**Weekly** **Eyewash Station Safety Inspection Checklist**

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1. Run/Actuate eyewash for at least **2 minutes**

2. Answer all questions below

3. If questions 2-13 result in a ***negative answer***, immediately submit a **work order**.

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|  | **Inspection Date**(Enter Date Here) |
| **Department: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Eyewash Room #: \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |  |
|  |
| **Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Week****1** | **Week****2** | **Week****3** | **Week****4** | **Week****5** |
| 1. Staff know the location of equipment and how to operate? |  |  |  |  |  |
| 2. Is the area surrounding the eyewash station free of all obstructions? |  |  |  |  |  |
| 3. Is the eyewash free from sharp projections in the operating area? |  |  |  |  |  |
| 4. Is the eyewash easily activated? *Activates in one second or less?* |  |  |  |  |  |
| 5. Are the nozzles equipped with protective covers? |  |  |  |  |  |
| 6. Are the covers removed by activation of the eyewash? *Remember to recap covers* |  |  |  |  |  |
| 7. Is the water flowing from both eyepieces? |  |  |  |  |  |
| 8. Is the flow of water of equal height? |  |  |  |  |  |
| 9. Is the flow of water clear and warm/tepid?  |  |  |  |  |  |
| 10. If not initially clear, does flow become clear after 2 minutes? |  |  |  |  |  |
| 11. Does the spray pattern deliver a steady stream of water? |  |  |  |  |  |
| 12. Does the flow continue until the mechanism is returned to its resting position? |  |  |  |  |  |
| 13. Does the water drain from the bowl/sink? |  |  |  |  |  |
| Comments: Initials of inspector |  |  |  |  |  |
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