

LOCATION	AUTOSHOD	_		•
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- · Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

WEEK# CHECKED   CLEANED CAP?   Y or N°   (WITH DATE) OR N/A   PERFORMING MAINTENANCE	·	DATE	CHECKED FLOW?	EQUIDMENT OKAYO	LOOPDECTINE ACTION TAKEN	losover up or pro-
1 68-15 405 V NIA - MI A - MI	WEEK#	T .				
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47-2-15 57-1915 7 91-18-10 10 12 13 14 15 16 17 18 19 20 21 22 23 24			<u> </u>	: 4	1/1/4	
57915 7 9 MA ABREE 6711015 7 9 MA ABREE 771215 7 9 MA ABREE 8713015 9 7 MA ABREE 91-8-10 N NM DURPME 10 1-1516 V U 14 11 12 13 14 15 16 17 18 19 20 21 22 23 24		7-7-15			77/1	1 . 3 . 2
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777/23/15 87/30/18 91-8-10 101-1516 11 12 13 14 15 16 17 18 19 20 21 22 23 24						ABLEGE
8 7/30/18 9 9 9 MA ABREGE 9 1-8-16 V NM DENANTE 10 1-15-16 V U/A 11 12 13 14 15 16 16 17 18 19 20 21 22 23 24 25						ABRITO
9 1-8-10	-					ABILLOS
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11			<del>\</del>			M. DURPINE
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<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

Tacilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	HUTO SHOP			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?		CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	0000	YES	YES	NA	Elen
2	7/08/15	YES	y to	NIA	Shi a.
3	7-9-16	Y	- 4	(VIA	F-Raves
4		Y		NA	F-Raines
5	1/	У	<i>Y</i>	MA	F. Ranes
1 6	7-30 75	7	· .	NA.	F-1760006
7	1-8-16	V	¥	NIA	. M. DORAME
8	1-18-16	V	1 4	LXA	1
9	•	1			
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FACILITIES-ASSIGN	IED NUMBER, IF	APPLICABLE		
▼ Eve Wash Station	T Dranch Hose	▼ Eve/Face Station	T Emergency Shower	Combination Eye Wash/Showe
Lyc Wash Claudin	Diencii nose	Lych acc clasen	Linergency enewer	Combination Lyc Washironowe

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
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- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?		(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	10/24/1		425	NA	Altors Agat
2	10/31/14	Yes	YES	NA	THE WAR
3	11/7/14	425	725	NIA	
4	11/14/17	Ye5	Yes	NIA	1150
5	11/21/14	405	Yes	MIA	12
6	12-5-19	Jes	405	MA	Rulen ulla
7	1-16-15	Yes	Ves	N.M.	Riter ally
8	1-23-15	Yes	Yes	NIX.	Rilen Ville
9	1-30-15	405	l Jes	NIX	Rulen Villa
<u></u> 10	4-6-15	1/20	YES	~~~	4 7 6
11	2-12+15	Ves -	Yes	NIX:	Rolen My
12	2-27-15	Yes	205	NIY	Ren villa
13	3-6-15	Jes	Yes	JV/A	F-Raves
14		Ye5	Yes	NA	F. Ramos
15	3-20-15	43	Yes	MA	Rlen Me
16	3/27/15	Yes	Yes	NIA	= Klua)
17	4-3-15	Y	Y	NIA	( pares
18	4-17-18	Y	۶.	NA	F. Rows
19	4-24-15	7	<u> </u>	NGA	F. Roms
20	5-1-15	Jes	PILS	NA	Pun Illa
21	5-8-15	УУ	<b>Y</b>	NA	F- Ramos
22	5-15-15	У	7	MA	I- Roves
23	5-12-15	Y	<i>&gt;</i>	NIA	F. Ranos
24	5-24-15	40	45	NIX	Rlen Wh
25	Q-5-15	425	1/25	NIX	Rlen Illa
26	2-12-15	705	105	Nn	Men III

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LOCATION	Water Plan				
FACILITIES-ASSIGI	NED NUMBER, IF	APPLICABLE	,		
Eye Wash Station	C Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye W	/ash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
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- · Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

