EMERGENCY EYEWASH MAINTENANCE RECORD

Building: _____ Room #: _____ Eyewash ID#_____

Weekly Checklist (date and initial below):

1) Is there a clear passage and easy access to the eyewash?
2) Turn on the eyewash. Allow water to run for 3 minutes and observe the following items.
3) Does water come on within one second of activation?
4) Are the nozzles equipped with protective covers and removed automatically when activated?
5) Is there adequate flow pattern?
6) Does water feels tepid on the hand?
7) If "NO" for any of the questions above, contact Lab Supervisor to correct eyewash deficiencies. Submit work request to Facilities, if required.
8) Retain completed record in lab records binder or digital copy in CHEMATIX Inspection module.

Date	Initial	Date	Initial	Date	Initial	Date	Initial

Reference: *U of L Emergency Eyewash and Shower Standard*