

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	~ Satisfactory	~ Needs Attention	
Water Supply Lines	~ Satisfactory	~ Needs Attention	
Drainage/Waste Lines	~ Satisfactory	~ Needs Attention	
Water Heater	~ Satisfactory	~ Needs Attention	
Fixtures (Sinks, Tubs, Showers)	~ Satisfactory	~ Needs Attention	
Toilets	~ Satisfactory	~ Needs Attention	
Faucets	~ Satisfactory	~ Needs Attention	
Leaks (All Areas)	~ None Detected	~ Repair Needed	
Water Pressure	~ Normal	~ Low ~ High	
Outdoor Plumbing	~ Satisfactory	~ Needs Attention	

Additional Notes & Recommendations

Inspector Signature

Date: _____

Client Signature

Date: _____