WEEK#	DATE CHECKED	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY? Y or N*	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON PERFORMING MAINTENANCE
1	4-3 15	Yes	Yes	NA	F. Raves
2	4-17-15	V	Y	N/t	F. Pames
3	4-24-15	<b>Y</b>	٧	NIA	F. Remos
4		C/ make		NA	F. Range
5		425	Yes	NIA	THE RE
6	5-15-15	4	y	NA	Repos
7	5-12-15	V	V	NA	F. Rungs
8	5-29-15	Tes .	Y25	NIX	blen iller
9		- 10 m			
. 10	:				
11					
12	jita Valsa araba .		, i c		
13				4 4	
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15		•.			
.16	7	A			
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24				Telly Her Control of the	
25		- V			
26					

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LOCATION	Water fla	int			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE	*		
Eye Wash Station	Torench Hose	Eye/Face Station	<b>▼</b> Emergency Shower	1X Combination	Eye Wash/Show

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- · Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
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WEEK#	DATE CHECKED	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY? Y or N*	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON
1				(WITT BATE) OR N/A	PERFORMING MAINTENANCE
2	r ij. ri <mark>y</mark> m in j				
3	05/14/14	VES	Va	NA	2 2 2 2 2 2 2
4	No 1/23 [14]	YES	To Yes	14 -	BAMA
5	## (Market		1118		
_ 6					The state of the s
) 7	3 1511 YE	4	150/	N//A	Carrier Constitution of the Constitution of th
8	9-5-14	18	Lost	MAK	Rulen Wh
9	14 12 14	B. Moveno	Yes	KI A	
. 10	19 25/14	B-Moveno	VC>	NIA	The state of the s
11	10 03 14	86. 4ES	4.25		
# ± 12	10/10/M	425	425	NIE	
- 13	10/17/14	Yes	Yes	NA	L. Ramero
* 14	10/24/14	405	465	NIA	R. Romero
15	10 31 14	Yes	Yes	NAMA	PANTO
16	15-2-4	405	1000	MA	Then will
17	60.5			82000	
18	1-23-15	Yes	ks.	NIA	- Rien illa
	1-30-15	Je2	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N.Y.	Rhen ille
事意 20 21	1-115	195	V2)	NA	
22	2-12-18	165	res	NIA	then the
23	7-26-15	Yes	Yes	NA	+ Rang
		YES	Yaz	VIA	E. Rung
25	3-13-15	tes	æ5	NIA	Plu ally
26		Yes	MESSIE YES	M/A	= FS RUM
201			VES.		1

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LOCATION	2/11	_				
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE .				
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower		
• Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free						

- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

WEEK# CHECKED CLEANED CAP? Y or N° (WITH DATE) OR N/A PERFORMING MAINTENANCE  1		DATE	OUTOUTE TI OUTO			
1	MEEK #	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
2 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 7 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19		CHECKED	CLEANED CAP?	Y or N*		PERFORMING MAINTENANCE
3 4 5 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<u> </u>	- / <del>V</del>   <del>V</del>	7	4	NIA	1
4			/		9 / 1	0 0
5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20       21       22       23       24       25       26	3					-
6 7 8 9 9 10 10 11 1 1 12 13 13 14 14 15 15 16 16 17 18 18 19 19 120 121 122 122 122 123 124 125 126	4			The state of the s	,	
7 8 9	5					
7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	- 6					
8 9 10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7					-
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11         12         13         14         15         16         17         18         19         20         21         22         23         24         25         26			•			
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LOCATION	2711	_		
FACILITIES-ASSIGN	IED NUMBER, IF	APPLICABLE .		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?		CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?		(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	2-27-15	Yes	125	NIX	Rhen iller
2	3/06/15	425	423	NLA	-2 /HILO
3	3-13-15	Yes	Yes	NK	Rlen Ville
4	3-20-15	Yes	125	NIV.	Plen Villy
5	3-27:15	YEL	YS	NA	F. Ramos
6	04/07/15	Yes	Yes.	W/A	FN/4WD
7	04/17/18	YES	YES	NIA	+ Notara
8	4/24/15	Yrs	Yes	NIA	= Affletto
9	5 1-15	, 4	7	NIA	F. Rands
<u></u> 10	5-8-18	· V	. Y	NIH	<del>工</del> 牌
11	5/15/15	Y	Υ	N/A.	12 Place
12	107-07	Y	У	N/A	BMoveno
13		405	75	AIN'	Klin yeller
14		425	V05	NLA	=BN/
15	, v	Nes	Ves	NIA	
16	6-26-15	9	Υ,	NA	1- Rais
17	2,5-12	У	У	NA	1- , Peures
18	1 / ~	Υ .	Α.	MA	Eura
19	10-	4	9	r/f)	Eller L
20	11 0 - 4	y	4	NA	Eura
21	8/26/15	175	Yes	NA	BNIN
22	19/3/15	665	425	10/2	- Bh
23	111111111111111111111111111111111111111	Yrs	YZS	NIH	7 1/1
24	1.70	YES	YES	N/4	E PHONE
25	1 11 0 6	<u>Y</u>	Y	N/4	
26	10/2/15	<u> </u>	У'	N/A	+3111

