

**PRESLAB PLUMBING
Checklist**

Address:

Consent number:

Inspectors name:

Date:

8:00am	10:00am	1:00pm	3:00pm	Pass	Fail

Partial	Full

Drainage

	Pass	Fail	N/A
Has permit been issued by Council			
Is the pipe material correct			
Is the drain cover correct			
Is the pipe bedding correct			
Have the correct gradients been achieved			
Are all inspection fittings installed			
Has a drain test been completed			
Has the contractors registration been verified			
Is the system AS/NZ 3500			
Is the system G13			

Comments