



WEEKLY EYEWASH INSPECTION

Facility _____

Department _____

Room # _____

Location of Eyewash _____

Activate eyewash by pushing valve or pulling knob. Do not remove plastic caps prior to activation.

The following requirements must be met. If requirements are met, write 'OK' or place a check mark in the box.

Mark an 'X' through the item if the requirement was not met. If any deviations are found, call Facilities or Building Management and document corrective actions below.

AHC locations: forward completed form to AHC Safety. safety@iuhealth.org.

Requirements	Month/Year															
	Week	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Water can be turned on with a single action.																
Water remains on without requiring the use of the operator's hand.																
Water pressure is sufficient to remove plastic caps.																
Water rises height enough to rinse both eyes simultaneously.																
Water is clear.																
Water is tepid (16-38°C / 60-100°F)																
Eyewash access is free of obstructions.																
Team members know to flush eyes for 15 minutes if exposed.																
Plastic caps cover the eyewash when not in use.																
Inspector's Initials																
Date																

Corrective Actions

Date	Comment	Outcome	Initials

Supervisor/Designee Review Signature

Date