

# Eye Wash/Shower Inspection Checklist

Location	
Date	
Inspector Name	

Inspection Item	Yes	No	Comments/Notes
Unit is easily accessible/clearly marked			
Protective covers in place and easy to remove			
Activation handles operate easily			
Water flow is steady and sufficient			
Water drains properly (no standing water)			
Unit is clean and free of obstructions			
Unit shows no leaks or damage			
Safety sign is present and visible			
Weekly functional test completed			

Inspector Signature

Date