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

THIS INSPECTION DOES NOT INCLUDE FUNGI WHICH INHABIT OR DESTROY WOOD OR OTHER CELLULOSE
MATERIALS, HEALTH HAZARD MOLDS, OR STAIN FUNGI

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 _________ Telephone Number __________________________

2D. Name of Inspector (Please Print) __________________________________________ 2E. 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: ____________________________________________________________________________________________

__________________________________________________________________________________________

(FORM ODAFF-1) ADOPTED JANUARY 1, 2020

Address of structures inspected: Street/Legal description ___________________________ City __________________ Zip __________

Location of structures inspected (if different than address): ______________________________

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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 organisms 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)
- □ Debris (wood or other cellulose material) around structure (Symbol: C5)
- □ Decks with wooden supports improperly based
- □ Wooden parts resting on known cracked concrete (slab) or expansion joints (Symbol: C6)
- □ Excessive Moisture (Symbol: C3)
- □ Debris (wood or other cellulose material) around structure (Symbol: C5)
- □ Dense foliage/shrubs in contact with structure (Symbol: C11)
- □ 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:

- □ 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:___________________________________________)

(3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX.

Comments:__________________________________________________________________________________________________

7C. Is there evidence of previous infestation, previous treatment or managed baiting system? □ Yes □ No. If “Yes” specify location of infestation, type of treatment, location of the treatment and name of the company if available: ____________________________(Symbol: T6)

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

8. ACTIVITY: (Note: 8.A. 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 insects ACTIVITY:

- □ Insect (specify type: ____________________________________________ ) (Symbol: IA)

(3) Evidence of ACTIVITY of insects 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:__________________________________________________________________________________________________
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.

Indicate north by N at appropriate tip of crossed lines.

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

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) TD: Termite Damage
T4: Winged Adults

Conditions Conducive:
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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Address of structures inspected: Street/Legal description City Zip
Location of structures inspected (if different than address):

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___  _________  _______________  _______________
SECTION X. RECOMMENDATION FOR TREATMENT OR FOR CORRECTION OF CONDITIONS CONducIVE

10A. Is a recommendation made for treatment for termites or other wood destroying insects or for corrections of conditions conducive to infestation? ☐ Yes ☐ No. If “Yes”, specify in 10B.

10B. Type of recommendation:

(1) Remedial (Evidence of Insect(s) Activity) Treatment. ☐ Yes ☐ No. If “Yes” specify:

(a) Insects 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 8A(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 (No Evidence of Insect(s) Activity) treatment. ☐ Yes ☐ No. If “Yes”, specify insect(s) to be treated for in (a) and basis for recommendation in (b). Preventative Treatments are recommendations not requirements of the inspection.

(a) Insects 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: ____________________________)

(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.)

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 including whether the structures are currently the subject of an active service agreement for termite or other wood destroying insect(s) treatment has been disclosed to the Buyer.

____________________ 13A. Notice of Inspection was posted at or near:

13B. Date Posted:_________ 13C. Signature of Inspector:______________ 13D. Date of Signature: __________

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.

____________________ 13A. Notice of Inspection was posted at or near:

13B. Date Posted:_________ 13C. Signature of Inspector:______________ 13D. Date of Signature: __________

SECTION XVII. STATEMENT OF PURCHASER OF SERVICE
The undersigned hereby acknowledges receipt of a copy of this report.

____________________ 13A. Notice of Inspection was posted at or near:

13B. Date Posted:_________ 13C. Signature of Inspector:______________ 13D. Date of Signature: __________

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Address of structures inspected:  Street/Legal description _____________________________ City ______ Zip ______
Location of structures inspected (if different than address):

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