



## EYEWASH STATION INSPECTION CHECKLIST

**INSPECTION FREQUENCY:** Eyewash stations shall be inspected quarterly on a fiscal year schedule:

1<sup>st</sup> Qtr: Oct - Dec / 2<sup>nd</sup> Qtr: Jan - Mar / 3<sup>rd</sup> Qtr: Apr - Jun / 4<sup>th</sup> Qtr: Jul - Sep

**Location:**

**Date:**

**Time:**

### TRAINING

*Have all employees be properly trained on the location(s) of all eyewash stations and their proper use?*

- Yes  
 No - Explain: \_\_\_\_\_

### PLUMBED EYEWASH STATIONS

*Are all eyewash stations located within 10 feet of unimpeded travel distance from the hazardous material operation?*

- Yes  
 No - Explain: \_\_\_\_\_

*Is the path to all eyewash stations clear and free of obstructions and hazards?*

- Yes  
 No - Explain: \_\_\_\_\_

*Are all eyewash stations at the same floor level as the hazard?*

- Yes  
 No - Explain: \_\_\_\_\_

*Is the area around all eyewash stations have proper lighting?*

- Yes  
 No - Explain: \_\_\_\_\_

*Does each eyewash station have its own highly visible sign?*

- Yes  
 No - Explain: \_\_\_\_\_

*Are all eye wash stations signs legible and in good condition?*

- Yes  
 No - Explain: \_\_\_\_\_

*Are all eyewash stations activated weekly to verify water flow/clarity, pressure, and proper operation?*

- Yes  
 No - Explain: \_\_\_\_\_

*Is the water temperature "tepid" (between 60 - 100° F)?*

- Yes
- No - Explain: \_\_\_\_\_

*Are all eyewash station dust caps and/or covers in-place and serviceable?*

- Yes
- No - Explain: \_\_\_\_\_

*Are all eyewash station drains clear and clean of debris or dirt?*

- Yes
- No - Explain: \_\_\_\_\_

*Are any eyewash stations damaged, unserviceable, and in need of repairs?*

- Yes
- No - Explain: \_\_\_\_\_

**PORTABLE EYEWASH STATIONS**

*Is the eyewash station fluid at the proper level/fill line?*

- Yes
- No - Explain: \_\_\_\_\_

*Has the eyewash station been completely drained, rinsed, and fluid replaced with new solution on a regular basis per the manufacturers instructions/requirements?*

- Yes
- No - Explain: \_\_\_\_\_

**HAND-HELD EYEWASH BOTTLES**

*Has all of the eyewash bottles been inspected for shelf-life expiration?*

- Yes
- No - Explain: \_\_\_\_\_

*Are all of the eyewash bottles serviceable and free from damage or leaks?*

- Yes
- No - Explain: \_\_\_\_\_

**INSPECTOR SIGNATURE**

Form completed by:

**Name (Print):** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_