

# EYEWASH / SHOWER INSPECTION RECORD

PI: \_\_\_\_\_ Room: \_\_\_\_\_

**NOTES:**

- x Eyewash units and Showers must be tested monthly.
- x Post Inspection Record near Eyewash unit (If lab has more than one eyewash unit, Post sign on inside of Main entrance door).
- x Lids covering outlets



Year: _____	Year: _____	Year: _____
Date of Inspection	Testers Initials	