

EYEWASH & SAFETY SHOWER INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Access and Signage

Yes No — Access path is clear of obstructions and debris

Yes No — Highly visible signage is present and legible

Yes No — Area is well-lit for emergency visibility

Yes No — Unit is located within 10 seconds of hazard

Eyewash Station Operation

Yes No — Water flows within one second of activation

Yes No — Dual spray heads provide continuous flow

Yes No — Dust covers are in place and pop off automatically

Yes No — Water is clear and free of sediment or rust

Safety Shower Performance

Yes No — Pull handle is accessible and easy to operate

Yes No — Water pattern is consistent and covers required area

Yes No — Valve stays open without being held by the user

Yes No — Drainage is functional and prevents excessive pooling

Maintenance and Temperature

Yes No — Water temperature is tepid and within range

Yes No — No leaks or corrosion on piping and valves

Yes No — Weekly flush records are up to date

Yes No — Unit components are secure and undamaged

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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