

## SPEAKMAN EYEWASH & SHOWER OPERATION CHECK LIST

Facility: _____ Location: _____ Date: _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____
<b>GENERAL</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
Emergency Showers & Eyewashes shall be located within 10 seconds travel time of hazard.							
Equipment shall be tested weekly to verify proper operation.							
Flushing fluid shall be Tepid							
Unit identified with highly visible sign							
<b>EYEWASHES &amp; EYE/FACE WASHES</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
Minimum Flow for 15 minutes (Eyewash - .4 GPM Eye/Face Wash 3.0 GPM)							
Nozzles protected from airborne contaminants							
Provide flushing fluid to both eyes simultaneously at a velocity low enough to be non-injurious. (Passes Test Gauge)							
Simple operation – “Off to on” in 1 second or less. Hands free operation once activated.							
Nozzle height 33” to 45” from standing surface							
Nozzles 6” from wall or nearest obstruction							
<b>DRENCH SHOWERS</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
Minimum flow for 15 minutes – 20 GPM							
Simple operation – “Off to on” in 1 second or less. Hands free operation once activated.							
Height from standing surface 82” – 96”							
Spray pattern – 20” diameter @ 60” above standing surface							
Product Recommendation							

Consult ANSI Z358.1 for exact product application, testing and location requirements

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