

Plumbing Inspection Form

Client Name:		Address:		Job #:	
Date:				Technician:	
	Main/Utility Area		Kitchen		Laundry / Outside
	Pressure _____		Angle Stops		Shut off(s)
	Hardness _____		Disposal		Washer Hoses
	TDS _____		Disposal Air switch		Utility Sink
	PH _____		Drain(s) & Trap(s)		Faucet(s)
	Chlorine _____		D/W supply		Drain(s)
	Backflow		Refrigerator Supply		Outside Hose Bib(s)
	Main Valve		Pot Filler		Irrigation Line(s)
	Curb Stop		Bio One Preventive		Irrigation Timer(s)
	Water Heater _____ gallons		<u>Baths</u>		Sprinkler heads
	Hot Water temp. _____		Angle Stops		Curb Stop _____
	Expansion Device		Supply Lines		Main line vent
	Leak Stopper		Sink Faucet(s)		Main line cleanout
	Water Alarm		Toilet(s)		Main trap
	Sump Pump		Shower(s) / Tub(s)		Exterior Drain(s)
	B/U Sump Pump		Drain Lines		Gutter tie in(s)
	Main Stack / Cleanout?		Drain Lever(s)		Other _____
	Softener		Other _____		Other _____
Notes:					