

# Eyewash Station Check

An eyewash readiness record covering station identity, access, equipment condition, fluid dates, authorised checks and arrangements for defects.

## 1. Record details and scope

### Project

Filled in from the project in SiteSurvey.

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**Site or premises address**

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**Client or organisation**

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**Record date \***

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**Person completing the record \***

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This records equipment readiness. It is not medical treatment advice, an ANSI or EN conformity certificate, or a universal flushing and testing procedure.

HSE first-aid guidance requires provision to reflect assessed needs. COSHH assessment addresses hazardous-substance exposure. Select and maintain suitable eyewash equipment for the actual hazards and manufacturer instructions.

## 2. Station and risk

**Station ID and location \***

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**Station type \*** (choose one)

☐ Sealed bottles   ☐ Plumbed eyewash   ☐ Other approved unit

**Hazard assessment and first-aid needs reference \***

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**Manufacturer checking procedure and frequency \***

## 3. Readiness checks

**Station is identifiable and accessible \*** (choose one)

☐ Acceptable   ☐ Action needed   ☐ Not checked   ☐ Not applicable

**Action, limitation or reason not applicable \*** (if applicable)

**Unit, covers and nozzles visibly clean and intact \*** (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

**Action, limitation or reason not applicable \*** (if applicable)

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**Sealed fluid labels and expiry dates checked where applicable \*** (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

**Action, limitation or reason not applicable \*** (if applicable)

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**Operating instructions and reporting route available \*** (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

**Action, limitation or reason not applicable \*** (if applicable)

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## 4. Checks and replenishment

**Fluid batch and expiry record where applicable**

**Authorised operational check, actual result and procedure reference**

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### Items replaced and disposal reference

Record the affected item, expiry or defect and the replacement evidence. Use the installed equipment instructions to define the check.

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**Next check under local schedule**

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## 5. Handover

**Use decision \*** (choose one)

☐ Available within recorded limits ☐ Restricted use ☐ Out of service

**Restrictions, isolation and person informed \*** (if applicable)

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**Repair or follow-up job reference**

**Condition and defect evidence** (photos: attach, or note the file names)

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## 6. Actions and review

**Are further actions required? \*** (choose one)

☐ Yes ☐ No

**Further action** (copy this block for each one; if applicable)

**Action and evidence reference \***

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**Person responsible \***

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**Target date**

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**Action status \*** (choose one)

☐ Open ☐ In progress ☐ Completed

**Completion evidence \*** (if applicable)

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**Outstanding limitations and information to pass on**

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**Record status \*** (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

**Reviewed by**

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**Review date**

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**Author signature \***



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