

6-14-2018



PSE Project Number: _____ Project Name: _____
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FORENSIC INVESTIGATION QUESTIONNAIRE

Person(s) Interviewed: _____ Relationship to House: _____

Please answer the following questions to the best of your ability. Exact dates are not necessary – approximate dates using months, years, seasons, etc. is acceptable.

Background Information:

1. What initiated this claim? Please describe the chain of events that lead to this engineering investigation?
(i.e. discovery of plumbing leaks, observations of distress, recommendation by repair contractor, etc.)

2. When did you purchase/lease/move-in/inherit the house? _____

3. Are you the original owner (first occupant) of the house? Yes No

4. Do you have any reports from previous inspections performed at the house? Yes No

If yes, can you provide us with a copy of the reports? n/a Yes No

5. Have any major structural repairs been performed at the house (excluding foundation repairs)?
(i.e. repairs due to fire damage, storm damage, fallen trees, vehicle impacts, etc.) Yes No

If yes, please describe cause of damage, area affected, and approximate date of event:

cause of damage:	area affected:	date:
_____	_____	_____
_____	_____	_____

6. Have any additions / conversions been made to the house? Yes No
(i.e. room addition / extension, patio enclosure, garage conversion, etc.)

If yes, please describe changes, room names, and approximate date:

rooms added/converted:	date:
_____	_____
_____	_____

7. Has there been any interior or exterior updating / remodeling to the house? Yes No
(i.e. painting, paneling, flooring changes, siding, etc.)

If yes, please describe updating / remodeling activity, room/area, and approximate date:

activity:	room/area:	date:

8. If any flooring has been replaced, did you notice any cracks or water damage in the exposed slab or subfloor? n/a Yes No

If yes, please provide description of distress, location, and approximate date:

distress:	location:	date:

9. Have there been any changes to the landscaping or vegetation on or near the property? Yes No
(i.e. trees / large shrubs added, damaged, died or removed due to storm damage, etc.)

If yes, please describe activity, location, and approximate date:

activity:	location:	date:

10. Have there been any changes to the grading or drainage conditions on the property? Yes No
(i.e. adding / removing soil, adding / removing sprinklers, installing gutters, subsurface drains, drainage swales, etc.)

If yes, please describe activity, location, and approximate date:

activity:	location:	date:

11. Are the yard areas surrounding the house watered? Yes No

If yes, how? Automatic Irrigation System Manual Irrigation System Manual Garden Hose

What areas are watered? (*i.e. all, front, etc.*) _____

How often? (*days per week*) Summer: _____ Winter: _____

12. Are soaker hoses used at the house? Yes No

What areas / perimeters are watered by soaker hoses? (*i.e. all, front, etc.*) _____

How often? (*days per week*) Summer: _____ Winter: _____

13. Have you noticed any areas where water ponds (accumulate) around the house during or after a heavy rainfall / irrigation event?

Yes No

If yes, where? _____

Foundation Repairs:

14. Are you aware of any remedial foundation measures previously installed at the house? Yes No

(*i.e. piers, piles, footings, pads, mud-jacking, cement injection, etc.*)

If yes, please provide the company name, type of work performed, location around house, and date:

company:	type of work:	location:	date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Can you provide a copy of the associated reports or paperwork? n/a Yes No

15. Why were remedial foundation measures installed at the house?

16. Have any adjustments been performed to the remedial foundation measures since they were initially installed?

n/a Yes No

If yes, when? _____

17. Have you received any recent proposals from foundation repair companies? Yes No

If yes, who? _____

Can you provide a copy of the associated reports or paperwork? n/a Yes No

Interior and Exterior Distress:

Distress as it is used in this report refers to any cracks or separations which may be indicative of foundation / superstructure-related movement, and it does not necessarily imply failure or negative consequences.

18. Did you notice any signs of distress and / or repairs inside / outside the house when it was first purchased? (*i.e. sheetrock cracks, brick cracks, doors sticking, etc.*)

Yes No

If yes, where? _____

19. When did you first begin to notice signs of recent distress? _____

What type of distress did you observe? _____

Where was it located? _____

20. In order of appearance, please describe any additional signs of recent distress that you have noticed at the house (*i.e. sheetrock cracks, brick cracks, tile cracks, doors / windows sticking, sloping floors, etc.*)

observation:	location:	date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. How did the distress spread? Progressively (gradually over time) All at Once

22. Have you noticed any variations in the widths of cracks / separations or variations in the degree of difficulty operating doors / windows with climatic or seasonal changes? (*i.e. cracks / separations improve with rainfall, cracks / separations are worse in the summer, door operation improves with rainfall, etc.*)

Yes No

If yes, please explain: _____

23. Have there been any repairs / patches to any of the interior / exterior distress? Yes No
(i.e. sheetrock patches, mortar patches, doors shaved, adjusted)

If yes, where? _____

24. Do you feel as though the distress is concentrated in any particular area of the house? Yes No

If yes, where? _____

25. Do you perceive any sloping floors in the residence? Yes No

If yes, where? _____

Swimming Pool: (If the house does not have a swimming pool, please skip this section.) n/a

26. How old is the swimming pool? _____

27. How is the pool filled? Automatically (timed pool equipment) Manually (garden hose)

28. Has the pool been losing water (other than normal evaporation)? Yes No

If yes, please describe: *(i.e. plumbing leak, shell leak, etc.)* _____

29. Have you noticed any recent distress to the pool or surrounding deck? Yes No

If yes, please explain: _____

30. Have there been any previous repairs / patches to the pool or surrounding deck? Yes No

If yes, please explain: _____

Retaining Walls: (If the site does not have any retaining walls, please skip this section.) n/a

31. What type(s) of retaining walls are located on the site?

Railroad Tie Mortared Stone CMU (concrete block) Concrete Other _____

32. Are the retaining walls original to the site or installed after the house was built? _____

33. Have you noticed any distress to the retaining walls? Yes No
(i.e. cracks, separations, sliding, rotating, leaning, etc.)

If yes, please explain: _____

34. Have there been any previous repairs to the retaining walls? Yes No

If yes, please explain: _____

Plumbing Leaks: (If you are not aware of any plumbing leaks at the house, please skip this section.) n/a

35. Do you have a leak in the domestic water system (supply) or the sanitary waste system (drain lines)?

Supply System (copper, galvanized, etc.) Waste System (PVC, cast-iron, etc.) Both

36. How and when were the current plumbing leaks realized? _____

37. How often are / were the applicable plumbing fixtures used? _____

38. Have the leaks been repaired? Yes No

If yes, when and by who? _____

39. Prior to the recent plumbing leaks, have there been any other previous plumbing issues? Yes No

If yes, please explain: _____

40. Have there been any issues with back-ups or blockages in the drain lines at the house? Yes No

If yes, please explain (include frequency of back-ups, fixtures affected, and most-recent occurrence).

Notes:

For PSE Use Only:

Chips Used: # _____ / # _____

Interior Finishes: Gypsum board Wood Paneling Other _____

Exterior Finishes: Brick Stucco Wood/Composite Vinyl Aluminum Stone Other _____

Roof Material: Comp Tile Slate Metal Other _____

Document Requested: _____ HO Client _____ M E F

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Document Requested: _____ HO Client _____ M E F

Document Requested: _____ HO Client _____ M E F

Return Documents?: Yes No When?: Now With Report To Be Returned By: M E F

Return By: _____ Date: _____ Due Date: _____ HO Client _____