



Emergency Eye Wash Station Inspection

Date:					
Location:					
Inspected by:					
Priority For Corrective Action			<u>Inspection Checklist</u>		
IMMINENT DANGER	SERIOUS	MINOR	OK	NOT APPLICABLE	<p>This list is intended as a guide in assisting you in doing a comprehensive inspection.</p>
					<p>Each of the following is to be rated according to its priority for corrective action. See attached for more information.</p>
					Water is potable
					Controlled flow
					Tepid water temperature
					Nozzles covered from airborne particles
					Eye wash clearly visible
					Eye wash sign

Additional Hazards

Inspector: _____ Date: _____

WH&S Co-ordinator Signature: _____ Date: _____

Senior Management Signature: _____ Date: _____