

TEXAS STATE BOARD OF PLUMBING EXAMINERS  
929 E 41ST ST, AUSTIN, TEXAS 78751 • 512-936-5200 • [tsbpe.texas.gov](http://tsbpe.texas.gov)

**PLUMBING INSPECTOR INCIDENT REPORT**

INCIDENT INFORMATION

RESPONDENT INFORMATION

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Responsible Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Inspector License #

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Witness Email

\_\_\_\_\_  
Date of Incident

**INSPECTOR'S STATEMENT:** Below, please describe the circumstances that led to the filing of this Incident Report (you may attach a letter to this form if space is not adequate). Include the names of individuals and dates of contact. Please also attach photographs and any other information relating to the incident.

**Names and License/Registration Numbers of All Individuals on Site** (please attach picture IDs)

Description of Incident

**BY SIGNING BELOW, THE WITNESS CONFIRMS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THEY UNDERSTAND THAT SUBMITTING FALSE INFORMATION IS AN OFFENSE THAT MAY RESULT IN REVOCATION OF PLUMBING LICENSES/REGISTRATIONS AND/OR ADMINISTRATIVE PENALTIES OF UP TO \$5,000.00.**

\_\_\_\_\_  
Section of Code Allegedly  
Violated (if applicable)

\_\_\_\_\_  
Current Code Adopted by  
Inspector's Municipality

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Current Date

----- TSBPE USE ONLY -----

Incident # \_\_\_\_\_

Respond. Indiv. \_\_\_\_\_

License # \_\_\_\_\_