

2018 EYE WASH STATION FLUSH CHECK

LOCATION: _____

FREQUENCY: Weekly

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.

WEEK OF	DATE	INITIALS	WEEK OF	DATE	INITIALS	WEEK OF	DATE	INITIALS
Jan 1			May 7			10		
8			14			17		
15			21			24		
22			28			Oct 1		
29			June 4			8		
Feb 5			11			15		
12			18			22		
19			25			29		
26			July 2			Nov 5		
March 5			9			12		
12			16			19		
19			23			26		
26			30			Dec 3		
April 2			Aug 6			10		
9			13			17		
16			20			24		
23			27			31		
30			Sept 3					

Comments:
