Termite Evidence on Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moisture Readings over 20%	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dehumidifier Working Properly	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>
Did You Increase Dehumidifier Settings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did You Reset Dehumidifier Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing Water In Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insulation In Crawl Space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation Falling In Crawl Space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vapor Barrier Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil Erosion In Crawl Space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automatic Vents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Powder Post Beetle Evidence Present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Old House Borer Evidence Present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dryer Vented Outside	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wood Debris In Crawl Space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Leaking Water Pipes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heat Ducts Disconnected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bath Traps Inspected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attic Insulation R-Value	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pest Noted:	<p>WOOD MOISTURE READINGS 14% - 15%</p>		
Condition Conducive for Termites:			
<p>NO SIGNS OF TERMITES ACTIVITY</p>	<p>Technician Signature: <u>Yowli Betancourt</u></p>		<p>Email Address: _____</p>
<p>Customer Signature _____</p>	<p>Date: _____</p>		