

PLUMBING SYSTEM INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Water Supply & Shutoffs

- Yes No — Main shutoff valve accessible and operates properly
- Yes No — Fixture shutoff valves present and functional
- Yes No — Water pressure appears adequate at all fixtures
- Yes No — No signs of leaks at valves or supply connections

Fixtures & Faucets

- Yes No — Faucets run clear and operate without dripping
- Yes No — Sinks and tubs drain properly without slow flow
- Yes No — Toilets flush, fill, and stop without running
- Yes No — No leaks noted at bases, traps, or supply lines

Piping & Connections

- Yes No — Visible piping shows no corrosion or active leaks
- Yes No — Pipe supports and hangers appear secure
- Yes No — Joints and fittings show no staining or seepage
- Yes No — No evidence of prior freeze damage or repairs

Drain, Waste & Vent

- Yes No — Traps installed and no sewer odors detected
- Yes No — Venting appears adequate and not obstructed
- Yes No — Cleanouts accessible and not covered or sealed
- Yes No — No signs of backup at lowest drains

Water Heater

- Yes No — Tank and connections show no rust or leaking
- Yes No — TPR valve and discharge pipe appear present and safe
- Yes No — Venting and combustion air adequate if gas-fired
- Yes No — Temperature setting and operation appear normal

Sump & Backwater

- Yes No — Sump pit and pump present if required and functional
- Yes No — Discharge line routes water away from foundation
- Yes No — Backwater valve present if installed and accessible
- Yes No — No leaks noted around sump or backwater systems

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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