

	Eyewash Maintenance OP-306-09	Dept:	Outpatient Phlebotomy 324306
		Effective Date:	February, 2011
		Revised Date:	February, 2019
		Contact:	Rinard Howard
Name & Title: Greg Pomper, MD Medical Director		Date:	
Signature:			

1) General Procedure Statement:

- a. **Purpose:** To assure proper flow of each eyewash, a weekly "flow check" test is performed. The weekly check will be documented on the maintenance sheet with the eyewash.
- b. **Responsible Department/Scope:**
 - 1.Procedure owner/Implementer: Outpatient Phlebotomy
 - 2.Procedure prepared by: Rinard Howard, MHA PBT – ACSP
 - 3.Who performs procedure: Outpatient Phlebotomy staff

2) Procedure: Eyewash Maintenance

1. Turn the cold water tap on until water flows steadily.
2. Pull out the diverter valve. This will switch the water flow from the faucet to the eye wash. There should be enough pressure for the caps to pop open.
3. Observe the flow of water from both nozzles. Check for leaks around the nozzles and the faucet. Call the Engineering department (ext. 6-4841) if any problems are observed. Let the eyewash flow for 3 minutes.
4. Shut the cold water tap off. Examine the nozzle screens for particulate matter which may have flushed against the inside of the screen. Remove and rinse if necessary.
5. Document the date then initial the EYEWASH MAINTENANCE SCHEDULE.

3) Quarterly Eyewash Maintenance

Quarterly Eyewash Maintenance is performed to insure adequate performance if needed in an emergency situation. To assure proper flow and to prevent contamination, cleaning is performed quarterly.

1. Remove the caps from both nozzles of the eye wash. Examine the screens in each nozzle for corrosion and particulate matter.
2. Remove the nozzle and screen, rinse then replace the nozzle and screens.
3. Complete the weekly check and document both procedures.

4) Related Procedures: N/A

5) References: N/A

6) Attachments: N/A

7) Revised/Reviewed Dates and Signatures:

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)