



# TOTAL COMFORT

## HEAT AND AIR CONDITIONING, INC.

## TOTAL COMFORT PLUMBING, LLC



400 NORTH U.S. HIGHWAY 1  
ORMOND BEACH, FLORIDA 32174  
www.totalcomfortfl.com  
CFC057799

ORMOND BEACH 386-672-4181  
NEW SMYRNA BEACH 386-427-3891

PALM COAST 386-446-5404  
FAX 386-672-0565

DATE \_\_\_\_\_ WORK ORDER \_\_\_\_\_ TECHNICIAN \_\_\_\_\_

### PLUMBING TUNE-UP AND SAFETY CHECK-UP REPORT

CUSTOMER NAME		CUSTOMER NUMBER
ADDRESS		JOB ADDRESS
		CITY, STATE ZIP
CITY, STATE ZIP		EMAIL
PH (HOME)	(OFFICE)	PHONE (CELL/OUT OF TOWN)

KITCHEN	BATH 1 WATER CLOSET	BATH 2 WATER CLOSET
DISPOSAL BRAND _____	FLUSHING ACTION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	FLUSHING ACTION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
MODEL # _____	WATER SUPPLYS <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	WATER SUPPLYS <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
SERIAL # _____	SHUT-OFF <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	SHUT-OFF <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
APPROXIMATE AGE _____	CHECK & TIGHTEN SEAT <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECK & TIGHTEN SEAT <input type="checkbox"/> YES <input type="checkbox"/> NO
DISPOSAL CONDITION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	REPLACE FLAPPER <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACE FLAPPER <input type="checkbox"/> YES <input type="checkbox"/> NO
FAUCET BRAND _____	CHECK FLOAT <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECK FLOAT <input type="checkbox"/> YES <input type="checkbox"/> NO
APPROXIMATE AGE _____		
CLEANED STRAINER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<b>LAVATORIES</b>	<b>LAVATORIES</b>
CHECK SPRAYER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	NUMBER OF LAVS _____	NUMBER OF LAVS _____
SUPPLY LINES <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	FAUCETS DRIP <input type="checkbox"/> YES <input type="checkbox"/> NO	FAUCETS DRIP <input type="checkbox"/> YES <input type="checkbox"/> NO
SHUT-OFFS <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	APPEARANCE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	APPEARANCE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
WATER PRESSURE _____	CHECK SHUT-OFFS <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	CHECK SHUT-OFFS <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
DISHWASHER COND. <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	SUPPLY LINES <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	SUPPLY LINES <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
DRAIN LINE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	CLEAN STRAINERS <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEAN STRAINERS <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPPLY LINE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	WATER PRESSURE _____	WATER PRESSURE _____
CHECK OPERATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<b>TUB/SHOWER</b>	<b>TUB/SHOWER</b>
CHK. ICEMAKER LINE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	CHECK DRAINS <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECK DRAINS <input type="checkbox"/> YES <input type="checkbox"/> NO
CONDITION OF SINK <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	CHECK FAUCETS FOR DRIPS <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECK FAUCETS FOR DRIPS <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECK DRAIN & TRAP <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	FAUCET COND. <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	FAUCET COND. <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
PLACE STICKER ON DISPOSAL <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECK & CLEAN HEAD <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	CHECK & CLEAN HEAD <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

LAUNDRY ROOM/AREA WASHING MACHINE HOOK-UP	WATER HEATER	MISCELLANEOUS
DRAIN CORRECT <input type="checkbox"/> YES <input type="checkbox"/> NO	BRAND _____ TYPE _____	CHECK WATER METER <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECK SHUT-OFFS <input type="checkbox"/> YES <input type="checkbox"/> NO	GALLONS _____ SERIAL _____	CHECK HOSE BIBS <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPPLY LINE COND. <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	CHECK RELIEF VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECK WATER PRESSURE <input type="checkbox"/> YES <input type="checkbox"/> NO
WATER PRESSURE _____	TANK LEAKS OR CORROSION <input type="checkbox"/> YES <input type="checkbox"/> NO	WATER PRESSURE _____
<b>LAUNDRY TUB</b>	CHECK SHUT-OFFS <input type="checkbox"/> YES <input type="checkbox"/> NO	SHOW CUSTOMER MAIN SHUT-OFF
DRAIN CHECKED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	CHECK SUPPLY PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHECK SHUT-OFFS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	CHECK ELEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	SHOW CUSTOMER METER AND SHUT-OFF
SUPPLY LINE COND. <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	CHECK VENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO

THE FOLLOWING CORRECTIVE WORK IS RECOMMENDED:

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If you have any questions or comments, please do not hesitate to ask our technician or give our office a call.

TECHNICIAN SIGNATURE \_\_\_\_\_ CUSTOMER SIGNATURE \_\_\_\_\_

**THANK YOU for the opportunity to do your service work.**  
**VISIT US ON THE WEB AT WWW.TOTALCOMFORTFL.COM**