Eye Wash Plumbed Station Weekly Inspection Check List

Building: **Lab room #:**

Weekly Checklist (date and initial below):

1) Are the nozzles equipped with protective covers and removed automatically when activated?
2) Turn on the eyewash. Is the water flowing to allow rinsing of the facial area?
3) Is there a clear passage and easy access to the eyewash station?

Date	Initials	Date	Initials	Date	Initials	Date	Initials

If the answer is NO, please contact your Faculty's Health & Safety Officer regarding the issue. Keep completely filled sheets in your health and safety binder for your records.