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| **Department** | **Principal Investigator** | **Building** | **Room Number** | **EHS Eyewash ID #:** |
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The eyewash station must be flushed weekly for three minutes. Water should flow in a gentle stream from both nozzles and should continue to flow until the lever is turned OFF. Caps or covers must be replaced following the test. Enter the date, your full-name in the fields below.\*\*

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| --- | --- | --- | --- |
| **Date of Test**  **(YYYY/MM/DD)** | **Name of Tester** | **Date of Test**  **(YYYY/MM/DD)** | **Name of Tester** |
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\*\*NOTE: If the eye wash does not function as described above, locate the closest eye wash station and place a “DO NOT USE” USE EYEWASH LOCATED at: \_\_\_\_\_\_\_” sign and report malfunctioning eye wash