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 JOB # \_\_\_\_\_ INVOICE # \_\_\_\_\_ TECH: \_\_\_\_\_



1285 N Main St. - Mansfield, Tx 76063 United States  
www.MansfieldTxPlumbing.com

# PLUMBING SYSTEM INSPECTION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

KITCHEN	GOOD N/A	MAYBE	BAD	BATH 1 (CONTINUED)	GOOD N/A	MAYBE	BAD	WATER HEATER (CONTINUED)	GOOD N/A	MAYBE	BAD								
1. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Shutoff/Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Flush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2. Hosespray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Tub/Shower Caulking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3. Shutoffs/Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Drain Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Place Label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4. Drain System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DRAIN PIPES</b>			GOOD N/A	MAYBE	BAD						
5. Dishwasher Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Shower Head/Arm/Flange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Cleanouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
6. Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Tub Spout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Proper Slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
7. Instant Hot Water Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Hand Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
8. Icemaker Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BATH 2</b>			GOOD N/A	MAYBE	BAD	<b>HYDRANTS</b>			GOOD N/A	MAYBE	BAD				
9. Filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Sink Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MISC.</b>			GOOD N/A	MAYBE	BAD		
<b>LAUNDRY</b>			GOOD N/A	MAYBE	BAD	34. Sink Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60. Vacuum Breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ADDITIONAL ITEMS</b>			GOOD N/A	MAYBE	BAD
10. Shutoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Shutoffs/Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. CO2 Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11. Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Toilet Fill Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. Double Ck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12. Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Flapper/Flush Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WATER HEATER</b>			GOOD N/A	MAYBE	BAD	65. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Sink Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Shutoff/Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Water Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14. Dishwasher Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Tub/Shower Caulking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Shutoff Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
15. Sink Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Drain Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Gas Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16. Dryer Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Flue Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>WATER PIPES</b>			GOOD N/A	MAYBE	BAD	42. Shower Head/Arm/Flange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Temperature & Pressure Relief Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Main Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Tub Spout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71. _____ OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
18. Freeze Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Hand Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
19. Pressure Reducing Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ADDITIONAL INSTALLATIONS / PROPOSED WORK</b>			52. Electrical Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
20. Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ITEM #</b>	<b>DESCRIPTION OF ATTENTION NEEDED</b>	<b>Work Done</b>	<b>Standard Rate</b>	<b>Club Rate</b>											
<b>BATH 1</b>			GOOD N/A	MAYBE	BAD														
21. Sink Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes / No	\$	\$											
22. Sink Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes / No	\$	\$											
23. Shutoffs/Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes / No	\$	\$											
24. Toilet Fill Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes / No	\$	\$											
25. Flapper/Flush Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes / No	\$	\$											

ADDITIONAL INSTALLATIONS / PROPOSED WORK				
ITEM #	DESCRIPTION OF ATTENTION NEEDED	Work Done	Standard Rate	Club Rate
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$

**ADDITIONAL JOB NOTES / INSTRUCTIONS**

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ACKNOWLEDGEMENT: A representative has reviewed the Plumbing System Inspection with the homeowner or representative.  
Work proposals are valid for 30 days.

**TECHNICIAN'S SIGNATURE**  
**X**

**CUSTOMER'S SIGNATURE**  
**X**

It makes good sense to consider all of your options when it comes to repairing or replacing a part, fixture or piece of equipment. Many times, replacing a defective unit will provide you with a greater benefit and peace-of-mind than repairing an older model.

**Thank you very much for your business!**  
Please call if you have any questions about the work we have completed or estimated for you.

Phone (817) 473-8888, 1285 N Main St. - Mansfield, Tx 76063 United States

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## PLUMBING SYSTEM INSPECTION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

KITCHEN				BATH 1 (CONTINUED)				WATER HEATER (CONTINUED)					
GOOD	MAYBE	BAD		GOOD	MAYBE	BAD		GOOD	MAYBE	BAD			
N/A				N/A				N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Shutoff/Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Flush		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Hosespray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Tub/Shower Caulking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Temperature		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Shutoffs/Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Drain Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Place Label		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Drain System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DRAIN PIPES</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Dishwasher Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Shower Head/Arm/Flange	<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"/>	6. Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Tub Spout	<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"/>	7. Instant Hot Water Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Hand Shower	<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"/>	8. Icemaker Supply	<b>BATH 2</b>				<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"/>	9. Filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Sink Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LAUNDRY</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Sink Drain	<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"/>	10. Shutoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Shutoffs/Supplies	<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"/>	11. Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Toilet Fill 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"/>	12. Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Flapper/Flush 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"/>	13. Sink Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Shutoff/Supply	<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"/>	14. Dishwasher Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Tub/Shower Caulking	<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"/>	15. Sink Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Drain Connection	<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"/>	16. Dryer Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WATER PIPES</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Shower Head/Arm/Flange	<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"/>	17. Main Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Tub Spout	<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"/>	18. Freeze Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Hand Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WATER HEATER</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Pressure Reducing Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Water 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"/>	20. Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Shutoff Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BATH 1</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Gas Shutoff	<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"/>	21. Sink Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Flue Piping	<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"/>	22. Sink Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Temperature & Pressure 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"/>	23. Shutoffs/Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Stand	<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"/>	24. Toilet Fill Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Pad	<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"/>	25. Flapper/Flush Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Electrical Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ADDITIONAL INSTALLATIONS / PROPOSED WORK

ITEM #	DESCRIPTION OF ATTENTION NEEDED	Work Done	Standard Rate	Club Rate
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$

### ADDITIONAL JOB NOTES / INSTRUCTIONS

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