Waikato Building Consent Group

Pre-line Plumbing Inspection

Applicant's Name:	Consent No:	
Property Address:	Lot No.:	Wind Zone:

Restricted Building Work - LBP license check *(Check against list of notified LBPs for this project)* ☐ Not applicable, not RBW

Name of LBP: *(If not on site, ask who the LBP is)*	LBP Onsite: ☐ Yes ☐ No License sighted: ☐ Yes ☐ No License No: ..... *(if sighted)* Expiry Date: .....

ITEMS TO BE CHECKED *[Checked against the approved Building Consent (BC) documents]*

Key:
Decision: [√] or [P] = Pass [X] or [F] = Fail, further inspection required [I] or [—] or [NA] = Not Applicable
Reason for decision: Compliance or non compliance with the approved building consent documents

? Approved BC documents and amendments on site
? Prior inspection passed or instructions addressed

Plumbing

? Plumber's name……
Reg. No.: ……
? Approved type of pipe / identification
? Water pressure test: ◯ 1500kp ◯ Main
Test statement / certificate:
◯ Received ◯ Outstanding ◯ NA
? Water pipe size / layout / insulation / length of run
? Venting – drains / waste
? Pipe work secured / supported / protected (electrolysis / earthed)
? Penetrations through building wrap are taped
? No pipework in cavity
? Check HWC / Tray (if applicable)
? Sludge & relief drain pipe work / appropriate material
? Water test on stack systems
? Backflow prevention followed (commercial)
? Fire hose reel pipe work appropriate material
? Air conditioning pipe correctly terminated to outside
? Non-potable pipe work identified (NZS5807, part 2)

Comments if required: ☐ Photos attached *(if relevant)* ☐ Memo / Instruction No: …… ☐ Verbal instruction *(specify):*

OUTCOME OF DECISIONS *[Tick the correct outcome: e.g. ☑ PASS or ☑ FAIL etc. Use REPEAT section if applicable.]*

Work complies with the approved BC documents
☐ PASS
☐ FAIL. Work may proceed to next inspection.
☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:
Signature : Date:

REPEAT: Work complies with the approved BC documents
☐ PASS
☐ FAIL. Work may proceed to next inspection.
☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:
Signature: Date: