

Plumbing Quality Inspection Sample Sheet

Project Name:

Location:

Date of Inspection:

Inspected By:

Inspection Items

No.	Inspection Item	Pass	Fail	Remarks
1	Pipes installation (alignment & support)			
2	Joint connections (sealed and leak-free)			
3	Valves operation check			
4	Pressure testing completed			
5	Fixtures (sinks, toilets, etc.) installation			
6	Water flow & drainage test			
7	Leak check (all visible joints)			
8	Proper labeling of pipes			
9	Cleanliness after installation			
10	Other (specify):			

General Comments

Inspector Signature & Date

Project Manager / Supervisor Signature