

# Plumbing Inspection Sheet

Customer: \_\_\_\_\_

Date: \_\_\_\_\_

## Bath #1

Faucet(s) \_\_\_\_\_  
Drain(s) \_\_\_\_\_  
Valves \_\_\_\_\_  
Supply Lines \_\_\_\_\_  
Toilet \_\_\_\_\_  
Tub/shower \_\_\_\_\_

## Bath #2

Faucet(s) \_\_\_\_\_  
Drain(s) \_\_\_\_\_  
Valves \_\_\_\_\_  
Supply Lines \_\_\_\_\_  
Toilet \_\_\_\_\_  
Tub/shower \_\_\_\_\_

## Bath #3

Faucet(s) \_\_\_\_\_  
Drain(s) \_\_\_\_\_  
Valves \_\_\_\_\_  
Supply Lines \_\_\_\_\_  
Toilet \_\_\_\_\_  
Tub/shower \_\_\_\_\_

## Master Bath

Faucet(s) \_\_\_\_\_  
Drain(s) \_\_\_\_\_  
Valves \_\_\_\_\_  
Supply Lines \_\_\_\_\_  
Toilet \_\_\_\_\_  
Tub \_\_\_\_\_  
Shower \_\_\_\_\_

## Kitchen

Disposal \_\_\_\_\_  
Faucet \_\_\_\_\_  
Drain \_\_\_\_\_  
Valves \_\_\_\_\_  
Supply Lines \_\_\_\_\_  
Strainer \_\_\_\_\_  
Ice maker supply \_\_\_\_\_

## Water Softener System

Brand/Head Type \_\_\_\_\_  
Hardness Test (GPG) \_\_\_\_\_  
Salt Tank \_\_\_\_\_  
Drain Line \_\_\_\_\_  
Bypass \_\_\_\_\_  
Overall Condition \_\_\_\_\_

## Reverse Osmosis System

Brand/# of stages \_\_\_\_\_  
Membrane Test (PPM) \_\_\_\_\_  
Tubing \_\_\_\_\_  
Last Filter Change \_\_\_\_\_  
Last Membrane Change \_\_\_\_\_  
Due Date For Filters \_\_\_\_\_  
Due Date For Membrane \_\_\_\_\_

## Outdoor Piping

Emergency Valve \_\_\_\_\_  
Incoming Press. \_\_\_\_\_  
P.R.V. \_\_\_\_\_  
P.V.B. \_\_\_\_\_  
Hosebibs(s) \_\_\_\_\_  
Pool Fill P.V.B. \_\_\_\_\_

## Water Heater

Brand: \_\_\_\_\_  
Size: \_\_\_\_\_  
Gas/Electric: \_\_\_\_\_  
Emergency Valve: \_\_\_\_\_  
Drain Valve: \_\_\_\_\_  
Electrical: \_\_\_\_\_  
T-Stats: \_\_\_\_\_  
Supply Lines: \_\_\_\_\_  
Flue Pipe: \_\_\_\_\_  
Elements: \_\_\_\_\_  
Safety Pan \_\_\_\_\_  
T & P Valve/Line: \_\_\_\_\_  
Gas Shut-off: \_\_\_\_\_  
Gas Flex: \_\_\_\_\_  
Able to be flushed at time of service:  
Yes/No If no, reason: \_\_\_\_\_  
Is there a recirculation pump for Home:  
Yes/No If Yes, Brand: \_\_\_\_\_

## Utility/Misc./Washer

Faucet: \_\_\_\_\_  
Drain: \_\_\_\_\_  
Valves: \_\_\_\_\_  
Supply Lines: \_\_\_\_\_  
Washer Box: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

## Recommendations/Areas of Concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Tankless water heaters are required to be flushed with solution every year.**