Eyewash station checklist

Date _____ **Site or building** _____

Station location or ID _____ **Checked by** _____

Type (plumbed, self-contained or personal) _____ **Next check due** _____

Access and signs

	Pass	Fail	N/A
Nothing blocks the path to the station	☐	☐	☐
The station can be reached in about ten seconds from the hazard	☐	☐	☐
The sign is posted and visible, and the area around it is lit	☐	☐	☐
The path doesn't cross a step, a door that sticks or a spot that can be locked	☐	☐	☐
Any emergency shower beside it is also clear	☐	☐	☐

The station

	Pass	Fail	N/A
Unit is firmly mounted and undamaged	☐	☐	☐
Dust covers or caps are in place, and they come off when the water starts	☐	☐	☐
Nozzles are clean and free of rust, scale and debris	☐	☐	☐
Handle or push plate works, and the water stays on without a hand held on it	☐	☐	☐
Water flows from both nozzles in a soft, even stream	☐	☐	☐
Water runs clear and, for a plumbed unit, at a comfortable temperature	☐	☐	☐
Self-contained units are full, and the fluid is in date	☐	☐	☐
No leaks, drips or corrosion at the connections	☐	☐	☐

Records and people

	Pass	Fail	N/A
Unit was flushed at the interval the maker and your procedure set	☐	☐	☐
The inspection tag or log is filled out and dated	☐	☐	☐
Anything that failed was tagged and reported	☐	☐	☐
A replacement or a nearby station is available while one is out	☐	☐	☐
Workers who use chemicals know where the station is and how to use it	☐	☐	☐
Safety data sheets for the nearby chemicals are on hand	☐	☐	☐

Defects found and action taken

_____

_____

_____

Taken out of service? ☐ Yes ☐ No **Reported to** _____

Inspector signature _____ **Date** _____

Supervisor review _____ **Date** _____