EYEWASH / SHOWER INSPECTION RECORD

	PI:	F	Room:	
NOTEs:				The state of the s
	 x Eyewashunits and Showers nust betested monthly. x PostInspectionRecordnear Eyewash unit (If lab has more than one eyewash unit, Post sign on inside of Main entrance door). o Replacement Inspection Records can be found on EHS website: www.odu.edu/ehs "Forms & Pamphlets" 			
	x Lids coveringoutlet heads should bleeptclosedwhennot in use			
Instructions: x Run the units for 2 minutes, ensuring: o there is sufficient water flow o the handsfree mechanisms functioning x Initial the appropriate box below to documenta passing inspection x If inspection fails, notify all users and call Facilities Managemen 683 4269 for repairs f Should an exposure occur flush the affected eye (s) for 15 minutes. f To ensure adequate flushing, hold eyelid (s) open and roll the eyeball.				S
	Year:	Year:	Year:	
	Date of Testers Inspection Initials	Date of Testers Inspection Initials	Date of	