



Service Partner™

Home Plumbing Evaluation

Service Partner: _____

Technician: _____

Dispatch
Number: _____

Date: _____

(A) BATHROOMS

	BATH #1		BATH #2		BATH #3	
	YES	NO	YES	NO	YES	NO
WATER CLOSET						
1. Dye test - pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Flush - pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Seat tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Bolt covers tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Base secure / level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emergency shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Supply tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anti-siphon fill valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAVATORY SINK & FAUCET						
9. Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Aerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Faucet mounted / secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Emergency shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Drain piping / flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pop-up assembly operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Shut-off / ease of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Faucet operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB / SHOWER UNIT & FAUCET						
19. Shower head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Tub spout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Diverter assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Caulking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Stopper operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Drain assembly / flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Shut-off / ease of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Faucet operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(B) LAUNDRY

	YES	NO
FAUCET & LAUNDRY TUB		
1. Aerator	<input type="checkbox"/>	<input type="checkbox"/>
2. Faucet mounted / secure	<input type="checkbox"/>	<input type="checkbox"/>
3. Handles	<input type="checkbox"/>	<input type="checkbox"/>
4. Drain flow	<input type="checkbox"/>	<input type="checkbox"/>
5. Trap & tubular piping	<input type="checkbox"/>	<input type="checkbox"/>
6. Supplies	<input type="checkbox"/>	<input type="checkbox"/>
7. Emergency shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>
8. Strainers	<input type="checkbox"/>	<input type="checkbox"/>
WASHING MACHINE		
9. Hoses / hot & cold	<input type="checkbox"/>	<input type="checkbox"/>
10. Hose strainers clean	<input type="checkbox"/>	<input type="checkbox"/>
11. Emergency shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>
DRYER		
12. Gas / electrical supply	<input type="checkbox"/>	<input type="checkbox"/>
13. Properly vented	<input type="checkbox"/>	<input type="checkbox"/>
14. Vent clean / unobstructed	<input type="checkbox"/>	<input type="checkbox"/>

(C) BASEMENT / UTILITY

	YES	NO
HOT WATER HEATER		
1. Emergency water shut-off	<input type="checkbox"/>	<input type="checkbox"/>
2. Drain valve	<input type="checkbox"/>	<input type="checkbox"/>
3. Safety relief valve	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper temperature range	<input type="checkbox"/>	<input type="checkbox"/>
5. Burner assembly clean	<input type="checkbox"/>	<input type="checkbox"/>
6. Gas / electric supply	<input type="checkbox"/>	<input type="checkbox"/>
7. Emergency gas shut-off	<input type="checkbox"/>	<input type="checkbox"/>
8. Draft / ventilation	<input type="checkbox"/>	<input type="checkbox"/>
9. Flu piping	<input type="checkbox"/>	<input type="checkbox"/>
10. CO2 detector	<input type="checkbox"/>	<input type="checkbox"/>
SUMP PUMP		
11. Pit clean	<input type="checkbox"/>	<input type="checkbox"/>
12. Pump operation	<input type="checkbox"/>	<input type="checkbox"/>
13. Discharge piping	<input type="checkbox"/>	<input type="checkbox"/>
14. Check valve	<input type="checkbox"/>	<input type="checkbox"/>
15. Cover secure	<input type="checkbox"/>	<input type="checkbox"/>
16. Piping anchored	<input type="checkbox"/>	<input type="checkbox"/>
17. Back-up system	<input type="checkbox"/>	<input type="checkbox"/>

(D) GARAGE / YARD

	YES	NO
HOSE FAUCET #1		
1. Shut-off operation	<input type="checkbox"/>	<input type="checkbox"/>
2. Vacuum breaker	<input type="checkbox"/>	<input type="checkbox"/>
3. Sealed and anchored	<input type="checkbox"/>	<input type="checkbox"/>
4. Anti-siphon device	<input type="checkbox"/>	<input type="checkbox"/>
5. Drainable shut-off	<input type="checkbox"/>	<input type="checkbox"/>
HOSE FAUCET #2		
6. Shut-off operation	<input type="checkbox"/>	<input type="checkbox"/>
7. Vacuum breaker	<input type="checkbox"/>	<input type="checkbox"/>
8. Sealed and anchored	<input type="checkbox"/>	<input type="checkbox"/>
9. Anti-siphon device	<input type="checkbox"/>	<input type="checkbox"/>
10. Drainable shut-off	<input type="checkbox"/>	<input type="checkbox"/>

(E) GENERAL

	YES	NO
WATER SUPPLY PIPING		
1. Proper flow / operation	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>
3. Anchored properly	<input type="checkbox"/>	<input type="checkbox"/>
4. Insulation / heat tape	<input type="checkbox"/>	<input type="checkbox"/>
5. Pressure reducing valve	<input type="checkbox"/>	<input type="checkbox"/>
6. Shut-off valves tagged	<input type="checkbox"/>	<input type="checkbox"/>
SANITARY SYSTEM		
7. Proper flow / operation	<input type="checkbox"/>	<input type="checkbox"/>
8. Leaks / corrosion	<input type="checkbox"/>	<input type="checkbox"/>
9. Clean-outs in place	<input type="checkbox"/>	<input type="checkbox"/>
10. Cover on FAV	<input type="checkbox"/>	<input type="checkbox"/>
11. FAV proper height	<input type="checkbox"/>	<input type="checkbox"/>
12. Back water / check valve	<input type="checkbox"/>	<input type="checkbox"/>

(F) KITCHEN

	YES	NO
FAUCET		
1. Aerator	<input type="checkbox"/>	<input type="checkbox"/>
2. Faucet mounted / secure	<input type="checkbox"/>	<input type="checkbox"/>
3. Sprayer	<input type="checkbox"/>	<input type="checkbox"/>
4. Shut-off / ease of operation	<input type="checkbox"/>	<input type="checkbox"/>
SINK		
5. Drain flow	<input type="checkbox"/>	<input type="checkbox"/>
6. Trap & tubular piping	<input type="checkbox"/>	<input type="checkbox"/>
7. Supplies	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>
9. Strainers	<input type="checkbox"/>	<input type="checkbox"/>
10. Food waste disposal	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		
11. Dishwasher hose loop	<input type="checkbox"/>	<input type="checkbox"/>
12. Ice maker valve / line	<input type="checkbox"/>	<input type="checkbox"/>
13. Ice maker water filter	<input type="checkbox"/>	<input type="checkbox"/>
14. Instant hot water dispenser	<input type="checkbox"/>	<input type="checkbox"/>
15. Soap dispenser	<input type="checkbox"/>	<input type="checkbox"/>
16. Dishwasher supply	<input type="checkbox"/>	<input type="checkbox"/>
17. Dishwasher drain	<input type="checkbox"/>	<input type="checkbox"/>

(G) OTHER

	YES	NO
FIREPLACE		
1. Gas service	<input type="checkbox"/>	<input type="checkbox"/>
2. Log lighter	<input type="checkbox"/>	<input type="checkbox"/>
3. Gas logs	<input type="checkbox"/>	<input type="checkbox"/>
WET BAR		
4. Sink	<input type="checkbox"/>	<input type="checkbox"/>
5. Faucet	<input type="checkbox"/>	<input type="checkbox"/>
6. Drain	<input type="checkbox"/>	<input type="checkbox"/>

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

Service Partner Signature _____

Date _____

RECOMMENDATIONS:

See additional recommendations on a separate sheet.

Lascko Plumbing & Mechanical • 375 Bayou Street • Muskegon, MI 49442 • 231-725-2777

White copy - office • Blue copy - operations • Yellow copy - customer