Annual Inspection Checklist for Plumbed Emergency Eye/Face Washes, Showers, & Drench Hoses

All plumbed emergency showers and eye/face wash stations are to be activated weekly to ensure flushing fluid is available and inspected annually to ensure ANSI compliance. Only check items that are for the equipment you are inspecting. For example: when inspecting a shower, you only need to check the items that have a S in the Type column.

| Type of Units: S = Shower EF = Eye/Face Wash DH = Drench Hose | | Locations | | | | | | | | | |
|---|--|-----------|--|--|--|--|--|--|--|--|--|
| Туре | Checklist Items for Plumbed Units | | | | | | | | | | |
| S/EF/DH | Well-lit and Identified by highly visible signage. | | | | | | | | | | |
| S/EF/DH | Area around the unit is free of debris or obstructions. | | | | | | | | | | |
| S/EF/DH | Within 10 seconds of hazards (approx. 55 feet), on same level as hazards, and the path between hazards and safety equipment is free of obstructions. | | | | | | | | | | |
| S/EF/DH | Hands-free stay-open valve, activates in 1 second or less (only 1 second activation time applies to drench hose). | | | | | | | | | | |
| S/EF/DH | Easily to locate, accessible actuator. No more than 69" above floor for showers. | | | | | | | | | | |
| S/EF/DH | Flushing fluid must be tepid (60 - 90°F). | | | | | | | | | | |
| S/EF/DH | No broken or missing parts. | | | | | | | | | | |
| S/EF | Minimum water flows (0.4gpm eyewash – 3.0gpm eye/face wash – 20gpm shower) with 15-minute supply. | | | | | | | | | | |
| S/EF | Combo shower & eye/face wash. Must meet flow requirements while both the shower and eye/face wash are in simultaneous use. | | | | | | | | | | |
| S | Proper height for showerhead (82" to 96" above floor). | | | | | | | | | | |
| S | Water flow pattern (minimum of 20" width @ 60" above floor). | | | | | | | | | | |
| S | Obstruction free within 16" radius of the centre point of shower. | | | | | | | | | | |
| S | If provided, shower enclosure must have a minimum diameter of 34". | | | | | | | | | | |
| EF | Eyewash spray heads protected from airborne contaminants. | | | | | | | | | | |
| EF | Unit washes both eyes simultaneously and water flow is high enough to allow user to hold eyes open. No more than 8" above spray heads. | | | | | | | | | | |
| EF | Water flow pattern between 33" - 53" from the floor and at least 6" from the wall or nearest obstruction. | | | | | | | | | | |
| EF/DH | Controlled, low velocity flow that is non-injurious to user. | | | | | | | | | | |

Annual Self-Contained Emergency Eye/Face Wash Inspection Checklist

All self-contained emergency eye/face wash stations are to be visually inspected weekly to determine if flushing fluid needs to be changed or supplemented and to verify that the units have not been tampered with. An annual inspection to ensure ANSI compliance must also be completed to verify the items listed below. Make sure you check the manufacturer's instructions as they may have additional equipment specific inspection requirements for both the weekly and annual inspections.

| | Locations | | | | | | | | | | |
|--|-----------|--|--|--|--|--|--|--|--|--|--|
| Checklist Items for Self-Contained Units | | | | | | | | | | | |
| Well-lit and Identified by highly visible signage. | | | | | | | | | | | |
| Area around the unit is free of debris or obstructions. | | | | | | | | | | | |
| Within 10 seconds of hazards (approx. 55 feet), on same level as hazard, and the path is free of obstructions. | | | | | | | | | | | |
| Water flow pattern between 33" - 53" from the floor and at least 6" from the wall or nearest obstruction. | | | | | | | | | | | |
| Flushing fluid must be tepid (60 - 90°F). | | | | | | | | | | | |
| Eyewash spray heads protected from airborne contaminants. | | | | | | | | | | | |
| Visual inspection to determine if flushing fluid needs to be changed or supplemented in accordance with manufacturer's instructions | | | | | | | | | | | |
| Verify that the unit, including flushing fluid, has not been tampered with. | | | | | | | | | | | |
| No broken or missing parts | | | | | | | | | | | |
| Verify installation with manufacturer's instructions | | | | | | | | | | | |

Comments:

Name: ______ Date:

NOTE: This checklist does not replace the inspection tags that are present on all emergency safety equipment, you still need to sign and date those tags after performing both the weekly and annual inspections. This checklist can however be kept for your records to show that you have verified all the required ANSI specifications during the annual inspections. If you encounter any deficiencies during an inspection, report them immediately to FIXIT (ext. 77301) and your Safety Officer. If necessary, depending on the deficiency, sign the equipment "Out of Service" until repairs can be made and inform all workers within the area that rely on this emergency safety equipment. Work that requires an emergency eye/face wash or shower cannot be completed while the emergency safety equipment is "Out of Service" and awaiting repair. If you require new inspection tags for any of your emergency safety equipment you can contact safety@queensu.ca.