

HEALTH & SAFETY INSPECTION



804-277-2458

www.BlazerService.com

Name: _____ Date: _____
Address: _____ Technician: _____
_____ Phone: _____

Water & Drain

Notes: _____

- ☐ Main Shutoff
- ☐ Pressure Reducing Valve
- ☐ Pool P.V.B.
- ☐ Irrigation P.V.B.
- ☐ Hose Bibs
- ☐ Vacuum Breakers
- ☐ Inground Cleanouts
- ☐ Meter
- ☐ Wall Cleanouts
- ☐ Sump Pump
- ☐ Sewage Ejector Pump
- ☐ Piping

_____ PSI _____

Water Heater

- ☐ Gallons
- ☐ Gas/LP/Electric
- ☐ Make Year
- ☐ T&P Valve
- ☐ Shutoff Valve
- ☐ Gas Shutoff
- ☐ Flush
- ☐ Anode Rod
- ☐ Elements
- ☐ Electrical Wiring
- ☐ Expansion Tank
- ☐ Connections
- ☐ Flue Piping
- ☐ Stand Pad
- ☐ Pan
- ☐ Gas Flex

Kitchen

Notes: _____

- ☐ Faucet
- ☐ Sink
- ☐ Shut Offs/Supplies
- ☐ Drain Systems
- ☐ Dishwasher Connections
- ☐ Garbage Disposal
- ☐ Icemaker Supply
- ☐ Last R.O. Filter Change

Laundry

- ☐ Hoses
- ☐ Drains
- ☐ Shutoffs
- ☐ Sink Faucet
- ☐ Sink Drain
- ☐ Dryer Vent
- ☐ Sink Shut Offs

Water Treatment

- ☐ Water Test/Hardness
- ☐ R.O./T.D.S.
- ☐ Whole House Filters
- ☐ Pipe/Drain Lines

Safety Code Violations

Bathroom

Sink

Bath 1

Bath 2

Bath 3

Bath 4

- | | | | | | | | | |
|-------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|
| Faucet(s) | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Drain(s) | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Shutoffs/Supplies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Pop-ups | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

Toilet

- | | | | | | | | | |
|---------------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|
| Fill Valve | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Flapper/Flush Valve | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Shutoffs/Supplies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Seat/Bolts | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

Tub/Shower

- | | | | | | | | | |
|-----------------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|
| Valve/Handle | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Drain | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Shower Head/Arm | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Spout | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

Comments, Recommendations, Options:

- 1) _____
- 2) _____
- 3) _____

Report Limitations: This report has been prepared for the sole and exclusive use of the customer named above. It is not a warranty that the premises are defect-free. It is intended to alert the homeowner of possible plumbing related issues that may require repair, replacement, or upgrading. It is for informational purposes only. The report is limited to the systems and components which were visible to our technician on the date of the report.

Customer Signature _____ **Date** _____