

# SMOKE TEST REPORT

Date of Smoke Test: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OCCUPANT NAME: \_\_\_\_\_

Renter: \_\_\_\_\_

OWNER of Property:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number w/Area Code \_\_\_\_\_

Problem Found:

Clean-Out Cap \_\_\_\_\_ Broken Pipe: \_\_\_\_\_

Sump Pump Connection: \_\_\_\_\_ Floor Drain: \_\_\_\_\_

Problem with INTERIOR Plumbing: \_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

Suggested Solution (if applicable); \_\_\_\_\_