



MIKE FOSKETT
Plumbing
HEATING & COOLING
Licensed & Insured



Serving Genesee, Oakland & Surrounding
Counties for over 40 years.

Customer _____

Address _____

Phone _____

A. PRESSURE

1. House Pressure _____ PSI

2. Water Heater Pressure _____ PSI

B. OUTSIDE

PASSED FAILED

COMMENTS

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____ |

C. KITCHEN

PASSED FAILED

COMMENTS

- | | | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____ |

D. BATHROOM

PASSED FAILED

COMMENTS

- | | | |
|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____ |

E. BATHROOM #2

PASSED FAILED

COMMENTS

- | | | |
|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____ |

PLUMBING INSPECTION DISCLAIMER

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 Fosskett & Son Plumbing or any entity associated with Mike Fosskett Plumbing, nor the service representative performing the inspection shall be held liable for any damages may arise from any identified or unidentified plumbing problem, but shall be the sole responsibility of the homeowner.

Customer Signature: _____

F. BATHROOM #3

PASSED FAILED

COMMENTS

- | | | |
|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____ |

G. LAUNDRY ROOM

PASSED FAILED

COMMENTS

- | | | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Faucet _____ |
| <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 _____ |

H. WATER HEATER

PASSED FAILED

COMMENTS

- | | | |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____ |

I. OTHER

PASSED FAILED

COMMENTS

- | | | |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. _____ |

Repair Recommendations _____

Technician _____

Estimated Costs \$ _____