

# Plumbing Rough-In Quality Control Form

Project Name

Location

Date

Inspector

## Rough-In Inspection Checklist

Item	Yes	No	N/A	Comments
Piping routes per plan and code	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Pipe supports/brackets installed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Pipe pressure/leak test completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Penetrations fire caulked as required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Drain/supply connections correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Fixture locations verified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Vents installed and routed correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Piping insulated where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>

Other Comments or Observations

Sign Off

Inspector Signature

Date

