

# Plumbing Inspection Report

## Residential Property

### Property Information

Property Address: \_\_\_\_\_

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

Client Name: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

### General Plumbing Checklist

Area/Component	Condition	Comments
Main Water Shut-off Valve	â˜ Satisfactory    â˜ Needs Attention	
Water Supply Lines	â˜ Satisfactory    â˜ Needs Attention	
Drainage/Waste Lines	â˜ Satisfactory    â˜ Needs Attention	
Water Heater	â˜ Satisfactory    â˜ Needs Attention	
Fixtures (Sinks, Tubs, Showers)	â˜ Satisfactory    â˜ Needs Attention	
Toilets	â˜ Satisfactory    â˜ Needs Attention	
Faucets	â˜ Satisfactory    â˜ Needs Attention	
Leaks (All Areas)	â˜ None Detected    â˜ Repair Needed	
Water Pressure	â˜ Normal    â˜ Low    â˜ High	
Outdoor Plumbing	â˜ Satisfactory    â˜ Needs Attention	

### Additional Notes & Recommendations

Inspector Signature

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

Client Signature

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