



Name:			Pre-Inspection Review		
Address:			Homeowner specific issues:		
System Type:					
System Location:					
Technician:					
S/A Expiration Date:					
OK	NR	Kitchen	OK	NR	Main Home
<input type="checkbox"/>	<input type="checkbox"/>	Faucet (operation, leaks)	<input type="checkbox"/>	<input type="checkbox"/>	Hose bibs (operation, leaks)
<input type="checkbox"/>	<input type="checkbox"/>	Strainer (clear of obstructions, leaks)	<input type="checkbox"/>	<input type="checkbox"/>	Supply lines (leaks, supports)
<input type="checkbox"/>	<input type="checkbox"/>	Trap & drains (leaks, obstructions)	<input type="checkbox"/>	<input type="checkbox"/>	Main drain (leaks, obstruction)
<input type="checkbox"/>	<input type="checkbox"/>	Supply valves & lines (operation, leaks)			
<input type="checkbox"/>	<input type="checkbox"/>	Garbage disposal (operation, leaks)			
<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher (drain setup, leaks)			
Notes:			Notes:		
OK	NR	Toilets	OK	NR	Sinks
<input type="checkbox"/>	<input type="checkbox"/>	Operation	<input type="checkbox"/>	<input type="checkbox"/>	Pop ups (operation, seal, clean)
<input type="checkbox"/>	<input type="checkbox"/>	Tank (free of cracks, leaks, sediment)	<input type="checkbox"/>	<input type="checkbox"/>	Trap & drains (leaks, obstructions)
<input type="checkbox"/>	<input type="checkbox"/>	Flapper (operation, seating correctly, clean)	<input type="checkbox"/>	<input type="checkbox"/>	Supply lines and fittings (operation, leaks)
<input type="checkbox"/>	<input type="checkbox"/>	Supply line (operation, leaks)	<input type="checkbox"/>	<input type="checkbox"/>	Supply valves (operation, leaks)
<input type="checkbox"/>	<input type="checkbox"/>	Supply valve (operation, leaks)	<input type="checkbox"/>	<input type="checkbox"/>	Basin (free of cracks)
<input type="checkbox"/>	<input type="checkbox"/>	Flush valve (operation)			
<input type="checkbox"/>	<input type="checkbox"/>	Wax ring (good seal, leaks)			
Notes:			Notes:		
OK	NR	Water Heater	Client Signature		
<input type="checkbox"/>	<input type="checkbox"/>	Tank (leaks, corrosion)			
<input type="checkbox"/>	<input type="checkbox"/>	Supply lines (leaks, operation)			
<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief valve (leaks)			
<input type="checkbox"/>	<input type="checkbox"/>	Flue (if applicable)			
Notes:			Date:		