

# Plumbing Inspection Checklist

Project Name

Location

Date

Inspector Name

## Checklist Items

Item	Pass	Fail	Remarks
Approved plumbing plans available on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pipes and fittings installed as per specs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pipes properly supported and aligned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Valves installed and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Joints and connections leak-free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pressure testing completed & documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hot/cold water lines labeled correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Drainage lines installed with proper slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Traps and vents provided where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fixtures are installed and operate properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sanitary connections sealed and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Backflow prevention device installed if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

General Remarks / Observations

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Inspector Signature

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Contractor Signature