

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); _____