

ALLEN COUNTY HEALTH DEPARTMENT
219 E. MARKET ST., LIMA, OH 45801
419-224-8857* FAX 419-224-4161

Shower Liner Test

Instructions:

Upon completion of the shower liner system installation, required tests shall be conducted by the contractor's representative and witnessed by the property owner or the owner's representative. All leaks and/or defects shall be corrected and the system shall be re-tested prior to final inspection.

This certificate shall be filled out by the contractor's representative and signed by both the contractor's representative and the owner's representative. Insert N/A in all unused lines. Attach additional sheets, as necessary, to provide a complete record of the testing (i.e. for multiple story buildings). Copies of this test certificate shall be made available to the building department, health department, owner, and contractor.

1. Property Address:

2. Owner or Owner's Representative:

3. Contractor & Address:

4. Certificate of Plan Approval Number or Permit Number: _____ *{OBC 105.5}*

5. Are the manufacturer's installation instructions on site? *[OBC 106.5.1] YES or NO*

Name of liner manufacturer: _____

6. Was the Shower Liner system installed in accordance the manufacturer's installation instructions? YES or NO

Name Contractor which installed shower liner: _____

Provide contact information if different from line 3.

7. Signatures

Contractor Certification

I certify that the contractor has installed the shower liner in accordance with manufacturer's installation instructions on the designated dates and that the system performed without leakage or defect for _____ hours and or _____ minutes.

For CONTRACTOR : _____

Title: _____

Date: _____

Witness Certification

Owner or owner's representative: _____

Title: _____

Date: _____