

**OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT REPORT  
(FORM ODAFF-1)**

**THIS INSPECTION DOES NOT ADDRESS HEALTH HAZARD MOLDS OR WOOD DESTROYING ORGANISMS**

SECTION I. ADDRESS OF PROPERTY			
1A	Address of structures inspected: Street/Legal Description:	address here	City: City here Zip: Zip here
1B	Location of structures inspected (if different than address:		

SECTION II. INSPECTING COMPANY INFORMATION			
2A	Name of Inspection Company	YourCompanyPestControl	2B ODAFF Business License Number YourLicNum
2C	Address of Inspection Company	YourAddress	YourTelNumber
2D	Name of Inspector:	YourName	2E Certification Number of Inspector: YourCertNu

SECTION III. PROPERTY INFORMATION	
3A	All of the structures on the property listed in Section I were inspected EXCEPT the following:
3B	Owner/Seller (if known):
3C	Name of person purchasing report:
3D	Capacity of person purchasing report: <input type="checkbox"/> Buyer <input type="checkbox"/> Agent <input type="checkbox"/> Seller <input type="checkbox"/> Other-specify:

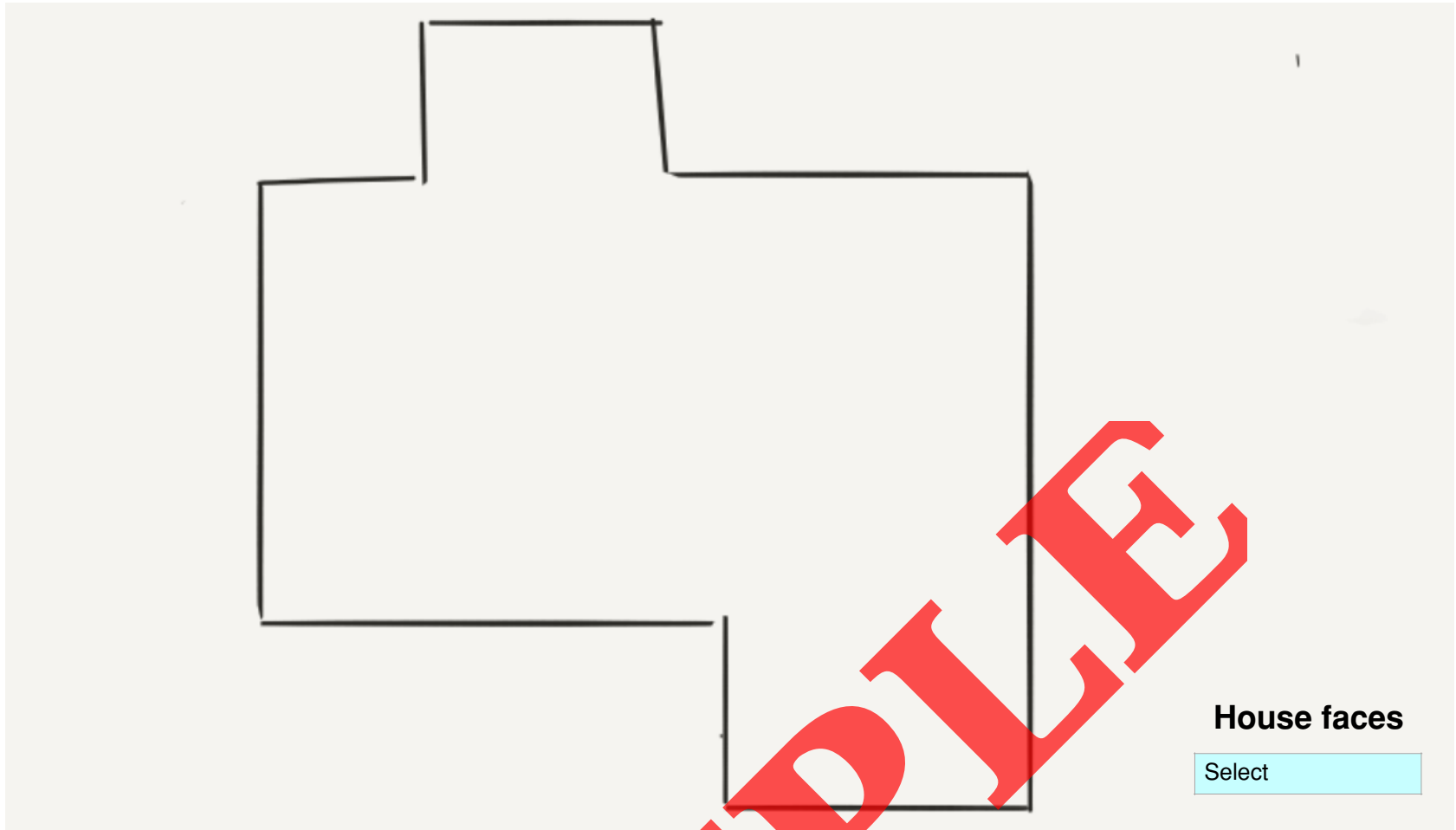
SECTION IV. TYPE OF CONSTRUCTION As determined by visual inspection are:	
4A	Stem wall type: <input type="checkbox"/> Brick <input type="checkbox"/> Concrete Block <input type="checkbox"/> Solid Concrete <input type="checkbox"/> Other-specify:
4B	Floor Type: <input type="checkbox"/> Wood <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Other-specify:
4C	Area Under Floor: <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement <input type="checkbox"/> Other-specify:
4D	Exterior Type: <input type="checkbox"/> Wood <input type="checkbox"/> Wood Veneer <input type="checkbox"/> Fiberboard <input type="checkbox"/> Brick/Stone <input type="checkbox"/> Aluminum/Vinyl Siding
	<input type="checkbox"/> Stucco <input type="checkbox"/> Concrete Block <input type="checkbox"/> Other, include combinations-specify:
4E	Pier Type: <input type="checkbox"/> Wood <input type="checkbox"/> Concrete Block <input type="checkbox"/> Other-specify:

