



# WARREN COUNTY COMBINED HEALTH DISTRICT

416 South East Street – Lebanon, Ohio 45036

Duane Stansbury, R.S., M.P.H.  
HEALTH COMMISSIONER

Scott R. Swope, D.O.  
MEDICAL DIRECTOR



**Public Health**  
Prevent. Promote. Protect.

## Shower Liner Test

### Instructions:

Upon completion of the shower liner system installation, required tests and inspections per Ohio Plumbing Code Sections 312.9 and 417.5 shall be conducted by the contractor's representative. All leaks and/or defects shall be corrected and the system shall be re-tested prior to completion of rough-in 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 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 107.7) YES or NO**
6. **Was the Shower Liner system installed in accordance with the manufacturer's installation instructions? YES or NO**

**Name of Contractor who installed shower liner:** \_\_\_\_\_  
Provide contact information if different from line 3.

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

**Contractor Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Witness

**Owner or owner's representative:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_