

MEDICAL GROUP WEEKLY EYE WASH STATION MAINTENANCE CHECKLIST

Facility / Dept.: _____

Year: _____

Week	Date	Run for 3 min. Y/N	Temp (green zone or tepid for entire test) Y/N	Water pressure opens covers Y/N	If any part of the test was "No", what was done to correct the problem?	Initials
1						
2						
3						
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34						
35						
36						
37						

Origin: 11/2001 Reviewed: 05/2005 Revised: 12/2007, 04/2012, 08/2017
 This record must be kept for 3 years.

Week	Date	Run for 3 min. Y/N	Temp (green zone or tepid for entire test) Y/N	Water pressure opens covers Y/N	If any part of the test was "No", what was done to correct the problem?	Initials
38						
39						
40						
41						
42						
43						
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45						
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47						
48						
49						
50						
51						
52						

Origin: 11/2001 Reviewed: 05/2005 Revised: 12/2007, 04/2012, 08/2017
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