



WEEKLY EYEWASH INSPECTION LOG

***PURPOSE:** Weekly testing is performed to ensure that the eyewash is operational, and to clear the supply line of any sediment build-up that could prevent fluid from being delivered to the head of the device and minimize microbial contamination due to stagnant water.*

Year: **2026**

Dept.: _____

Location: _____

Room: _____

Instructions:

1. Run eyewash for at least **1** minute, weekly.
2. Eyewash is running properly if there is sufficient water flow from eyepieces.
3. Complete log (record date, check if functioning or not, and initial).
4. If eyewash is not functioning properly, contact **UH Physical Plant (4-2400)** and note this corrective action on log. For offsites, contact the Offsite EOC Coordinator.

DATE	Functioning Properly		Initial	Corrective Action	DATE	Functioning Properly		Initial	Corrective Action
	Yes	No				Yes	No		
Wk 1					Wk 27				
Wk 2					Wk 28				
Wk 3					Wk 29				
Wk 4					Wk 30				
Wk 5					Wk 31				
Wk 6					Wk 32				
Wk 7					Wk 33				
Wk 8					Wk 34				
Wk 9					Wk 35				
Wk 10					Wk 36				
Wk 11					Wk 37				
Wk 12					Wk 38				
Wk 13					Wk 39				
Wk 14					Wk 40				
Wk 15					Wk 41				
Wk 16					Wk 42				
Wk 17					Wk 43				
Wk 18					Wk 44				
Wk 19					Wk 45				
Wk 20					Wk 46				
Wk 21					Wk 47				
Wk 22					Wk 48				
Wk 23					Wk 49				
Wk 24					Wk 50				
Wk 25					Wk 51				
Wk 26					Wk 52				