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

Sacilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is leasted in



LOCATION	2712	none		
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

DATE   CHECKED FLOW?   EQUIPMENT OKAY?   CORRECTIVE ACTION TAKEN   PERFORMING MAINTE	
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5 6 7 8 9 9 10 10 11 1 12 12 13 14 15 16 16 17 18 18 19 20	
6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
7 8 9 10 10 11 12 12 13 14 14 15 16 16 17 18 19 20 19 20	
8 9 1 10 11 1 12 12 1 13 14 14 15 15 16 17 18 19 20 1 19 20	
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10       11       12       13       14       15       16       17       18       19       20	
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Tacilities nerforms annual maintenance assessment on all Emorgonov Equipment. If Emorgonov Equipment is least a least at



LOCATION	2110	_		
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE .		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
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- Water must feel tepid (if so-equipped)
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- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	2/27/15	YES	165	NIA	10- MB/
2	19/	5/15 X	*	NIA	Alfrance
3		425	Y.es	NIA	7 M/486
4		VES	YES	NA	
5	3-27-15	708	COS	NIA	Rlin Wix
6	104/03/18	475	425	NA	1=N/44
7	04/17/15	Yes	VES	NA	
8	14/24/15	Ves	Yes	NA	+ = Wann/
9	13-1-15	· 125	125	NIX	Rein Valler
·· 10	5/8/15	YES	YES	NIA	7 Africe
11	12-12-17	Yes	428	NIA	wen vite
12	5-22-15	les	Ves	NIX	Rien VIII
13	5-29-15	У	9	NIA	5. Kanos
14	7 3 12	425	123	NIM	fler Ulu
15		<b>1</b> 25	Yes	NIK	then wer
16	10126/15	YES	YES	~/A)	Elles a
17	114	4es	YES	NA	Elle 9
18	71,9/15	YES	YES.	N/A	FM.
19	111111	YES	YES	NIA	EN!
20	1110-110	YES	VES	NIA	EN
21	7/30/15	705	405	I N/A	La Jasa agon
22	1 U G I	V25	715	WIA	- MI
23	1 1 1 1 2	ÝZS	YZS	N/A	- 3M
24		Ves	Yes	N.W	Reniela
25	1 1	Yes	Mes	NIV	Den Uh
26	3/ 9-25-15	Yesi	Mes	\\\\\	plus Ult

