

EYEWASH WEEKLY INSPECTION CHECK LIST

Directions for Inspection:

1. Flush eyewash for 5 to 10 seconds. The eyewash does not need to be run at full strength.
2. If water does not flow from heads or any other problem occurs (i.e. unit does not shut off; broken handle; etc.) then contact the University Department of Safety and Health.
3. Print and post this inspection checklist next to your eyewash for appropriate documentation.

JANUARY	OK or Not OK	Tester Initials	JULY	OK or Not OK	Tester Initials
Week 1			Week 1		
Week 2			Week 2		
Week 3			Week 3		
Week 4			Week 4		
FEBRUARY	OK or Not OK	Tester Initials	AUGUST	OK or Not OK	Tester Initials
Week 1			Week 1		
Week 2			Week 2		
Week 3			Week 3		
Week 4			Week 4		
MARCH	OK or Not OK	Tester Initials	SEPTEMBER	OK or Not OK	Tester Initials
Week 1			Week 1		
Week 2			Week 2		
Week 3			Week 3		
Week 4			Week 4		
APRIL	OK or Not OK	Tester Initials	OCTOBER	OK or Not OK	Tester Initials
Week 1			Week 1		
Week 2			Week 2		
Week 3			Week 3		
Week 4			Week 4		
MAY	OK or Not OK	Tester Initials	NOVEMBER	OK or Not OK	Tester Initials
Week 1			Week 1		
Week 2			Week 2		
Week 3			Week 3		
Week 4			Week 4		
JUNE	OK or Not OK	Tester Initials	DECEMBER	OK or Not OK	Tester Initials
Week 1			Week 1		
Week 2			Week 2		
Week 3			Week 3		
Week 4			Week 4		