

Shower & Eye Wash Inspection Schedule



ER SHOWER KIT NO: _____



Please tick if correct & initial. Log any issues on the CEM OHSE Unit's Maintenance online log form.

	January	March	May	July	September	November
Date						
Eye wash & safety shower purged of contaminants (1min) - Use Shower Test Sock if provided.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Activator lever remains open without holding it down (open & close 3 times)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Eye Wash flow is soft, even & continuous	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Safety Shower flow is effective, adequate and continuous	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Area, eye wash bowl & spouts = clean & unobstructed	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
No broken parts, damage or leakage	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Info Signage posted	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Labelled Emergency Safety Shower Kit present, with clean bath sheet & lab coat	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Initials of Inspector/s						