



## 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.

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

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](mailto:safety@queensu.ca).