

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Employee Name (print): \_\_\_\_\_

Confirm the eyewash is visible, unobstructed, and in its designated location.

Ensure eyewash caps are in place and when you turn the eyewash on, the caps are displaced by the water.

When turning on the eyewash, it should stay on hands free.

Water coming out should remain clean and contaminant free.

Ensure water flow is sufficient to allow user to hold eyes open while rinsing.

Initial and date the back of the tag attached to the unit.

Employee Signature: \_\_\_\_\_