



Emergency Eyewash/Shower

Inspection Record



MONTHLY INSPECTION CHECKLIST	
1.	Weekly testing completed
2.	Cleanliness / Damage / Missing Parts
3.	Proper signage
4.	Visible sign of leakage
5.	Valve moves smoothly and freely to open position
6.	Valve remains on when activated
7.	Spray pattern 20" at height of 60" from floor
8.	Water pressure and volume
9.	Orifices free of obstruction
10.	Employees in area properly trained in operation
11.	Current water change date (portable units only)

ORG:	LOCATION:		Portable Eyewash Water Change Date
IAW AFOSH STD.91-501	2004		
	SIGNATURE	DATE	
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			
SEP			
OCT			
NOV			
DEC			

