



Disabled Veteran Owned Business

50 POINT PLUMBING INSPECTON CHECKLIST

	GREEN	YELLOW	ORANGE	RED
	A. Pass (Functioning Well)	B. Concerning (May Fail Anytime)	C. Needs Attention (High Probability of Failure)	D. Broken/ Not Working (Must be Replaced)
1 BATHROOMS				
1.1 FAUCET				
1.1.1	Sink Faucet Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.2	Sink Faucet Water Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.3	Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.4	Drain Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.5	Sink Emergency Shut Off Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.6	Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 SHOWER				
1.2.1	Tub Faucet Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.2	Pressure/ Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.3	Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 TOILET				
1.3.1	Shut Off Valve & Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.2	Flush Valve/ Flapper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.3	Fill Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.4	Handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.5	Dye Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 KITCHEN				
2.1	Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Water Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Emergency Shut Off Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Sink Basket Strainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Waste Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 LAUNDRY				
3.1 BASIN				
3.1.1	Sink/ Basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2	Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.3	Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.4	Faucet Emergency Shut Off Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.5	Drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 WALL MOUNT/BOX				
3.2.1	Washing Machine Hoses - HOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2	Washing Machine Hoses - COLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.3	Emergency Shut Off Valve - HOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.4	Hammer Arrestor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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4 WATER HEATER

Manufacturer:

Model:

Serial Number:

Location:

Age:

Last Service Date:

4.1	Gas Valve/ Hose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Check for Leaks/ Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Safety Pressure Relief Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Emergency Shut Off Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Water Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Recirculating Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Strapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	Pan (Indoor Water Heater)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 EXTERNAL

5.1	Water Meter Dial with Everything Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Water Pressure (PSIG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Visual Backflow Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Water Main Cut-Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	Irrigation Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6	All Outside Hose Bibbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7	Sewer Clean-Outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.8	Inspect Sewer Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.9	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 DRAINS					
5.2.1	Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.2	Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Result:

Green

Yellow

Orange

Red

Technician Name:

Date:

Location/ Address: