















Emergency Eye Wash Station Inspection

Date:					Company:
Location:					
Inspected by:					
Priority For Corrective Action				ive	Inspection Checklist
IMMINENT DANGER	SERIOUS	MINOR		NOT APPLICABLE	This list is intended as a guide in assisting you in doing a comprehensive inspection.
					Each of the following is to be rated according to its priority for corrective action. See attached for more information.
FR	SU	유	옷	Ë	
					Water is potable
					Controlled flow
					Tepid water temperature
					Nozzles covered from airborne particles
					Eye wash clearly visible
					Eye wash sign
Additional Hazards/Comments:					
Inspector Signature:					Date:
WH&S Co-ordinator Signature:					Date:
Senio	r Mana	gement	Signatu	ıre:	Date: