

EYE WASH STATION FLUSH CHECK

LOCATION: _____

FREQUENCY: Monthly

Eye Wash Procedure: Activate eyewash and allow flushing to ensure the station is operational and the water runs clear (**water flow pressure must be sufficient to allow for unobstructed contact with eyes**). Turn water off and recap eye spigots, as appropriate.

Please report any failure or malfunction to Facilities Management staff.

Month OF	DATE	INITIALS	COMMENTS
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
