OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT REPORT FOLLOW-UP  
(FORM ODAFF-2)

This follow-up report is for the purpose of noting any alterations or corrections completed after the issuance of Form ODAFF-1 on _________________________ (date).

ADDRESS OF PROPERTY
Address of structures inspected:  Street/Legal Description___________________________________City__________________Zip________
Location of structures inspected (if different than address):_________________________________________________________

INSPECTING COMPANY INFORMATION
______________________________________________________________________________________________
Name of Inspection Company ODAFF Business License Number
______________________________________________________________________________________________
Address of Inspection Company City State Zip Telephone Number
______________________________________________________________________________________________
Name of Inspector (Please Print) Certification Number of Inspector
______________________________________________________________________________________________

CONDUCIVE CONDITIONS
Repairs, corrections, or treatments for any Conducive Conditions have been performed as follows:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES
Repairs, corrections, or treatments for evidence of activity or damage by termites have been performed as follows:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES
Repairs, corrections, or treatments for evidence of activity or damage by wood destroying insects other than termites have been performed as follows:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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(FORM ODAFF-2)
Address of structures inspected:  Street/Legal description___________________________________City__________________Zip________
Location of structures inspected (if different than address):
Page 1 of ___________________________Inspector’s Initial’s_________________________Date___________
ADDITIONAL COMMENTS:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

ATTACHMENTS: Any additional attachments other than attachments listed on Form ODAFF-1 are as follows:

____________________________________________________________________________________________________________

STATEMENT OF INSPECTOR: I performed a follow-up of the property(ies) referenced above and believe this report to be true and complete. Notice of Inspection was posted at or near: ☐ Electric Breaker Box ☐ Water Heater ☐ Beneath Kitchen Sink ☐ Bath Trap. Date Posted _____ Signature of Inspector: ____________________ Date of Signature: ____________________

DISTRIBUTION OF COPIES

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

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

STATEMENT OF PURCHASER OF SERVICE

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

_______________________________________________________________        _________________________________________
Signature of Purchaser of Service                                                                              Date