

EYEWASH WEEKLY INSPECTION LOG 20 _____

WEEK OF Starting	Checked By:	WEEK OF: Starting	Checked By:	WEEK OF: Starting	Checked By:	WEEK OF: Starting	Checked By:	WEEK OF: Starting	Checked By:
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Eyewash Stations must be:

- Identified with a Sign or Placard
- Accessible and Free of Obstructions
- Fully Functional and Capable of Providing a Continuous and Balanced Flow of Water
- Equipped with Protective Dust Caps on the Eyepieces
- Activated by one single motion
- Connected to tepid water or cold water. It can not be connected to hot water (where there is a possibility to only get hot water)

Eyewash Weekly Inspection:

- Check for all above
- Run water for at least 3 minutes

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Updated 1/2025

Applicable to the following Accreditation Programs: (X) Hospital (X) Critical Access Hospital (X) Behavioral Health (X) Ambulatory Care (X) Office Based Surgery () Disease Specific Certification () Staffing Certification

Regulatory Information may change over time as healthcare expectations change. This document is current as of the date noted within this footer



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Inspect caps for cleanliness and replace caps

Initial "checked by" box above for the week indicated (Initialing the "checked by" box above certifies that you inspected this eye wash following the directions above)

Report deficiencies to the Facilities Department. Document deficiencies with date on the back of this log with actions taken.

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