**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 |  |