

YOUR LOGO

Company name

Address · Phone · License #

Plumbing Service Report

No. _____

CUSTOMER

SERVICE ADDRESS

DATE

TIME ON SITE

TECHNICIAN

REPORTED PROBLEM

AREA (CHECK ALL THAT APPLY)

☐ Kitchen ☐ Bathroom ☐ Water heater ☐ Main line ☐ Laundry ☐ Exterior

INSPECTION

#	ITEM	PASS	ACTION NEEDED	NOT CHECKED	FINDING / NOTES
01	Static water pressure	☐	☐	☐	
02	Water heater & T&P valve	☐	☐	☐	
03	Shut-off valves	☐	☐	☐	
04	Drain flow	☐	☐	☐	
05	Visible leaks	☐	☐	☐	

WATER PRESSURE

_____ psi

WORK PERFORMED

PARTS USED

PART	QTY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PHOTOS

Attach photos or list photo numbers: _____

NOTES & RECOMMENDATIONS

RECOMMENDED BUT DECLINED BY CUSTOMER

TECHNICIAN SIGNATURE

Name: _____ Date: _____

CUSTOMER SIGNATURE

Name: _____ Date: _____