

EMERGENCY SHOWER INSPECTION

LOCATION (BUILDING/ROOM): _____ IDENTIFICATION #: _____

INITIAL INSPECTION

1. Height from surface (floor) to shower head (recommend 82-96 inches only): _____
2. Center of shower head to wall (recommend minimum 24 inches) _____
3. Center of shower stream to nearest obstruction (other than eyewash) (recommend 16 inches): _____
4. Height of activator from surface (floor) (maximum 69 inches): _____
5. Is there a highly visible sign present? ___ Yes ___ No
6. Is shower area well lit and highly visible? ___ Yes ___ No
7. Is shower readily accessible? (Reached within 10 seconds) ___ Yes ___ No
8. Are there any electrical outlets or switches near the shower? ___ Yes ___ No

Date of initial inspection: _____ Inspected by: _____ Comments: _____

ANNUAL PERFORMANCE CHECK

	MONTH: ___ YEAR: ____	MONTH: ___ YEAR: ____	MONTH: ___ YEAR: ____	MONTH: ___ YEAR: ____	MONTH: ___ YEAR: ____	MONTH: ___ YEAR: ____	MONTH: ___ YEAR: ____	MONTH: ___ YEAR: ____	MONTH: ___ YEAR: ____
Flow rate (minimum of 20 gpm)									
Does valve remain on without the use of the hands until intentionally shut off?	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N
Does valve go from "off" to "on" within one second?	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N
Is the spray substantially dispersed throughout the pattern?	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N
Is the velocity low enough to not be injurious to the user?	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N	___Y ___N

Inspector Initials									
Date of Inspection (month/day)									
Date irregularities corrected (if any)									
Date of re-inspection after repair(s) (month/day)									