



Customer Name:

Address:

Date:

Technician:

CUSTOMER CARE INSPECTION

Bathroom 1

Description	Good	Repair	Replace
Lav. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lav. Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Bathroom 2

Description	Good	Repair	Replace
Lav. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lav. Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Bathroom 3

Description	Good	Repair	Replace
Lav. Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lav. Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Kitchen

Description	Good	Repair	Replace
Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Sink Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Water Heater

Description	Good	Repair	Replace
Water Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief Valve & Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Serial #

Type:

Make:

Size:

Notes:

Laundry/Utility Room

Description	Good	Repair	Replace
Fixture Leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

System Function

Water Pressure - Reading:

Main Water Shut-Off Valve Operational Yes No

Main Sewer Clean-Out Located Yes No

Notes: