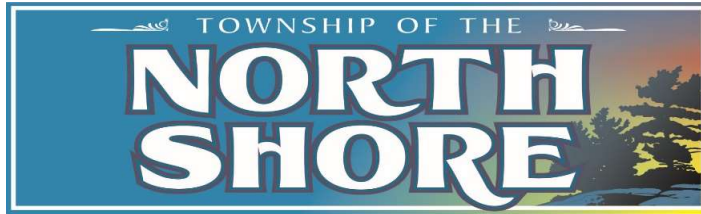


WETT RECOMMENDED INSPECTION CHECKLIST



Requested by:	Inspection location: <input type="checkbox"/> Same as requested or:
Address:	Address:
Email:	Email:
Phone No.:	Phone No.:
Inspector's Name: _____	WETT No.: _____
Reason(s) for inspection: _____	

Level of inspection requested: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	
Date of Request: _____	Date of Inspection: _____

Note: inspection results shown are what was present/noted at time of inspection.

This report documents findings at the time of the inspection. Compliance is referenced to currently published applicable codes and standards

