

Building Condition Audit Form

Part 1

Inspector(s): _____
 Building name: _____
 Date: _____

PLUMBING SYSTEM

Part 2

Plumbing System Characteristics:

1. Services Available:

Cold Water Hot Water Sanitary Drain Storm Drain Acid Waste Natural Gas Vacuum
 Compressed Air Oxygen Nitrogen Deionized Water Distilled Water Sprinkler Standpipe

2. Water Heating System: a: Energy Source _____

b: Storage Capacity, _____ Gallons

c: Recovery Capacity _____ Gallons Per Hour

Additional description _____

Part 3 Plumbing Components	Prioritization Categories (See Below)						System Rating Total	Deficiency Cost
	1	2	3	4	5	6		
1) Supply Quantities								
2) Drain & Waste Function								
3) Sanitation Hazards or Cross Connections								
4) Fixture Quantities								
5) Fixture Types & Condition								
6) Accessibility								
7) Roof Drainage								
8) Site Drainage								
9) Maintainability								
Rating System Totals								

Part 4

System Rating		System Multiplier		System Deficiency		Building Value		Deficiency Cost For System
	X		Equals	0	X		Equals	\$ -

Part 5

Rating Explanation:

Row	Column	Notes