

# Plumbing System Quality Control Inspection Sheet

Project Name:

Location:

Date:

Inspector:

Contractor:

## Inspection Checklist

No.	Inspection Item	Status	Remarks
1	Material Quality		
2	Pipe Installation (Alignment & Support)		
3	Pipe Jointing and Connections		
4	Water Pressure Test		
5	Leak Test		
6	Valve Installation		
7	Sanitary Fixtures Installation		
8	Cleanliness of Work		
9	Insulation/Protection		

## Observations / Comments

## Corrective Action(s) Taken

Inspector's Signature:

\_\_\_\_\_

Date:

Contractor's Signature:

\_\_\_\_\_

Date:

