

**Business Information:** 

## Commercial Plumbing Preventative Maintenance Checklist

| Company Name:             |  |        |
|---------------------------|--|--------|
| Address:                  | ·  |        |
| Contact Person:           |  |        |
| Contact Number:           | <del></del>  |        |
| Email:                    |  |        |
| Date of Inspection:       |  |        |
| Next Scheduled Inspection | <b>:</b>   |        |
| Plumbing System Ir        | nspection Checklist:   | _      |
| Area                      | Task Description   | Status |
| 1. Pipes & Fittings       | Inspect for any visible leaks or corrosion.<br>Ensure all connections are secure and joints are intact.        |        |
| 2. Water Pressure         | Measure and verify building water pressure. Adjust pressure regulators if necessary.                           |        |
| 3. Water Heaters          | Check for any signs of rust or leaks around the tank. Test water temperature for accuracy and adjust settings. |        |
| 4 Drains & Sewers         | Inspect all drains for blockages or slow drainage.   |        |

Perform hydro jetting if necessary.

Test backflow preventers for proper functioning.

Clean and service backflow prevention devices.

Check flush valves and faucet aerators for smooth operation.

Ensure all emergency shut-off valves are accessible and functional.

Inspect for leaks, corrosion, or water wastage.

Check for proper operation and noise levels.

Tag all valves for easy identification.

Inspect pump valves and piping connections.

## Summary of Findings:

5. Backflow Prevention

6. Fixtures (Sinks, Faucets, Toilets)

7. Pumps (Booster, Sump, etc.)

8. Emergency Shut-Off Valves

| Any Critical Issues Identified: Yes / No |  |
|--|--|
| Details of Critical Issues (if any):     |  |
| Recommendations for Repair/Replacement:  |  |
| Technician Signature:                    |  |
| Customer Signature:                      |  |