

## Emergency Equipment Maintenance Log

**Building:**  
**Room/lab Number:**  
**Department:**

**Please check Type of Equipment:**

**Eye Wash Station**     **Drench Hose**     **Eye/Face Station**  
 **Emergency Shower**     **Combination EyeWash/Shower**

Date of Inspection	Did the eyewash or the shower appear to be operating properly? Put "Y" for yes; and "N" for no. If "no" document problem reported to the Plumber and Safety Office.					Action taken (e.g. repair requested. Insert date that work order was submitted or write "N/A" for Not Applicable)	Initial of plumber	Initial of Tester
	Enough water is flushed*?	Comes on within one Second of activation?	Water Temperature (60 – 100 °F)	Eyewash caps are present and in working condition?	Flow Pattern is adequate?			

**\*Emergency showers – 20 gallons/min**  
**Eyewash and eye/face wash units – 7.5 gallons/15 mins**