

PLUMBED EYEWASH INSPECTION

LOCATION (BUILDING/ROOM): _____ IDENTIFICATION # _____

INITIAL INSPECTION

Height from surface (floor) to nozzle heads (recommended 33-35" inches): _____

Distance from wall or obstruction to nozzle heads (minium 6 inches): _____

Does unit have room to allow the eyelids to be held open with the hands while the eyes are in the stream of water? Yes No

Is eyewash in a well-lighted area and highly visible? Yes No Is eyewash readily accessible? Yes No

Is the valve actuator large enough to be easily located by the user? Yes No Is there a highly visible sign present? Yes No

Date of initial inspection: _____ Inspected by: _____ Comments: _____

ANNUAL PERFORMANCE CHECK							
	YEAR:____	YEAR:____	YEAR:____	YEAR:____	YEAR:____	YEAR:____	YEAR:____
Are there sharp projections anywhere in the operating area of the unit?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Is corrosion present?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Are nozzles protected from airborne contaminants?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Does such protection require a separate motion for removal?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Is velocity low enough not to be injurious to the user?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Does valve remain on, without the use of hands, until intentionally shut off?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Does valve go from "off" to "on" within one second or less?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Are both eyes washed simultaneously?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Does it pass the eyewash gauge test?	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N	__Y __N
Performance check inspector's initials							
Date of performance check							
Date irregularities corrected (if any)							
Re-inspection date after repair							