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. Name of Inspection Company ___________________________________________________________
2B. ODAFF Business License Number ______________________________________________________
2C. Address of Inspection Company __________________________ City __________________ State Zip Zip _____________________ Telephone Number ______________
2D. 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:
□ Un-floored or insulated attic areas □ Inadequate clearance in crawl space
□ Interior of hollow walls, floors, ceilings □ Areas requiring tearing into or defacing to inspect
□ Storage areas (specify: ____________________________) □ Locked areas (specify: ____________________________)
□ Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings
□ Other (specify: ____________________________)

Comments: ____________________________________________________________________________
____________________________________________________________________________________

Address of structures inspected: Street/Legal description ______________ City __________ Zip __________
Location of structures inspected (if different than address): __________________________________
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Updated on 11/2/2007
SECTION VI. CONDITIONS CONDUCIVE

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:
   □ Wood to ground contact (Symbol: C1)  □ Stucco siding extending below grade (Symbol: C7)
   □ Remaining form board (Symbol: C2)   □ Insufficient separation between soil and wood in crawl space (Symbol: C8)
   □ Excessive Moisture (Symbol: C3)     □ Wood pile in contact with structure (Symbol: C9)
   □ Debris (wood or other cellulose material) under structure (Symbol: C4)  □ Decks with wooden supports improperly based
   □ Debris (wood or other cellulose material) around structure (Symbol: C5)  in contact with structure (Symbol: C10)
   □ Wooden parts resting on concrete (slab) or expansion joints (Symbol: C6)  □ 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: (Specify evidence, such as “live carpenter ants”__________
      □ Live Termites (Symbol: T1)    □ Termite frass (pellets) (Symbol: T3)   □ Exit Holes (Symbol: T5)
      □ Termite Tubes (Symbol: T2)   □ 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 evidence, such as “live carpenter ants”__________
      □ Insect (specify type:_______________________________________________________________) (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: (Specify evidence, such as “live carpenter ants”__________
      □ 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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Address of structures inspected:  Street/Legal description __________________________ City ____ Zip ______
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Page 2 of ________________________ Inspector’s Initial’s __________________________ 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.

<table>
<thead>
<tr>
<th>Evidence of Termite Activity or Damage:</th>
<th>Conditions Conducive:</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1: Live Termites</td>
<td>C1: Wood to ground contact</td>
</tr>
<tr>
<td>T2: Termite Tubes</td>
<td>C2: Remaining form boards</td>
</tr>
<tr>
<td>T3: Termite Frass (pellets)</td>
<td>C3: Excessive moisture</td>
</tr>
<tr>
<td>T4: Winged Adults</td>
<td>C4: Debris under structure</td>
</tr>
<tr>
<td></td>
<td>C5: Debris around structure</td>
</tr>
<tr>
<td></td>
<td>C6: Wooden parts resting on</td>
</tr>
<tr>
<td></td>
<td>known cracked concrete</td>
</tr>
<tr>
<td></td>
<td>(slab) or expansion joints</td>
</tr>
</tbody>
</table>

| Evidence of Activity or Damage by Wood | Conditions Conducive: |
| Destroying Insects Other Than Termites| C7: Stucco siding extending below grade |
|                                        | C8: Insufficient separation between |
|                                        | soil and wood in crawl space     |
|                                        | C9: Wood pile in contact with structure|
|                                        | C10: Decks in contact with structure|
|                                        | C11: Dense foliage/shrubs in contact |
|                                        | with structure                      |
|                                        | C12: Other                         |

Comments:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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Address of structures inspected: Street/Legal description ______________ City __________ Zip __________
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Updated on 11/2/2007
SECTION X. RECOMMENDATION FOR TREATMENT OR FOR CORRECTION OF CONDITIONS CONDUCIVE

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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Updated on 11/2/2007
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 __________