

Facility: _____

Location: _____

**EYEWASH/ DRENCH HOSE/ GRAVITY-FED EYEWASH UNITS
ACTIVATION AND INSPECTION LOG**

- Weekly activate eyewash station (or drench hose) until water runs clear to make sure it is operating properly and organisms are flushed from the pipes. Check/replace gravity-fed eyewash units per manufacturer's requirements.
- Clean end caps and faucet head with biocide
- Document date equipment was activated and inspected.
- Person documenting must initial. Print name on back of form.
- Report problems immediately to supervisor. Supervisor (or his/her designee) must report any problems to Physical Plant through the web-based Maintenance Direct (<http://physicalplant.cofc.edu/maintenance-direct/using.php>) or by telephone call (X3-5550).

Week	Week of/ Date	Initials		Week	Week of/ Date	Initials
1				27		
2				28		
3				29		
4				30		
5				31		
6				32		
7				33		
8				34		
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23				49		
24				50		
25				51		
26				52		

Initials	Print Name

Training

Personnel working in this area has been instructed on the location and use of the any and all applicable eyewash fountain, emergency shower, drench hose and/ or gravity-fed eyewash units.