Weekly Plumbed Eyewash and Shower Station Inspection Form

Principal Investigator: _____ **Room #:** _____

Weekly Inspection Procedure:

1. Ensure area around units are free of obstructions;
2. Ensure eyewash/shower sign is affixed in plain view above unit;
3. Visually inspect the eyewash and shower to ensure that there are no broken parts, leakage etc;
4. Activate the eyewash station and verify the flow of water is even and, if applicable, the removal of caps or shields located over the eyewash outlets does not require a separate motion once the unit is activated;
5. Verify the eyewash unit remains activated without use of operator's hand during the inspection;
6. Activate shower unit(s) at least weekly. Ensure that the water flow is effective and continuous.
7. Operate eyewash and shower units for a period long enough to verify operation and ensure that flushing fluid is available.
8. Once inspection is complete sign and date;
9. Maintenance issues? Note on form and contact: **Work Control 864-7600**

Date	Maintenance Issues	Signature	Date	Maintenance Issues	Signature

Please retain completed forms for three years.
Blank forms can be obtained by visiting Environmental Health and Safety webpage