



# Be Ready Rebate

## Home Plumbing Assessment

<b>Customer Name</b>		<b>Water System</b>	
<b>Address</b>		<b>Water Pressure Reading</b>	
<b>Phone</b>		<b>Static Pressure Reading</b>	
<b>Email</b>		<b>Fine Flow Indicator Moving?</b> Yes    No	
<b>Plumbing Company</b>		<b>Main Line Shutoff Location</b> N/A	
<b>Plumbing Co. Address</b>		<b>Main Line Shutoff Operational?</b> Yes    No    N/A	
<b>Licensed Plumber's Name</b>		<b>Pressure-Reducing Valve Location</b> N/A	
<b>License Number</b>		<b>Pressure-Reducing Valve Operational?</b> Yes    No    N/A	
<b>Phone</b>			
<b>Email</b>		<b>Date</b>	
<b>Kitchen</b>		<b>Water Heater</b>	
Faucet	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	Water Connections	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Sink Cutoff Test	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	Relief Valve/Piping	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Dishwasher	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace		
<b>Notes</b>		<b>Notes</b>	
<b>Laundry/Utility Room</b>		<b>Water Softener</b>	
Water Connections	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	Water Connections	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Cutoff Test	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	Bypass Valve Operation	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
<b>Notes</b>		<b>Notes</b>	
<b>Bathrooms</b>	<b>Bathroom 1</b>	<b>Bathroom 2</b>	<b>Bathroom 3</b>
Sink	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Sink Cutoff Test	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Faucet	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Toilet Dye Test	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Toilet Cutoff Test	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Shower/Tub Faucet	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
Shower/Tub Drain	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Good <input type="checkbox"/> Repair/Replace
<b>Notes</b>			
<b>Outdoor Plumbing</b>	<b>Hose Bibs</b>	<b>Exterior Pipes</b>	<b>Attic, Garage, Other Freeze Vulnerable Locations</b>
Insulated?			
Total Number			
Location(s)			
Notes/Additional Winterization			