OAHI PRACTICAL TRAINING HOME INSPECTION FORM

Name of Student:	
Name of (ret) RHI:	
Address of Droporty Inspected	
Address of Property Inspected:	
Date of Inspection	
Date of Inspection:	
I agree to attend this Practical Training	g inspection and abide by the following terms:
• I will follow the instructions o	f the mentor to ensure the safety of all present.
	all information concerning the property and its
occupants, and my mentor's cl	
 I acknowledge that I am ultim 	nately responsible for my own safety and similar to
	nsible for any damage I cause. My role is to stand
	o touch anything, except under the direction of the
mentor.	0.447 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
_	e OAHI for any damages that arise out of the
inspection.	
Signed:	(Student)
Date:	
Confirmation of Attendance (RHI {	rat ().
Commination of Attendance (KIII)	161.().
I hereby confirm that	attended the above property
inspection with me and this totalled _	contact hours.
Signed:	(RHI)
Date:	

NB: retired RHIs can also be verifiers/signatories