THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

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Eyewash Station Weekly Inspection Checklist

Lab Name ________________________ **Lab Manager** ___________________________

Please flush eyewash stations weekly for at least 30 seconds and check for the following:

- **Is the water clear?**
- **Are the jets working properly?**
- **Is the eyewash leaking?**
    - **If yes, contact facilities to repair the unit as soon as possible**

Date	Person Performing Test	Eyewash Working (yes or no)	Date of Work Order (If not working)