NSU Florida

CHEMICAL HYGIENE PLAN – APPENDIX F

Eyewash Maintenance Weekly Log Sheet

JANUARY	Tester Initials	July	Tester Initials
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
FEBRUARY	Tester Initials	AUGUST	Tester Initials
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
MARCH	Tester Initials	SEPTEMBER	Tester Initials
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
APRIL	Tester Initials	OCTOBER	Tester Initials
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
MAY	Tester Initials	NOVEMBER	Tester Initials
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
JUNE	Tester Initials	DECEMBER	Tester Initials
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.

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