**LET EYEWASH RUN FOR 30 SECONDS TO THREE MINUTES**

Eye washes are to be tested for the following items:

1. verify that the path to the eyewash is unobstructed
2. verify the nozzle caps are in place
3. verify that the nozzles, nozzle caps, and sink/bowl are clean and sanitary
4. when activated
5. the nozzle caps come off
6. the water flow begins within one (1) second
7. the water is clean, tepid to the touch (60-100F), and of sufficient force to flush the eyes for fifteen (15) minutes without being injurious to the eyes.

In the appropriate box, write the date, your initials, and any necessary comments. Subsequent testing must be done within one (1) week of the previous test. If a problem is found with the eyewash during testing, indicate the problem within the comments box and contact Facility Services to schedule the repair.

**Eyewash location or station # YEAR:**

|  | **Week 1** | **Week 2** | **Week 3** | **Week 4** | **Week 5** |
| --- | --- | --- | --- | --- | --- |
| **January:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **February:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **March:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **April:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **May:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **June:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **July:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **August:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **September:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **October:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **November:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |
| **December:** Date |  |  |  |  |  |
| Initials |  |  |  |  |  |
| Comment(s) |  |  |  |  |  |