

STARK COUNTY HEALTH DEPARTMENT

Kirkland Norris, RS, MPH, Health Commissioner
Karen Hiltbrand, President of the Board of Health
Maureen Ahmann, DO, Medical Director

Shower Liner Test

Instructions: Contractor may utilize the Stark County Health Department Plumbing Program to conduct an inspection of the shower liner or follow the procedures outlined below.

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 approval of the 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. It is understood that the signature of the owner's representative on this certificate in no way prejudices any claim against the contractor for faulty material, poor workmanship or failure to comply with the Ohio Plumbing Code and/or the conditions of this contract.

1. **Property Address** _____

2. **Owner or Owner's Representative** _____

3. **Contractor & Address:** _____

4. **Are the manufacturer's installation instructions on site? [OBC 107.7] YES or NO**

Name of liner manufacturer _____

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

Name of Contractor that installed shower liner _____

Provide contact information if different from line 3.

6. Signatures

Contractor Certification

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

For Contractor: _____ Title: _____ Date: _____

Witness Certification

Owner or owner's representative: _____

Title (owner or representative): _____ Date: _____

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"This agency is an equal provider of services and an equal opportunity employer." - Civil Rights Act of 1964