

Property Name: _____

Unit #	Inspection Date	Inspected by	Bathroom Sink Faucets *Hot water operable in a reasonable time	Faucet(s) Needing Repaired/Replaced (circle all that apply)	Date Repaired/Replaced	Completed by
			Yes / No	Hall Bath / Master Bath		
			Yes / No	Hall Bath / Master Bath		
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* Lukewarm is unacceptable.