

**APPENDIX F**

**EYEWASH MAINTENANCE  
WEEKLY LOG SHEET**

<b>JANUARY</b>	<b>Tester Initials</b>	<b>JULY</b>	<b>Tester Initials</b>
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
<b>FEBRUARY</b>	<b>Tester Initials</b>	<b>AUGUST</b>	<b>Tester Initials</b>
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
<b>MARCH</b>	<b>Tester Initials</b>	<b>SEPTEMBER</b>	<b>Tester Initials</b>
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
<b>APRIL</b>	<b>Tester Initials</b>	<b>OCTOBER</b>	<b>Tester Initials</b>
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
<b>MAY</b>	<b>Tester Initials</b>	<b>NOVEMBER</b>	<b>Tester Initials</b>
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
<b>JUNE</b>	<b>Tester Initials</b>	<b>DECEMBER</b>	<b>Tester Initials</b>
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	

**\*\* Check for adequate pressure and clear water to flush the eyes 15 minutes in the event of exposure.**