

**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 _____ City _____ Zip _____

1B. Location of structures inspected (if different than address): _____

SECTION II. INSPECTING COMPANY INFORMATION

2A. _____ 2B. _____
Name of Inspection Company ODAFF Business License Number

2C. _____
Address of Inspection Company City State Zip Telephone Number

2D. _____ 2E. _____
Name of Inspector (Please Print) Certification Number of Inspector

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: ☐ Buyer ☐ Agent ☐ Seller ☐ Other (specify: _____)

SECTION IV. TYPE OF CONSTRUCTION As determined by visual inspection are:

4A. Stem wall type: ☐ Brick ☐ Concrete Block ☐ Solid Concrete ☐ Other (specify: _____)

4B. Floor Type: ☐ Wood ☐ Concrete Slab ☐ Other (specify: _____)

4C. Area Under Floor: ☐ Crawl Space ☐ Basement ☐ Other (specify: _____)

4D. Exterior Type: ☐ Wood ☐ Wood Veneer ☐ Fiberboard ☐ Brick/Stone ☐ Stucco ☐ Aluminum/Vinyl Siding ☐ Concrete Block
☐ Other, include combinations (specify: _____)

4E. Pier Type: ☐ Wood ☐ Concrete Block ☐ Other (specify: _____)

SECTION V. INACCESSIBLE OR VISUALLY OBSTRUCTED AREAS

5A. Are there any areas of the structure(s) inaccessible or visually obstructed: ☐ Yes ☐ 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"/> Inadequate clearance in crawl space |
| <input type="checkbox"/> Interior of hollow walls, floors, ceilings | <input type="checkbox"/> Areas requiring tearing into or defacing to inspect |
| <input type="checkbox"/> Storage areas (specify: _____) | <input type="checkbox"/> Locked areas (specify: _____) |
| <input type="checkbox"/> Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings | |
| <input type="checkbox"/> Other (specify: _____) | |

Comments: _____

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SECTION VI. CONDITIONS CONDUCTIVE

- 6A. Are there any visible conditions conducive to infestation by termites: ☐ Yes ☐ No. If "Yes" specify in 6B.
- 6B. Observed conditions conducive to infestation by termites or other wood destroying insects include:
- | | |
|---|--|
| <input type="checkbox"/> Wood to ground contact (Symbol: C1) | <input type="checkbox"/> Stucco siding extending below grade (Symbol: C7) |
| <input type="checkbox"/> Remaining form board (Symbol: C2) | <input type="checkbox"/> Insufficient separation between soil and wood in crawl space (Symbol: C8) |
| <input type="checkbox"/> Excessive Moisture (Symbol: C3) | <input type="checkbox"/> Wood pile in contact with structure (Symbol: C9) |
| <input type="checkbox"/> Debris (wood or other cellulose material) under structure (Symbol: C4) | <input type="checkbox"/> Decks with wooden supports improperly based in contact with structure (Symbol: C10) |
| <input type="checkbox"/> Debris (wood or other cellulose material) around structure (Symbol: C5) | <input type="checkbox"/> Dense foliage/shrubs in contact with structure (Symbol: C11) |
| <input type="checkbox"/> Wooden parts resting on known cracked concrete (slab) or expansion joints (Symbol: C6) | <input type="checkbox"/> Other (specify: _____) (Symbol: C12) |
- 6C. Location of conditions conducive to infestation by termites shall be shown on diagram in Section IX.
- Comments: _____

SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT

- 7A. ACTIVITY:
- (1) Is there visible evidence of termite ACTIVITY? ☐ Yes ☐ No. If "Yes" specify in (2)
- (2) Visible evidence of termite ACTIVITY includes:
- | | | |
|---|---|--|
| <input type="checkbox"/> Live Termites (Symbol: T1) | <input type="checkbox"/> Termite frass (pellets) (Symbol: T3) | <input type="checkbox"/> Exit Holes (Symbol: T5) |
| <input type="checkbox"/> Termite Tubes (Symbol: T2) | <input type="checkbox"/> Winged Adults (Symbol: T4) | |
- (3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX.
- Comments: _____
- 7B. DAMAGE:
- (1) Is there visible evidence of termite DAMAGE? ☐ Yes ☐ No. If "Yes" specify in (2)
- (2) Visible evidence of termite DAMAGE includes: (specify: _____)
- _____ (Symbol: TD)
- (3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX.
- Comments: _____

- 7C. Is there evidence of previous infestation or treatment? ☐ Yes ☐ No. If "Yes" specify: _____ (Symbol: T6)

SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES

8. ACTIVITY: (Note: 8. does not include Wood Rot Fungi)
- (1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? ☐ Yes ☐ No. If "Yes" specify in (2), (3), and (4).
- (2) Type of OTHER wood destroying insect ACTIVITY:
- ☐ Insect (specify type: _____) (Symbol: IA)
- (3) Evidence of ACTIVITY of insect(s) noted in (2), above (Specify evidence, such as "live carpenter ants" _____)
- (4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX.
- Comments: _____

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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.

Indicate north by
N at appropriate
tip of crossed
lines.

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

IA: Insect Activity ID: Insect Damage
OA: Other Activity OD: Other Damage

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 X. RECOMMENDATION FOR TREATMENT OR FOR CORRECTION OF CONDITIONS CONDUCTIVE

10A. Is a recommendation made for treatment for termites or other wood destroying insect(s) or for corrections of conditions conducive to infestation? ☐ Yes ☐ No. If "Yes", specify in 10B.

10B. Type of recommendation:

(1) Remedial Treatment. ☐ Yes ☐ No. If "Yes" specify:

(a) Insect(s) to be treated for:

☐ Termites

☐ Wood destroying insects other than termite. (Specify type: _____)

(b) Basis for recommendation:

☐ Presence of live termites (listed in 7A(2) or of other live wood destroying insects listed in Section 8(3)).

☐ Evidence of previous infestation (listed in Sections VII or VIII) and no visible evidence of an adequate treatment to address it.

☐ Other (specify: _____)

(2) Preventative treatment. ☐ Yes ☐ No. If "Yes", specify insect(s) to be treated for in (a) and basis for recommendation in (b).

(a) Insect(s) to be treated for:

☐ Termites

☐ Wood destroying insects other than termite. (specify type: _____)

(b) Basis for recommendation: Substantial conditions conducive to infestation referred to in Section VI of this form. (Specify: _____)

(NOTE: These conditions must be substantial.)

(3) Correction of conditions conducive: ☐ Yes ☐ No. If "Yes", specify in (a) and (b).

(a) Conditions conducive listed in 6.B. _____

(b) Corrective measures recommended: _____

SECTION XI. ADDITIONAL COMMENTS:

SECTION XII. ATTACHMENTS: List all attachments: _____

SECTION XIII. STATEMENT OF INSPECTOR

I performed the inspection of the property(ies) referenced above and believe this report to be true and complete.

13A. Notice of Inspection was posted at or near: ☐ Electric Breaker Box ☐ Water Heater ☐ Beneath Kitchen Sink ☐ Bath Trap

13B. Date Posted: _____ 13C. Signature of Inspector: _____ 13D. Date of Signature: _____

SECTION XIV. DISTRIBUTION OF COPIES

Report forwarded to: ☐ Title Co. or Mortgagee ☐ Purchaser of Service ☐ Seller ☐ Agent ☐ Buyer ☐ Inspecting Company
(Under ODAFF regulations, only the purchaser of the service and inspecting company are required to receive a copy.)

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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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