

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 Quantités | | | | | | | | |
| 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 | | X | | Equals | \$ |

Part 5

Rating Explanation:

| Row | Column | Notes |
|-----|--------|-------|
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