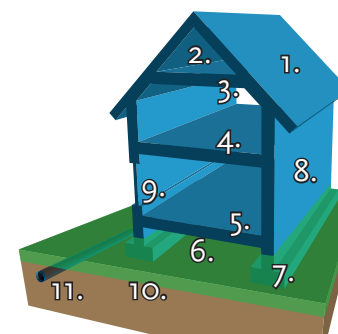


## RS<sup>3</sup> CONDITION INSPECTION INTERVIEW FORM

To benefit as much as possible from the condition inspection, please carefully answer the questions below before the inspection is carried out. Once filled out, a copy of the interview form will be attached to the condition inspection report.



### Building structures include:

1. Roof
2. Attic
3. Space below the roof
4. Intermediate floor
5. Ground floor
6. Crawlspace
7. Foundation
8. Exterior walls
9. Windows and doors
10. Filling earth
11. Underdrainage

Address of the site			
Ownership history			
1. STRUCTURES, REPAIRS, ETC.	None carried out	Repairs or maintenance has been carried out; please specify	Approximate repair date (to the nearest year)
<b>1.1 Work on the building's surroundings</b> (corrections to inclination or elevation of earth surface, replacing filling earth next to the plinth, etc.)	<input type="checkbox"/>		
<b>Around the building:</b> <input type="checkbox"/> There are no weeping drains. <input type="checkbox"/> There are weeping drains. <b>Plinth waterproofing:</b> <input type="checkbox"/> None. <input type="checkbox"/> Yes, please specify type: <input type="checkbox"/> No information available. <input type="checkbox"/> No information available.			
<b>1.2 Underdrainage system repairs/maintenance</b> (replacing weeping drains, flushing drains, emptying manholes, imaging pipeline, etc.)	<input type="checkbox"/>		
<b>1.3 Rainwater drain system</b> (gutters, drainpipes, surface water gutters, rainwater drains, etc.)	<input type="checkbox"/>		
<b>1.4 Exterior face repairs</b> (painting, plastering, replacing exterior face lining, etc.)	<input type="checkbox"/>		
<b>1.5 Additional insulation</b> (additional insulation installed on exterior walls, roof or floor, etc.)	<input type="checkbox"/>		
<b>1.6 Windows</b> (painting, replacement, repairs, installing new windows, replacing exterior window sills, etc.)	<input type="checkbox"/>		
<b>1.7 Entrance doors</b> (painting, replacement, repairs, repainting, etc.)	<input type="checkbox"/>		
<b>1.8 Roof repairs</b> (painting roof, replacing roofing, repairing leaks, correcting inclination, etc.)	<input type="checkbox"/>		

STRUCTURE	None carried out	Repairs or maintenance has been carried out; please specify	Approximate repair date (to the nearest year)
<b>1.9 Renovations in sanitary premises</b> (washroom, sauna, lavatories; replacing surface coating, waterproofing, repairing structures, etc.)	<input type="checkbox"/>		
<b>Sanitary premises:</b> <input type="checkbox"/> Are not waterproofed. <input type="checkbox"/> No information available. <input type="checkbox"/> Include water or humidity proofing.			
<b>1.10 Extensions</b> (extensions to the building, additional rooms, renovating attic, basement or garage for residential use, etc.)	<input type="checkbox"/>		
<b>1.11 Other repairs or maintenance</b> (water damage repaired; wall lining, floor lining or roofing replaced, etc.)	<input type="checkbox"/>		
2. UNREPAIRED DAMAGE OR FAULTS IN STRUCTURES			
STRUCTURE	None carried out	Observed damage or faults	Observation date
<b>2.1 Humidity observations</b> (humidity marks or water flow marks indoors, darkened surface coating, visible water leaks, etc.)	<input type="checkbox"/>		
<b>2.2 Humidity in basement</b> (water flowing into the basement in the spring when the snow melts or when it rains, humidity observations referring to basement structures, etc.)	<input type="checkbox"/>		
<b>2.3 Cold and draught</b> (observed cold corners, floors, rooms or wall surfaces; any draught observed in corners, windows or doors; etc.)	<input type="checkbox"/>		
<b>2.4 Problems with frost</b> (have water pipelines, sewers or weeping drains ever frozen; does ice gather onto the roof or eaves; etc.)	<input type="checkbox"/>		
<b>2.5 Odour and noise observations</b> (has an odour reminiscent of an earth cellar or any other strange smells been observed; noise problems related to structures; etc.)	<input type="checkbox"/>		
<b>2.6 Insects observed indoors</b> (has unusually many ants been observed indoors; are there signs of wood being damaged by insects; etc.)	<input type="checkbox"/>		

