

Plumbing Fixture Checklist (use multiple sheets if necessary)

ROOM	ITEM	QUANTITY	NOTES	ordered <input checked="" type="checkbox"/>
------	------	----------	-------	---

BATH NAME: _____

BATH 1	Sink			
BATH 1	Faucet			
BATH 1	Toilet			
BATH 1	Bath/Shower Valves			
BATH 1	Toilet Paper Holder			
BATH 1	Towel Bar or Ring			
BATH 1	Robe Hook			
BATH 1				
BATH 1				

BATH NAME: _____

BATH 2	Sink			
BATH 2	Faucet			
BATH 2	Toilet			
BATH 2	Bath/Shower Valves			
BATH 2	Toilet Paper Holder			
BATH 2	Towel Bar or Ring			
BATH 2	Robe Hook			
BATH 2				
BATH 2				

BATH NAME: _____

BATH 3	Sink			
BATH 3	Faucet			
BATH 3	Toilet			
BATH 3	Bath/Shower Valves			
BATH 3	Toilet Paper Holder			
BATH 3	Towel Bar or Ring			
BATH 3	Robe Hook			
BATH 3				
BATH 3				