The Ohio Plumbing Code, in section 312.9, requires a shower liner test.

After filling in the information, mail this form back to the Fairfield Department of Health, Attn: Plumbing Program. Mailing address is at the bottom of this form.

The shower liner(s) installed at the below address was installed according to the manufacturer’s instructions. After the installation of the shower liner(s) was completed a test was done according to the manufacturer’s instructions. The shower liner(s) passed the manufacturer’s test requirements.

Witnessing the above installation and test is the person signing below. (building contractor, shower contractor, plumbing contractor, homeowner)

Job Address: ________________________________________________________

Print Name: ________________________________________________________

Signature: ________________________________________________________

Company: ________________________________________________________

Title: ________________________________________________________

Date: _____________________ Phone # _________________________________