STRUCTURE		None carried out	
<b>2.7 Pest observations</b> (have any mice or rats been observed in the building)	<input type="checkbox"/>		
<b>2.8 Windows frosting over</b> (do the windows frost over in the wintertime or have insulating glass units become greyish)	<input type="checkbox"/>		
<b>2.9 Other observations</b> (any other faults, defects or damage, or suspected faults or damage observed)			
3. PLANNED REPAIRS / RENOVATIONS / REFORMS			Planned date
<b>3.1</b> Repairs which have been planned / for which a decision has already been made in the housing company; any already made but not yet implemented repair plans; etc. Also issues referring to HVAC and electricity systems.	None <input type="checkbox"/>		
4. USE OF THE BUILDING	More specific information		Time
<b>4.1 Use of sanitary premises</b> (have the sanitary premises been regularly in use and when were they used the last time)			
<b>4.2 Vacancy</b> (has the residence been vacant, only partially heated or not heated at all)			
<b>4.3 Functionality of fireplaces</b> (have fireplaces been in use and if so, have they been in full working order)			
<b>4.4 Chimney cleaning</b> (how often has the chimney been cleaned and when was it cleaned last)			
<b>4.5 Information on the use of the building</b> (snow being gathered next to the building and protective measures to be implemented in the spring to eliminate freezing risks; snow being dropped down from the roof; closing plinth ventilator slots in the wintertime; use of heaters; etc.)			

5.1 HEATING SYSTEM	Report on maintenance or repair actions carried out, time and renovation year. Especially important information include the age of devices and system elements.	No repair actions taken	Observed malfunctions, faults, defects and damage	No functional defects
<b>Electric heating:</b>				
Electrical radiators		<input type="checkbox"/>		<input type="checkbox"/>
Electric underfloor heating		<input type="checkbox"/>		<input type="checkbox"/>
Ceiling heating elements		<input type="checkbox"/>		<input type="checkbox"/>
<b>Oil heating:</b>				
Oil boiler		<input type="checkbox"/>		<input type="checkbox"/>
Oil burner		<input type="checkbox"/>		<input type="checkbox"/>
Oil tank; inspection date and next inspection date		<input type="checkbox"/>		<input type="checkbox"/>
Heating water accumulator		<input type="checkbox"/>		<input type="checkbox"/>
<b>Other equipment:</b>				
Heat exchanger or earth heating		<input type="checkbox"/>		<input type="checkbox"/>
Other heating system elements, such as air heating pump, air heating, air-circulated underfloor heating, etc.		<input type="checkbox"/>		<input type="checkbox"/>

