THE UNIVERSITY OF CHICAGO | Office of Research Safety

Building:__________

Room: __________

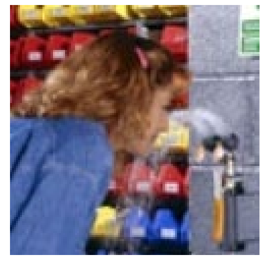
EYEWASH FLUSH LOG

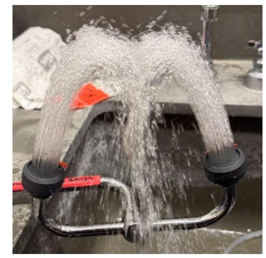
Turn on your emergency eyewash *at least* once a month for a minimum of 3 minutes and document in the log

Purpose of testing: Confirm the eyewash 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





✗ **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

Physical Plant/UCM Facilities Ops Work Order:
Hospital Buildings, BSLC, Cummings, Greenhouse, KCBD, Kovler & KRC

PLEASE EMAIL RESEARCHSAFETY@UCHICAGO.EDU FOR ANY ADDITIONAL CONCERNS

Date (m/d/yyyy)	Inspector Initials	Pass/Fail	Date (m/d/yyyy)	Inspector Initials	Pass/Fail	Date (m/d/yyyy)	Inspector Initials	Pass/Fail	Date (m/d/yyyy)	Inspector Initials	Pass/Fail