



SUNY
DOWNSTATE
Medical Center

Office of Environmental Health & Safety

Eyewash Weekly Inspection Form

An emergency eyewash fixture is provided to flush tepid water to the eye, diluting any hazardous material that may have come into contact with the eyes.

General Requirements:

Initial and date in the corresponding box verifying the eyewash station is checked **weekly** for the following:

- The pathway to the eyewash station is clear of obstructions
- The eyewash fixture is free of obstructions in all directions
- The nozzle dust caps/covers are in place and operating properly
- To test the eyewash station, flush water until clear water flows continually through eyewash head without any leaks, rust, dirt, etc. Flush for a sufficient time to ensure clean water is running, and verify that access is not blocked.

Year:_____	Week 1	Week 2	Week 3	Week 4	Week 5	Comments
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Address questions to the Environmental Health & Safety Office at x5212.

Principal Investigator/Assigned Person: _____

Room #: _____