

DOEHRS-IH EHM: FIELD SHOWER POINT SANITATION REPORT

See DA PAM 40-11

1. FACILITY NAME:	2. FACILITY ADDRESS:	3. INSTALLATION:	4. START DATE (YYYYMMDD)	TIME: HH:MM
			5. END DATE (YYYYMMDD)	TIME: HH:MM

6. INSPECTOR (Surveyor)	a. Name and Rank:	b. Phone:	c. Email:	d. Unit/Organization:
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7. PERSON IN CHARGE (PIC):	a. Full Name:	b. Phone:	c. Official Email:
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8. CONTRACTOR OPERATED		Yes		9. INSPECTION TYPE (select one)		Routine		Complaint		Other (specify):
		No				Follow-Up		Pre-Opening		

Item	Water Source	Yes	No	N/A	Item	Shower Units (continued)	Yes	No	N/A
1	Water container inspection survey complete? (If Yes, list water container names in the space below. DOEHS will require Water Container Inspections to be added to DOEHS prior to using the Associate Existing Survey(s) button.)				20	Water drainage adequate to prevent standing water?			
					21	Chlorine residuals checked? FAC _____ ppm			

Water container Names / Survey IDs:

22	pH level checked? pH _____			
23	Shower water temperature checked? _____°F _____°C			

Item	Site Conditions	Yes	No	N/A	Item	Electrical Power	Yes	No	N/A
2	Adequate drainage (no standing water)?				24	Power supplied by generator?			
3	Rodent/insect breeding areas controlled?				25	Located ≥ 50 feet from showers?			
4	Separate latrines provided?				26	Grounding present?			
5	Adequate latrines? _____ men _____ women				27	Fire extinguisher present?			
6	Adequate handwashing devices present?				28	Hearing protection used?			
7	Garbage control practiced?				29	Sufficient ventilation?			

Item	Waste Water Control	Yes	No	N/A	Item	Records	Yes	No	N/A
8	Drainage ditches are adequate and functional?				30	Bath and clothing exchange report used?			
9	Effluent discharge ≥ 25 yards downstream of raw water source?				31	Blank forms sufficient?			
10	For decontamination stations, contaminated wastewater is drained to soakage pits or away from the water source?				32	pH and chlorine residuals recorded?			
11	Soakage pits and decontamination waste sumps are closed out and marked properly when the unit vacates the area?								

Item	Intake Line	Yes	No	N/A	Item	Supply Storage	Yes	No	N/A
12	Intake strainer attached?				33	Fuel sufficient?			
13	≥ 8 Inches from surface or bottom?				34	Fuel containers labeled/capped/dry?			
14	Pump/pressure tank functional?				35	Chemicals sufficient?			
15	Hoses connected properly (no leaks present)?				36	Chemicals containers labeled/capped/dry?			
					37	Activated carbon properly stored?			

Item	Shower Units	Yes	No	N/A	Item	Supply Storage	Yes	No	N/A
16	Showers and floors clean, free of mold and mildew?				38	Activated sodium/calcium hypochlorite properly stored?			
17	Air circulation adequate to prevent humidity and odor?				39	MSDS (Material Safety Data Sheets) supplied for all chemicals?			
18	Nonpotable water sign provided, when required?				This space left Blank				
19	Faucets/showerheads functioning properly (not leaking or clogged)?								

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Facility

Date

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12. OVERALL REMARKS (describe individual Item deficiencies here)**13. INSPECTION RATING:**

Satisfactory

Unsatisfactory

14. FOLLOW-UP REQUIRED:

Yes

No

15. FOLLOW UP DATE NLT: (YYYYMMDD)**16. SIGNATURE:** Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and date scheduled for follow-up inspection (unsatisfactory inspections only).

a. Inspector Signature

b. DATE: (YYYYMMDD):

c. Person In Charge Signature

d. DATE (YYYYMMDD):