

Every Monday Flash eye fountain for 5 minutes and log:

Room #: _____

EYE WASH STATION # _____

Group Name:

Note: it is important to give a number to each eyewash station. Barcode labels are available in LM154.

DATE (MONDAY)	NAME	SIGNATURE	FLASH FOR 5 MIN (Y/N) TEMPERED WATER (15.5C-30C) (Y/N)