<b>5.2 WATER AND SEWER SYSTEM</b>	Report on maintenance or repair actions carried out, time and renovation year. Especially important information include the age of devices and system elements.	No repair actions taken	Observed malfunctions, faults, defects and damage	No functional defects
Warm water accumulator		<input type="checkbox"/>		<input type="checkbox"/>
Water pipelines		<input type="checkbox"/>		<input type="checkbox"/>
Sewer pipelines		<input type="checkbox"/>		<input type="checkbox"/>
Water fixtures (faucets, mixers, etc.)		<input type="checkbox"/>		<input type="checkbox"/>
<b>If no municipal engineering available:</b> Water well: <input type="checkbox"/> Ring well <input type="checkbox"/> Bored well <input type="checkbox"/> Spring well <input type="checkbox"/> Other, please specify: <input type="text"/>				
- Has quality of water been studied? - Has there been enough water at all times? - Has the well been properly maintained?		<input type="checkbox"/>		<input type="checkbox"/>
Wastewater drain well: <input type="checkbox"/> Enclosed well <input type="checkbox"/> Precipitation wells and impregnation <input type="checkbox"/> Impregnation wells with drainage into the environment <input type="checkbox"/> Double sewer system <input type="checkbox"/> Small wastewater treatment plant <input type="checkbox"/> Other, please specify: <input type="text"/>				
- Emptying interval to the nearest month - Observed malfunctions and repairs done		<input type="checkbox"/>		<input type="checkbox"/>
<b>5.3 VENTILATION DEVICES</b>	Report on maintenance or repair actions carried out, time and renovation year. Especially important information include the age of devices and system elements.	No repair actions taken	Observed malfunctions, faults, defects and damage	No functional defects
Ventilation system type <input type="checkbox"/> Forced exhaust ventilation <input type="checkbox"/> Natural ventilation <input type="checkbox"/> Forced supply and exhaust ventilation <input type="checkbox"/> Heat recovery system <input type="checkbox"/> Air heating system used as a ventilation system				
<b>Ventilation machine</b> - Has the machine been repaired, maintained, filters replaced, etc.		<input type="checkbox"/>		<input type="checkbox"/>
<b>Ventilation ducts</b> - Cleaned when		<input type="checkbox"/>		<input type="checkbox"/>
<b>Have ventilation system air flows been adjusted?</b> (not applicable to natural ventilation)		<input type="checkbox"/>		<input type="checkbox"/>
<b>5.4 ELECTRICITY SYSTEM COMPONENTS OR DEVICES</b>				
Main distribution board and fuse panel		<input type="checkbox"/>		<input type="checkbox"/>
Electric outlets, wiring, switches, light fixtures, etc.		<input type="checkbox"/>		<input type="checkbox"/>

## 6. OTHER INSPECTIONS

Have any of the following surveys or measures been implemented at the site?	Not implemented	Information on implemented measures, results and party performing the inspections	Survey date (to the nearest year)
Radon measurements	<input type="checkbox"/>		
Asbestos surveys	<input type="checkbox"/>		
Condition inspections or assessments	<input type="checkbox"/>		
Humidity measuring	<input type="checkbox"/>		
Measures by Raksystems-Anticimex	<input type="checkbox"/>		

## 7. SIGNATURES AND CONTACT INFORMATION OF HOUSING COMPANY

<p><b>Signature</b></p> <p>Signature and printed name of the person who filled out the form, date</p>	<p><b>Contact information of housing company or chairperson of the Board</b></p> <p>Name and postal address of the housing company (only applies to housing company sites)</p>
<p>I have studied the <a href="#">Client Instructions for Condition Evaluation in Connection with Transfer of Property</a> <input type="checkbox"/> (Please tick)</p> <p>and the <a href="#">preparation instructions for the Raksystems Anticimex RS<sup>3</sup> Condition Evaluation for Housing Transactions</a> <input type="checkbox"/> (Please tick)</p>	

**Please print sufficiently many copies (for yourself, the inspector and the housing company, for example).**

If you like, you can return the form in connection with the inspection.

You can permanently save the information you have entered as a PDF form by clicking **Save**. You can print the form by clicking **Print**, or send the form by e-mail by clicking **Send by e-mail**. Enter the e-mail address of the *person who performed the condition evaluation* as the recipient. The e-mail is available in the order agreement. You can clear the form by clicking **Clear form**.



Clear form



Print



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*www.raksystems-anticimex.fi*

## ADDITIONAL DETAILS


## ADDITIONAL DETAILS
