

Emergency Shower Inspection

An emergency shower readiness record covering station access, condition, approved test results, water-supply concerns, defects and follow-up actions.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This is an equipment readiness record, not medical advice, an ANSI or EN certificate, or a universal test frequency or flushing procedure.

HSE first-aid and COSHH guidance link provision to assessed workplace needs and hazardous substances. Use the equipment instructions and site risk assessment to define checks and escalation.

2. Station and procedure

Station ID and location *

Hazards and risk assessment reference *

Manufacturer checking procedure and revision *

Approved checking schedule and responsible person

Reference the installed equipment instructions and site-assessed schedule. Record who owns the schedule and unresolved access or supply concerns.

3. Readiness checks

Access route and operating space clear * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Station markings and operating instructions visible * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Actuator and shower head visibly intact * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Supply and drainage visibly checked within scope * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Privacy and cold-weather arrangements checked where required * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

4. Authorised test and restoration

Test performed and procedure reference *

Actual result, units and acceptance criterion *

Supply quality or temperature concerns and referral

Restored condition and next scheduled check

Condition evidence (photos: attach, or note the file names)

5. Handover

Use decision * (choose one)

☐ Available within recorded limits ☐ Restricted use ☐ Out of service

Restrictions, isolation and person informed * (if applicable)

Repair or follow-up job reference

Condition and defect evidence (photos: attach, or note the file names)

6. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.