SECTION V. INACCESSIBLE OR VISUALLY OBSTRUCTED AREAS	
5A	Are there any areas of the structure(s) inaccessible or visually obstructed: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify in 5B.
5B	Inaccessible or visually obstructed areas include: <input type="checkbox"/> Un-floored or insulated attic areas <input type="checkbox"/> Interior of hollow walls, floors, ceilings
	<input type="checkbox"/> Storage areas (specify: <input type="checkbox"/> Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings
	<input type="checkbox"/> Inadequate clearance in crawl space <input type="checkbox"/> Areas requiring tearing into or defacing to inspect
	<input type="checkbox"/> Locked areas (specify <input type="checkbox"/> Other (specify)
	Comments:

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Page 1 of 5	Inspectors Initials YourInitials	Inspection Date:	

**SECTION IX. DIAGRAM OF STRUCTURE(S) INSPECTED**

Use this diagram to show the location and types of conditions conducive, activity, or damage reported in Sections VI, VII, and VIII. Employ the symbols shown in those sections (such as C1, T1, IA and ID) that are the same as the symbols shown below the diagram.



Evidence of Termite Activity or Damage:	
T1: Live Termites	T5: Exit Holes
T2: Termite Tubes	T6: Evidence of previous infestation or treatment
T3: Termite Frass (pellets)	
T4: Winged Adults	TD: Termite Damage

Evidence of Activity or Damage by Wood Destroying Insects Other Than Termites	
IA: Insect Activity	ID: Insect Damage
OA: Other Activity	OD: Other Damage

Conditions Conducive:	
Use this diagram to show the location and types of conditions conducive, activity, or damage reported in Sections VI, VII, and VIII. Employ the symbols shown in those sections (such as C1, T1, IA and ID) that are the same as the symbols shown below the diagram.	
C1: Wood to ground contact	C7: Stucco siding extending below grade
C2: Remaining form boards	C8: Insufficient separation between soil and wood in crawl space
C3: Excessive moisture	C9: Wood pile in contact with structure
C4: Debris under structure	C10: Decks in contact with structure
C5: Debris around structure	C11: Dense foliage/shrubs in contact with structure
C6: Wooden parts resting on known cracked concrete (slab) or expansion joints	C12: Other

Comments:

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**SECTION XV. STATEMENT OF SELLER**

The Seller hereto agrees that all known property history information regarding activity of wood destroying insects, damage from wood destroying insects, and treatment history has been disclosed to the Buyer.

\_\_\_\_\_  
Signature of Seller of Property or their Designee

\_\_\_\_\_  
Date

**SECTION XVI. STATEMENT OF BUYER**

I have received the original or a legible copy of this report and all attachments. I have read and understand any recommendations made. My signature and/or my Closing on this property hereby acknowledge and accept the terms of this report. The Report urges me to obtain the opinion of a qualified building expert regarding any and all damages and defects on the property.

\_\_\_\_\_  
Signature of Purchaser of Property or their Designee

\_\_\_\_\_  
Date

**SECTION XVII. STATEMENT OF PURCHASER OF SERVICE**

The undersigned hereby acknowledges receipt of a copy of this report.

\_\_\_\_\_  
Signature of Purchaser of Service

\_\_\_\_\_  
Date

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Updated on 11/2/2007

**SAMPLE**



**SAMPLE**

Your Company  
Logo Here

YourCompanyPestControl  
YourAddress

# INVOICE

Telephone: YourTelNumber • Cell: YourCellPhone • YourWebsite • email: YourEmail

Invoice Number		Inspection Completion Date:		Due Date	
		address here	City here		Zip here

ITEM	DESCRIPTION	AMOUNT
Select		
TOTAL DUE		\$0.00

PAYMENT: Select

