

**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:

- Un-floored or insulated attic areas
- Interior of hollow walls, floors, ceilings
- Storage areas (specify: \_\_\_\_\_)
- Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings
- Other (specify: \_\_\_\_\_)
- Inadequate clearance in crawl space
- Areas requiring tearing into or defacing to inspect
- Locked areas (specify: \_\_\_\_\_)

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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