

PLUMBING INSPECTION SHEET

Associated Invoice #

Date:

Tech Name:

WATER HEATER

Gas/Electric	<input type="checkbox"/> 10 Gal <input type="checkbox"/> 20 Gal <input type="checkbox"/> 30 Gal <input type="checkbox"/> 40 Gal <input type="checkbox"/> 50 Gal <input type="checkbox"/> 65 Gal <input type="checkbox"/> 80 Gal <input type="checkbox"/> 100 Gal <input type="checkbox"/> Other
	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Hybrid <input type="checkbox"/> Solar <input type="checkbox"/> Tankless <input type="checkbox"/> Other
Burner Assembly Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ventilation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Customer Authorization Needed To Check Anode Rod	<input type="checkbox"/> Customer Authorized <input type="checkbox"/> Customer Did Not Authorized
Anode Rod Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Presence Of Rust?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Normal <input type="checkbox"/> Excessive
Electrical Connections	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Safety Sticker Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visible Leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Authorization To Flush And Fill Tank	<input type="checkbox"/> Customer Authorized <input type="checkbox"/> Customer Did Not Authorized
Complete Water Flush	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Flush Showed Signs of Rust	<input type="checkbox"/> See Notes Below <input type="checkbox"/> Excessive Sediment <input type="checkbox"/> Flush Normal <input type="checkbox"/> Flush Showed Signs of Rust
	<input type="checkbox"/> Plastic Drain Valve <input type="checkbox"/> Gate Valve <input type="checkbox"/> Heavy Calcium Deposits
NOTES	

KITCHEN

Garbage Disposal	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Burner Assembly Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate Faucet Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaned Aerators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sink Drain Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dishwasher Drain Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Maker Functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TDS count is	<input type="checkbox"/> 11-15 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 16-20 <input type="checkbox"/> 20+
	<input type="checkbox"/> Allowable <input type="checkbox"/> Average <input type="checkbox"/> Exceeds Recommendation <input type="checkbox"/> Extreme <input type="checkbox"/> Good

INFRASTRUCTURE

Main Shut Off	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail
Visible Pipes	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail
Sewers & Drains	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail
Septic Tank	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Sump Pump	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail <input type="checkbox"/> N/A

LAUNDRY

Hose Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail
Shut Off Valve	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fail
Vent Clear	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drain Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visible Leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	

OUTDOOR

N/E Side	
N/W Side	
S/E Side	
S/W Side	
Underground Issues Visible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Pressure	

BATHROOMS

Type of Angle Stop	<input type="checkbox"/> Qtr Turn <input type="checkbox"/> Brass <input type="checkbox"/> One Piece <input type="checkbox"/> Plastic <input type="checkbox"/> 2 Piece			
	1	2	3	4
Toilet Leak?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Leak?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Faucet Pressure Adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shower/Tub Pressure Adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proper Drainage Sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proper Drainage Tub/Shower?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leaks in Fixtures or Stops	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TECHNICIAN SIGNATURE _____