



## Eyewash Weekly Inspection Form

An emergency eyewash fixture is provided to flush tepid water to the eye, diluting any hazardous materials that may have come into contact with the eyes.

### General Requirements:

Initial and date in the corresponding box verifying the eyewash station is checked weekly for the following:

- The pathway to the eyewash station is clear of obstructions
- The eyewash fixture is free of obstructions in all directions
- The nozzle dust caps/covers are in place and operating properly
- To test the eyewash station, flush water until clear water flows continually through eyewash head without any leaks, rust, dirt, etc. for approximately 5 seconds. (If problems are evident, call Facilities Management at 7-7154)

Call EHS at 7-7241 with any questions

| Year _____ | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Comments: |
|------------|--------|--------|--------|--------|--------|-----------|
| JANUARY    |        |        |        |        |        |           |
| FEBRUARY   |        |        |        |        |        |           |
| MARCH      |        |        |        |        |        |           |
| APRIL      |        |        |        |        |        |           |
| MAY        |        |        |        |        |        |           |
| JUNE       |        |        |        |        |        |           |
| JULY       |        |        |        |        |        |           |
| AUGUST     |        |        |        |        |        |           |
| SEPTEMBER  |        |        |        |        |        |           |
| OCTOBER    |        |        |        |        |        |           |
| NOVEMBER   |        |        |        |        |        |           |
| DECEMBER   |        |        |        |        |        |           |

Principal Investigator: \_\_\_\_\_

Room #: \_\_\_\_\_