



**RAPID PLUMBING**  
**1-800-99RAPID**

*We Are Always In Your Area Because We Live Here Too.*

CUSTOMER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**A. PRESSURE**

1. House Pressure \_\_\_\_\_ PSI

2. Water Heater Pressure \_\_\_\_\_ PSI

**B. OUTSIDE**

COMMENTS	PASSED	FAILED
1. Meter Inspection _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Faucet _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Faucet _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Faucet _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**C. KITCHEN**

COMMENTS	PASSED	FAILED
1. Sink _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Sink _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Refrigerator _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Disposal _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Dishwasher _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Water Filter _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**D. BATHROOM #1**

COMMENTS	PASSED	FAILED
1. Sink _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Tub _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Shower _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Toilet _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**E. BATHROOM #2**

COMMENTS	PASSED	FAILED
1. Sink _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Tub _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Shower _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Toilet _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**PLUMBING INSPECTION**

I understand that this inspection is performed with the fullest intent to expose all possible plumbing problems but by no means carries any guarantees. Neither Rapid Plumbing or any entity associated with Rapid Plumbing, nor the service representative performing the inspection shall be held liable for any damages which may arise from any identified or unidentified plumbing problem but shall be the sole responsibility of the home owner.

CUSTOMER SIGNATURE \_\_\_\_\_

**F. BATHROOM #3**

COMMENTS	PASSED	FAILED
1. Sink _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Tub _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Shower _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Toilet _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**G. LAUNDRY ROOM**

COMMENTS	PASSED	FAILED
1. Faucets _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Washer Drain _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**H. WATER HEATER**

COMMENTS	PASSED	FAILED
1. T&P Valve _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Water Supply _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Tank _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Boiler Drain _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Thermal Expansion _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**I. OTHER**

COMMENTS	PASSED	FAILED
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>

Repair Recommendations \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technician \_\_\_\_\_

Estimated Costs \$ \_\_\_\_\_