

PLUMBING PLAN REVIEW TRAINING PROGRAM (rev05)

CHECKLIST (Only this BOAF checklist may be used)

Required 18 hours (minimum) of FLORIDA BUILDING CODE, ICC (or equal) classroom training. (See Master List for related training)

Required 182 hours (minimum) On-the-Job Training (OJT) with a Plumbing Plan Examiner Trainer.

A. Extensive training on all aspects of Plumbing systems.

1. Administration
2. General Regulations
3. Fixtures, Faucets & Fixture Fittings
4. Water Heaters
5. Water Supply & Distribution
6. Sanitary Drainage
7. Indirect/Special Waste
8. Vents
9. Traps
10. Storm Drainage
11. Fuel Piping
12. Special Piping & Storage

Plumbing Trade Plan Review

Initial the OJT checklist when each training segment has been completed and include the number of hours spent on that segment and date of completion.

- | | |
|---|--|
| <input type="checkbox"/> Materials | <input type="checkbox"/> Rodent proofing |
| <input type="checkbox"/> Protection of Pipes & Components | <input type="checkbox"/> Trenching, Excavation & Backfill |
| <input type="checkbox"/> Structural Safety | <input type="checkbox"/> Piping Support |
| <input type="checkbox"/> Flood-proofing | <input type="checkbox"/> Washroom & Toilet Room Requirements |
| <input type="checkbox"/> Toilet Facilities | <input type="checkbox"/> Public Food Service Establishments |
| <input type="checkbox"/> Minimum Plumbing Facilities | <input type="checkbox"/> Potty Parity |
| <input type="checkbox"/> Unisex | <input type="checkbox"/> Accessible Plumbing Fixtures |
| <input type="checkbox"/> Fixture Clearances | <input type="checkbox"/> Fixtures |
| <input type="checkbox"/> Specialty Plumbing Fixtures | <input type="checkbox"/> Water Heaters |
| <input type="checkbox"/> Safety Devices | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Water Service | <input type="checkbox"/> Distribution System |
| <input type="checkbox"/> Joints & Connections | <input type="checkbox"/> Protection of Potable Water Supply |
| <input type="checkbox"/> Health Care Plumbing | <input type="checkbox"/> Disinfection |
| <input type="checkbox"/> Water Treatment | <input type="checkbox"/> Well Pumps & Tanks |
| <input type="checkbox"/> Building Sewer | <input type="checkbox"/> Drainage Piping |
| <input type="checkbox"/> Cleanouts | <input type="checkbox"/> Fixture Units |
| <input type="checkbox"/> Drainage System Sizing | <input type="checkbox"/> Offsets |
| <input type="checkbox"/> Sumps & Ejectors | <input type="checkbox"/> Computerized Drainage Design |
| <input type="checkbox"/> Backwater Valves | <input type="checkbox"/> Indirect Wastes |
| <input type="checkbox"/> Special Wastes | <input type="checkbox"/> Vent Stacks & Stack Vents |
| <input type="checkbox"/> Vent Terminals | <input type="checkbox"/> Vent Connections & Grades |
| <input type="checkbox"/> Common Vent | <input type="checkbox"/> Individual Vent |
| <input type="checkbox"/> Wet Venting | <input type="checkbox"/> Fixture Vents |
| <input type="checkbox"/> Waste Stack Vent | <input type="checkbox"/> Circuit Venting |
| <input type="checkbox"/> Combination Drain & Vent System | <input type="checkbox"/> Island Fixture Venting |
| <input type="checkbox"/> Relief Vents | <input type="checkbox"/> Vents for Stack Offsets |
| <input type="checkbox"/> Vent Pipe Sizing | <input type="checkbox"/> Air Admittance Valves |
| <input type="checkbox"/> Engineered Vent Systems | <input type="checkbox"/> Traps |
| <input type="checkbox"/> Interceptors & Separators | <input type="checkbox"/> Roof Drains |
| <input type="checkbox"/> Conductors, Leaders & Storm Drains | <input type="checkbox"/> Secondary Roof Drains |
| <input type="checkbox"/> Combined Sanitary & Storm System | <input type="checkbox"/> Controlled Flow |
| <input type="checkbox"/> Sumps | <input type="checkbox"/> Fuel Piping |
| <input type="checkbox"/> Special Piping & Storage Systems | |

The above specific areas of Plumbing Plan Review Training have been completed,

Total Hours = _____

Trainee Name

Date Completed

Plumbing Plan Examiner Trainer

Date Completed

BCAIB # _____

Plumbing Plan Examiner Trainer

Date Completed

BCAIB # _____

Plumbing Plan Examiner Trainer

Date Completed

BCAIB # _____

Plumbing Plan Examiner Trainer

Date Completed

BCAIB # _____

ATTACH COMPLETED LOG FORM