**MONTHLY EMERGENCY SHOWER / EYEWASH INSPECTION**

Note: Two (2) persons should undertake these checks.

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| **Location of Shower / Eyewash** (complete separate sheet for each unit) | | |
|  | | |
| **General** | | |
| * Shower / eyewash is free of obstructions? | Yes | No |
| * Shower / eyewash is within 10 seconds travel from where substances are used that might require these facilities? | Yes | No |
| * Shower / eyewash is clearly signed? | Yes | No |
| **Shower** | | |
| * There are no visible broken parts, leaks, pipe damage evident etc.? | Yes | No |
| * When operated for 5 seconds, water runs clear/water collected is clear?   (If no, re-do for an additional 5 seconds and subsequent times if required) | Yes | No |
| * Showerhead is free from corrosion? | Yes | No |
| * On / Off valves are operational, activated by a single motion? | Yes | No |
| * Water flow remains on when activated? | Yes | No |
| **Eyewash** | | |
| * There are no broken parts, leaks, pipe damage evident etc.? | Yes | No |
| * Dust covers are in place on aerators and in good condition? | Yes | No |
| * When operated the dust covers dislodge with the flow of water? | Yes | No |
| * When operated for 5 seconds, water runs clear/water collected is clear?   (If no, re-do for an additional 5 seconds and subsequent times if required) | Yes | No |
| * Aerators are in good condition and free from corrosion? | Yes | No |
| * Water flow is continuous, low pressure (soft) and even from both aerators? | Yes | No |
| * Water flow remains on when activated? | Yes | No |

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| **Portable Eyewash Bottles** | | | | | |
| * Are in place and readily accessible? | | | | Yes | No |
| * Are sealed and in date? | | | | Yes | No |
| * Signage is in place and clearly visible? | | | | Yes | No |
| **Action Required** (If none required write in nil) | | **By Whom** | | **By When** | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| Inspection completed by (1) |  | | Signature |  | |
| Inspection completed by (2) |  | | Signature |  | |
| Date Inspection completed |  | | | | |