



FIRST CLASS PLUMBING, LLC

Licensed in VA, MD, DC

Woman & Disabled Veteran Owned

703-536-5440 • 301-916-2700 • 202-589-0031

410-571-0006 • 866-98-WATER

www.1stclassplumber.com

Customer Name _____

Address _____

Telephone _____



24 Hour Service

Discounted Rates Throughout the Year

No Overtime Rates

PLUMBING SYSTEM INSPECTION CHECKLIST

WATER CLOSETS					WATER HEATERS		SINKS & LAVATORIES					TUBS & SHOWERS				
LOCATION					<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	LOCATION					LOCATION				
	MBR	2 nd FL	1 st FL	BSMT			MBR	2 nd FL	1 st FL	BSMT	UTIL	MBR	2 nd FL	1 st FL	BSMT	UTIL
Inspection ball cock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inspect pilot assembly	<input type="checkbox"/> Check upper element AMP Draw _____A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect flapper or tank ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inspect burner assembly	<input type="checkbox"/> Check lower element AMP Draw _____A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect lift assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inspect flue pipe for rust and deterioration	<input type="checkbox"/> Check electrical connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect line supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check flue draft	<input type="checkbox"/> Check thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect closet bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check for discharge pipe off relief valve	<input type="checkbox"/> Inspect manual high limit reset control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check tank and bowl for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check water temperature _____degrees	<input type="checkbox"/> Inspect safety relief valve for seepage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dye test water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Check for discharge pipe off relief valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER SERVICES							KITCHEN SINK					MISC. DRAINS				
<input type="checkbox"/> Check sump pump operation							<input type="checkbox"/> Check sink faucet(s) for operation and leaks					<input type="checkbox"/> Check condition of washing machine hoses & drain line flow				
<input type="checkbox"/> Check sewage ejection operation							<input type="checkbox"/> Check spray hose for condition, operation and leaks					<input type="checkbox"/> Check for leaks on accessible drain lines				
<input type="checkbox"/> Check outside hose bibb(s) for leaks- circle location(s) N E S W							<input type="checkbox"/> Inspect D/W air gap and lines					<input type="checkbox"/> Check for flow on:				
<input type="checkbox"/> Inspect all walls, ceilings and floors for water, water damage or stains							<input type="checkbox"/> Inspect D/W supply lines					<input type="checkbox"/> Floor drain(s)				
<input type="checkbox"/> Bio Clean all drains							<input type="checkbox"/> Inspect garbage disposal for operation and leaks					<input type="checkbox"/> Areaway drain(s)				
<input type="checkbox"/> Install carbon monoxide tester (Gas Only)							<input type="checkbox"/> Inspect drain & traps for leaks									

Measured Water Pressure: _____p.s.i. Install Identification Tags on All Major Valves Recommend Disconnecting Garden Hoses & Drain Backflow Preventers Before Freezing Weather in late Fall.

Technician's Comments/Recommendations: _____

Limited Warranty and additional repair work information: This inspection does not carry any warranty for the continued operation of the plumbing, but does assure you that potential problem areas have been examined by a qualified technician. It does not include electrical wiring or controls, appliances or air comfort systems components. Repair work that is recommended by the technician and authorized by you will be billed at prevailing Customer assured Pricing Service Agreement Rates.

Customer Signature: _____ Date: _____

Technician's Signature: _____ Date: _____

White Copy - Office Yellow Copy- Customer

Payment Terms:

Cash: _____ Check # _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CC# _____ Exp Date _____

Auth. # _____ Signature _____

Please remit to: 2084 Generals Highway, Annapolis, MD 21401