

Oishi's Property Management
 PLUMBER'S REPAIR AND CHECK SHEET
 (Must be attached to invoice)

PPTY CODE _____

W/O# _____

PROPERTY _____ UNIT _____ DATE _____

COMPANY _____ SERVICE PERSON _____

**If an item below is NOT checked by OPM, it is the Vendor's responsibility to check/repair

	BA #1			BA #2			BA #3		
	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>
BATHROOMS: (Clockwise)									
1 TOILET (Tank-Valves-Wax seal)	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O
2 SHOWER (Drain-Pop Up-Faucet)	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O
3 SHOWER HEAD	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O
4 TUB (Drain-Pop Up-Faucet)	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O
5 SINK (Drain-P Trap-Faucet-Angle Valves)	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O
6 WALLS (Tile/Caulk/Grout)	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O	<input type="checkbox"/>	<input type="checkbox"/>	T/O

	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>
KITCHEN:			
7 SINK (Drain-P Trap-Faucet-Angle Valves)	<input type="checkbox"/>	<input type="checkbox"/>	T/O
8 DISPOSAL	<input type="checkbox"/>	<input type="checkbox"/>	T/O
9 WATERLINE (Refrigerator – Dishwasher)	<input type="checkbox"/>	<input type="checkbox"/>	T/O

NEEDS ATTN: _____

	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>
WATER HEATER:			
(Write install date with marsh pen directly on heater)			
10 WARRANTY FOR _____ Years	<input type="checkbox"/>	<input type="checkbox"/>	T/O
11 ELEMENTS (leaking-wires)	<input type="checkbox"/>	<input type="checkbox"/>	T/O
12 GAS / ELECTRIC (circle one)	<input type="checkbox"/>	<input type="checkbox"/>	T/O
13 GALLONS _____	<input type="checkbox"/>	<input type="checkbox"/>	T/O

	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>
LAUNDRY ROOM:			
14 SINK (Drain-P Trap-Faucet-Angle Valves)	<input type="checkbox"/>	<input type="checkbox"/>	T/O
15 WASHER (steel braided hoses-valves leaking)	<input type="checkbox"/>	<input type="checkbox"/>	T/O

	<u>GOOD</u>	<u>NEEDS ATTN</u>	<u>T/O circle one</u>
OUTSIDE FIXTURES/SEWER LINE:			
16 METER READING _____	<input type="checkbox"/>	<input type="checkbox"/>	T/O
17 HOSE BIBB (leaking)	<input type="checkbox"/>	<input type="checkbox"/>	T/O
18 SPRINKLER SYSTEM (Valves-Heads)	<input type="checkbox"/>	<input type="checkbox"/>	T/O
19 SEWER LINE (leaking)	<input type="checkbox"/>	<input type="checkbox"/>	T/O
20 CLEAN OUT (cap installed)	<input type="checkbox"/>	<input type="checkbox"/>	T/O
21 MAIN WATER SHUT OFF	<input type="checkbox"/>	<input type="checkbox"/>	T/O

IN ORDER FOR PAYMENT, THIS CHECKLIST MUST ACCOMPANY ALL PLUMBING INVOICES.

TENANT ACKNOWLEDGEMENT OF COMPLETED WORK:

TENANT: _____ DATE _____