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



LOCATION	2717	_		
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- · Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED EL CINO	FOUNDATIVE OFFICE		
WEEK#	CHECKED	CHECKED FLOW? CLEANED CAP?	Y or N*	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
1	3-6-15			(WITH DATE) OR N/A	PERFORMING MAINTENANCE
2	5.13	Ye5	Yes	NIK	Plen Wer
	5-13-15	VJe5	7=1	NA	F-Rams
3	5-25-15	Yes	405	NIA	F. Raves
4	3-27-15	Yes	Ves *	NIX	Riba Villa
5	4-3-15	Yes	Yes	NIX	Plen Uller
6	4-11-12	res	45 .	NIV	Run Ullu
7	4-24-17	Yes	Yes	NIA	D 100 , 000.
8	5-1-15	Y	4	-N/A	F. 89205
9	5/8/15	455	4F.S	NIA	
. 10		· Y	763		Elwa
	5-22-15	Yes	k5	NA	F. Renos
12	5-29-15	Yes	les		Rilen Ulli
13	6-5-15	Y Y	V	NIA	Klin Vlla
14		7	1	NIT	F. Remos
15	7/02/15	1	- V	NIA	F Rang
16	-14	1	7	NA	±301
17	7/09/15	1	У	NA	7311
	1110115		X	N/A	BN/
18	7173/15	<u> </u>	Α.	N/A	BM
19	7/30/15	4	Y	NIA	3m
20	8/28/15	125	Vrs	NIA	2111
	9/3/15	VES	YES	NIA	
	0-2-15	103	les	NIA	- FI
	1-15-16	4	4	, , ,	Plen Whi
24			,	NIA	1876
25					
26					

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LOCATION	2713			#:
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
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- Water must have adequate pressure (based on hand and visual inspection)
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	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	5-17-14	Yes	VES	WA	Must Pa I
2	5/23/14	Y25	YES	NIA .	The Alask
3	(dh12/14	Yes	Xes	NA	12/2
4	7/17/14	415	VICS	NIA	MRN
5	81714	ures	U-es	ALIA	X/0100ACaNA
6	8/20/14	425	MES .	1 W/A	
7	9-5-14	Yes	Yes	NIA	The sale
8	09/17/14	425	V15	NIA	2 NH
9	9/26/19	Yes	Yes	NA	7/2
. 10	10-3-14	X85	X.65	11/1	Litongo Ager
11	10/10/14/	425	VIS	701.12	2 Water
12	10/17/14/	Ves	YES	NIA	A
13	10/24/14	425	465	NA	32/11/h
14	10/31/14	Yes	Yes	ALA	- 11/10
15	11/7/14	\c	75	NA	72/1/100
16	11/14/14	703	Yes	N/A	
17	11/21/14	Yes	405	NIL	The state of the s
18	12-5-14	res	Yes.	NIV	Rulen Ville
19	I-9-15	Yes:	tes	NIA	Rilen ville
20	1-16-15	Yes	425	NIA	Rilen VIII
21	1-23-15	Jes 1	Yes	NIX	Rilen Valle
22	1-30-15	Jes .	Jes	Nix	Polen Villa
23	2/12/15	Yes	Yes	iN/A	60
24	2-20:15	425	Yes	NA	F. Ranos
	2-28-15	VES	YES	NIA	0 0
26				N/P	B. MORENO

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	_ Lab too	L 2914		
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE	# 1	
Eye Wash Station	T Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIDMENT OKAYO	Tabasa	la constitue de la constitue d
WEEK#	CHECKED	CLEANED CAP?	Y or N*	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON PERFORMING MAINTENANCE
1	7-27-15	Yes	tes	N)&	Plen Illu
2	7 /	Y=5	Yes	0//4	F. Rami
3	7-13-15	<u>у</u> у <sub></sub> у	Yes.	MA	
4			78.). "- Yes" "	JEI PI	F. Rams
			765	N/A	F. Rames
5	3-77-15	Not No	425	NIA	I, Kapel
. 6	77375		129	N/A	Plen Ille
7	04/17/15	125	YES	NA	· ZZ//mm_
8	4/24/15	Yes	175	NIA	= Mints
9	5-1-1)	· 485	YET	NIX	Plen Uler
<u></u> 10	5/8/15	455	. YES	MA	Elen a.
11	3-15-15	У	$\vee$	NA	T. Rangs
12	5-22-15	Ves	Ves	NIX	Riles Illa
13	5-29-15	У	V	NIA	F. Ranel
14	6-5-15		<b>Y</b>	NA	F. Bunus
15	6-12-15	У	V	NIA	F. Ronos
16	6/26/15	Y	Ý	MA	5
17	7/02/15	4	ÿ	NA	51.5
18	7-16075	9	9.	~/A	5
19	7-2375	Ý	9	MA	- Cara
20	7-31175	9	4	NIN	Cu G
21	8-28-15	Vrs	YES	MIA	E DAI
22	9/3/15	YES	YES	NA	2011
23	9/1/15	V	155	N//4	-DVI
24	9/18/15	ý	<b>∀</b>	N//	- FIN
25	9/25/15	4	. 4	N/+	<u> </u>
26	10/2/15	<del></del>	<del>                                     </del>	10/4	##1
77	1-15-16	Not.	tes	WA	DEO SILO

\* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

acilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in



LOCATION	Lab Tech ?	2714		*
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE	# 1	
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIDMENT OKAYS	CODDECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	4/19/14	V25	425	NIA	Deal
2	5/2/14	Yes	tes	NA	1-1
3	5914	Yas	4.03	N/D	J Max Co
4	05/17/14	Ves	125	N/A	7 Charles
5	05 23 2014	Yes	Ves	P/A	TEMME-
6	0/9/12/14	Y05	Ves	N/A	11900015
7	7117/14	Ves	Ves	NIA	D'Y ent
1 8	8/24/14	405	Yzs	NA	1>1/4:00
9	4-5-14	· VB	V4	NA	231
10	09/12/14	145	Yrs	NIA	E-Al Wo
11	9/26/14	VP. 5	Yes	ACLA	
12	10/03/14	VES	425	KIA	4 11100
13	10/10/14	VZ	475	N/u	12/11/14
14	10/19/14	ies	Ye5	r/A	2. Londro
15	10/22/14	405	YES	NIA	P. Pomero
16	10/31/14	Yes	Yes	MA	R. Romero
17	11/7/94	Teg	Yes	N/K	R. Romero
18	11/14/14	405	1/09	MA	252
19	11/21/14	465	165	N/A	122
20	12-5-19	Yes	Ves	MX	Rilen ille
21	1-9-15	725	tes	WIX	Relea Villa
22	1-16-15	Yes	Yes	NIK	Rillin Wee
23	W25 15	VES	VPS	N/A	C-11-17
24	1-3-15	Yes	Yes	NA	Rilen Villa
25	2-6-15	45	1 25	NIX	Rien Ville
26	12-12-13	185	1 75	NIX	Rilen villa

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



LOCATION	2714	_	11 -	
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE	# 2	
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?			
			EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
	CHECKED	CLEANED CAP?		(WITH DATE) OR N/A	PERFORMING MAINTENANCE
	6-5-15	VES	YES	NA	+SN/
	6-12-15	YES	YES	N/A	
3 7	6-26-15	<i>y</i>	. 4	NIA	F. Ru
4	7.2-15	7		NIA	11
5	7.9-15	4	Ý	NA	1-180005
6	7.16.5	y	7	NIA	F. Ramos
	7.23-15	7	. '	NA	, E. Ravor
8	7.30-15	Y	1	NA	F. Kamas
	8-4-15	. 4		NIA	Allenes Arm
	9/3   15	У	y	MA	1 Alan
	9/11/15	Ÿ	У	a11:A	FM
12	9/18/15	УУ	Υ.	NIA	45W
13	9/25/15	y	У	NIA	FM
14	10/02/15	У	У	N/A	- Dr.
15	1-15-16.	Yes	Yes	MA	Dlen ille
16					process (ACC)
17					
18			•		
19					
20					
21					
22					
23					
24					
25				·	
26					

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

acilities performs annual maintenance assessment on all Emergency Equipment of France Foundation and Incated in



