



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

EYEWASH WEEKLY INSPECTION LOG

20 _____

- 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.