



EYEWASH ACTIVATION RECORD

PI: _____ Building: _____ Room: _____

NOTE:

- Eyewash must be activated and visually inspected **weekly**.
- Post an Eyewash Activation Record near each eyewash.
- **Eyepiece covers (lids covering where water flows from) should be kept closed when not in use.**

Instructions:

- Run the eyewash for 2-3 minutes, ensuring:
 - there is sufficient water flow,
 - the hands-free mechanism is functioning.
- Ensure eyepiece covers are in place.
- Initial the box below to document a passing activation and visual inspection.
- If it fails, notify all users and submit a Work Order or call Campus Services (404-727-7463) for repairs.

YEAR: _____	Week 1		Week 2		Week 3		Week 4		Week 5 (if applicable)	
	Activation Date	Initials of Person Visually Inspecting	Activation Date	Initials of Person Visually Inspecting	Activation Date	Initials of Person Visually Inspecting	Activation Date	Initials of Person Visually Inspecting	Activation Date	Initials of Person Visually Inspecting
January										
February										
March										
April										
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June										
July										
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September										
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December										