

Building: _____

Room: _____

EYEWASH FLUSH LOG

Turn on your emergency eyewash *at least* once a month for a minimum of 3 minutes and document in the log

Purpose of testing: Confirm eyewash station works correctly, flush sediment from the supply line, and reduce microbial growth from standing water

✓ **PASS** criteria (after 3 minutes of operation)

- Water flow alone opens the covers without user assistance
- Water is clear and not too hot or cold
- Water reaches both eyes at the same time
- Streams of water maintain controlled flow and do not hurt the eyes



**Physical Plant/UCM Facilities Ops
Work Order:**

Hospital Buildings, BSLC, Cummings,
Greenhouse, KCBD, Kovler, KRC



✗ FAIL if any pass criteria is not met or you have other concerns about the station functionality

If FAIL: Submit a **work order or email your building manager**

- Include the room number
- Describe the eyewash location
(*Example: across from bench #3.*)
- Describe what is not working

Facilities Service Request: BPSB, ERC/WERC, GCIS, Jones, Searle, Kent, Kersten (KPTC), Hinds, Hull Court (Zoology, Erman, Anatomy, Culver), Michelson (MCP)



PLEASE EMAIL RESEARCHSAFETY@UCHICAGO.EDU FOR ANY ADDITIONAL CONCERNS

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