

SHOWER/DECONTAMINATION POINT INSPECTION		REPORT DATE
<i>For use of this form see TB MED 577; the proponent of this form is the Office of The Surgeon General.</i>		
TO		FROM
INSPECTION RATING	SHOWER POINT NO	MAP COORDINATE LOCATION
OPERATING UNIT	TEAM CHIEF	UNIT REPRESENTATIVE
INSPECTING UNIT	DATE/TIME GROUP	INSPECTED BY

INSPECTION CHECKLIST CRITERIA

		YES	NO
1. SITE CONDITIONS	a. Adequate Drainage	<input type="checkbox"/>	<input type="checkbox"/>
	b. Rodent/Insect Breeding Areas Controlled	<input type="checkbox"/>	<input type="checkbox"/>
	c. Separate Latrines Provided	<input type="checkbox"/>	<input type="checkbox"/>
	d. Latrines Adequate (_____ Men/ _____ Women)	<input type="checkbox"/>	<input type="checkbox"/>
	e. Handwashing Devices Present	<input type="checkbox"/>	<input type="checkbox"/>
	f. Garbage Control Practiced	<input type="checkbox"/>	<input type="checkbox"/>
2. WATER SOURCE	a. Nonpotable Water Chlorinated	<input type="checkbox"/>	<input type="checkbox"/>
	b. Chemical Agents Present	<input type="checkbox"/>	<input type="checkbox"/>
	c. Radioactivity Present	<input type="checkbox"/>	<input type="checkbox"/>
	d. Procured From: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. WASTEWATER CONTROL	a. Drainage Ditches Adequate	<input type="checkbox"/>	<input type="checkbox"/>
	b. Effluent Discharge \geq 25 Yds Downstream	<input type="checkbox"/>	<input type="checkbox"/>
	c. Decontamination Waste Sump Present	<input type="checkbox"/>	<input type="checkbox"/>
	d. Proper Sump Closeout and Marking	<input type="checkbox"/>	<input type="checkbox"/>
4. INTAKE LINE	a. Intake Strainer Attached	<input type="checkbox"/>	<input type="checkbox"/>
	b. \geq 4 In From Surface or Bottom	<input type="checkbox"/>	<input type="checkbox"/>
5. SHOWER UNIT	a. Showers/Floor Clean	<input type="checkbox"/>	<input type="checkbox"/>
	b. Air Circulation Provided	<input type="checkbox"/>	<input type="checkbox"/>
	c. Nonpotable Water Sign Posted	<input type="checkbox"/>	<input type="checkbox"/>
6. GENERATOR	a. Located \geq 50 Ft From Showers	<input type="checkbox"/>	<input type="checkbox"/>
	b. Grounding Present	<input type="checkbox"/>	<input type="checkbox"/>
	c. Fire Extinguisher Present	<input type="checkbox"/>	<input type="checkbox"/>
	d. Hearing Protection Used	<input type="checkbox"/>	<input type="checkbox"/>
	e. Sufficient Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
7. OPERATOR MONITORING	a. Chlorine Residuals Checked	<input type="checkbox"/>	<input type="checkbox"/>
	b. Chemical Agents Present	<input type="checkbox"/>	<input type="checkbox"/>
	c. Radioactivity Present	<input type="checkbox"/>	<input type="checkbox"/>
	d. Shower Water Temperature Checked	<input type="checkbox"/>	<input type="checkbox"/>
8. WATER STORAGE	a. Tanks Level	<input type="checkbox"/>	<input type="checkbox"/>
	b. Safety Bottom Apron Used	<input type="checkbox"/>	<input type="checkbox"/>
	c. Open Top Tanks Covered	<input type="checkbox"/>	<input type="checkbox"/>
	d. Tanks Clean and Sanitary	<input type="checkbox"/>	<input type="checkbox"/>
	e. Capacity Sufficient for Issue	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION CHECKLIST CRITERIA

		YES	NO
9. RECORDS	a. Bath and Clothing Exchange Report Used	<input type="checkbox"/>	<input type="checkbox"/>
	b. Blank Forms Sufficient	<input type="checkbox"/>	<input type="checkbox"/>
10. SUPPLY STORAGE	a. Fuel and Chemicals Sufficient	<input type="checkbox"/>	<input type="checkbox"/>
	b. Chemical Containers Labeled/Capped/Dry	<input type="checkbox"/>	<input type="checkbox"/>
	c. Activated Carbon and Calcium Hypochlorite Stored Separately	<input type="checkbox"/>	<input type="checkbox"/>
11. SHOWER WATER SAMPLES	a. Chlorine Residuals Checked	<input type="checkbox"/>	<input type="checkbox"/>
	b. Chemical Agents Present	<input type="checkbox"/>	<input type="checkbox"/>
	c. Radioactivity Present	<input type="checkbox"/>	<input type="checkbox"/>
	d. Shower Water Temperature Checked	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND RECOMMENDATIONS:

PRINTED/TYPED NAME AND GRADE OF PVNTMED INSPECTOR:	SIGNATURE:
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