LOCATION	2114	_	11 -	
FACILITIES-ASSIGNED NUMBER, IF APPLICABLE			# 2	
Eye Wash Station	Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIDMENT OVAVA	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	101714	Yes	YES	NA	1200000
2	10/24/14	Yes	Yes		- Hus
3		Yes		N/A	A Anno
	10 31 14		los	NA	
4	117119	465	1 485	NIA	
5		jes	Yes	NIA	Riler Will
. 6	12-5-14	Ves	yes	NIA	
7	1-9-15	425	Yes	W)X	Kilen Ille
8	1-1(e-1)	Yes	Yes	NIT	Kulen Villa
9	1-23-15	* Yes	425	NIA	Rilen villa
- 10	11/20/15	Ses	405	N/A	Edgar Scarra
11	21615	(el)	1405	MA.	- COCI
12	2/1/F	V45	1,09	1/14	+ Ro. PS
13	Pholis	765	Hes	NY	Colore Colore
14	2/1/1/15	VES	YES	WIA	1/2 1/03
15	3/20/15	ý	y y	NIA	Alta SA
16	7/100	Yes	Yes	NIA	A PAINT
17	5-8-15	Yes	Yes	N/A	
18		Yzs		A///	
19	11-11-		YES	1 1/10	- Ilfan
20	5/22/15	775	Yes	N//4	B. Moreno
21	7-211)	tes	(K)	NIA	Klen Ulla
			ļ		
22					
23					
24					
25					
26					

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

Facilities norforms annual maintenance acceptance and a sufficient



LOCATION	<u> </u>	_		•
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE .		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	9-15-15	405	YAS	NIA	Polin Vler
2	9-25-15	VO)	Yes	NIA	Pen ula
3		725	Y95.	NA	ven the
4	1-15-16	MEEDS SERVICE	NO	MIN	RAMOS
5	-				
6				• .	
7	<				
8					
9					
. 10					
11					and the same of th
12		·			
13					
14					
15					·
16					
17					
18			•		
19					
20					
21					
22					
23					
24					
25					
26					

# \* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

acilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	2716	_		
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?		CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?		(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	2/27/15	Yes	YES	NA	co Hy
2	10010	405	1 465	NA	PUM
3	1 2 / / 0	Yes	405	NIA	F. Rarrel
4	3-26-15	405	Y={	NIA	F. Ramo
5	03/27/15	Yes	1 tes	NIA	+ Manu-
~!. <u>6</u>	14-9-15	₩Ø	V25	NY	Rhen Illa
7	04/17/15	VES	Ves	NIA	- Fillenn
8	14-24-15	Yes	ks	NIX	Klen Vlb
9	5.1-15	· \	Y	NIA	F. Panos
. 10	5-8-15	1/25	Yes	NIA	- FMan
11	5-22-15	125	125	NIA.	# Horeno
12	5-2975	Yes	欠)	NX	Ren Velle
13	1n-5-15	Y	4	NA	F. Ramos
14	6-12 15	<i>&gt;</i>	7	NIA	Y Rands
15	6125K5	Y	7	MA	Elli-Ca
16	7/02/15	4	4	MA	5036
17	17/09/15	y	Y	NA	FM
18	7116/15	l ý	у.	N/A	7201
19	7/23/15	l ý	У	N/A	PM
20	7/36/15	Ý	V	NIA	I PM
21	4-4-16	7	¥	NIA	Altonio Agan
22	01-8-6	X	X	NIA	
23					1
24					
. 25					
26					
		<del></del>	<u> </u>	1	

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

<sup>&</sup>quot;acilities performs annual maintenance assessment on all Emergonov Equipment, if Emergonov Equipment is leasted in



LOCATION	2116			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE	<u></u>	
Eye Wash Station	Forench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- · Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

NEEK#	DATE CHECKED	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY? Y or N*	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OFFERSON PERFORMING MAINTENANCE
1	7-08-13	Y	1	NIX	
2	7-25-13	YES	YES	NIA	AVAL ESSIA
3	8/11/13	YES	YES	NA	Daniel
4	8 8 13	418	YES Ve	n/M	
5	8/13/13	yes	nes	WW	
6	8/30/13	yes	Ves .	NIA	Dien
7	9/6/13	Yes	Yes	NIX	Million Branch
8	3/13/12	Yes	Yes	N/A	Mirael arriver
	9/20/13.	Yes	Yes	NIA	DYLAN
	9/27/13	У	У	NIA	162
11	101 0.	Yes	762	WA.	Mand thought
	10/11/13	Yes	yes	AVA	Mant and
	10/18/13	Y	Y	NIA	Jose Honge
	10-19-13	YE3	YE5	N/A	A fores thouse
15	11113	Yes	You	h/12	i) Mar 60
	11/8/13	YRS	yes	NIA	Miguel Agandani
	11/15/13	Yes	Yes	N/A	MANUEL CALLES
	11/22/13	Ves	Yes.	N/K	
19	12/6/13	yes	Yes	N/A	Mine Coulde
21	1/10/14	769	409	MA	
	27-14	Yes	Yes	NIK	Mana Randon
22	2-14-14	У	Y	~/1	JO-5-11-55
		7	9	NID	Julio Marco
25	2-21-14	7	1 14	210	Julia Mania
25	2.2814	Yes	403	214	Julia Havio
20	2-0-15	yes b S I	14es	1 2/2	Julio May con

\* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

facilities performs annual maintenance assessment on all Emergency Equipment If Fmergency Equipment is located in



LOCATION	2716			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	T Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
· 1	5-14-14	Yes	405	2/2	Julio Marca
2	3-21-14	40	700	2/6	1001100000
3	4/4/14	Yes	Yes	NA	21
4	4/19/14	425	V05	N/A	DYen
5	5/17/1/	Ves	Ves	NIA	BAST
6	1 7 7 7	Yes	Vel .	NA	1411
7	(0/12/14	Tes	Yes	NA	
8	4/10/14	MID	1 'YLS	NIA	
9	1 ~ 1 1 1 1	Yes	VES	NIA	NVOLACIAN AT
<u></u> 10	8-29-14	Yes	les	NIX.	Paul Valley
11	9-5-14	Yes	Yes	N/4.	Mul
12	09/12/14	Yes	Yes	MA	E Class
13	1 -1 -1 -1	405	Yes	NA	2-21
14	1000	Yes	428	NIA	1=1/41
15	1011	Ye5	Yes	MA	l. Lourero
16		Yes	YES	NIA	FAMU)
17	1024/14	YZS	155	AIN	** White
18		Ves	Vos	AIN	- 12 Minn
19	11/7/14	Ves	Yes	AIN	
20	11/14/14	Ye5	Yes	N/A	120
21	11/21/14	Yes	Yes	NA	
22	12-5-14	¥5	Yes	NK	Rulen Villa
23		Yes	Xe5	N/A	Rilen Ville
24	The state of the s	NES	185	I WIA	CM MY YOU
25		465	VES	NIA	(n. H. R)
26	11-130-13	Yes	125	NA	Alen Wa

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

acilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is least



LOCATION	2119			•
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	T Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	FOLUDATATE OLGANO	r	
WEEK#	CHECKED	CLEANED CAP?	Y or N*	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON
1		Yes		(WITH DATE) OR N/A	PERFORMING MAINTENANCE
2			Je5	NIA	Klen Ille
	3-6-15	YES	Yes	11/14	F. Rames
3		Yes	Yes.	NIA	F. Rames
4		405	Y15	N/A	DHUH-
5		1/05	16 2	NA	F. Rares
6	4-3-15	100	Yes .	NIX	Plan Mu
7	4-17-15	Les	Les	NIA	1 1/1/2 \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
8	4/24/15	Yes	Yes	NA	No.
9	5-1-15	Y	723	11/4	
10	5-8-15	Vzs	Yes	NIA	F. Remos
11	5-15-15	Yes	les	N/A	The Alle
12	5-22-15	Yes	. /	5///	Rlin XIII
	5-29-15	163	4.5	NIFF	Billoreno
14	6-2-12	125	Y	NIA	F. Raras
15			Yes	NIX	Reen Ylu
	Q-12-15	Yes	Ve)	NIX	pler ila
16	7-2-15	9	7	MIA	Em i
17	7-9-18	4	9	MA	52m a
18	7 28-15	9	7 .	MA	Elma
19	7-23-15	Y	4	NIA	F 0.
20	7-30-15	7	10	NI	Filghos
21	Va4-15	×	*	11/0-	Faros
22	1-15-16	V	/	10/64	A Jones Hom
23	1 1 1 6	/		VVIV	
24					
25					
26	<del></del>				
20			·		

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

a cilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	2717			*
FACILITIES-ASSIGI	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower
• Fauinment must l				•

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

MEER	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y OF N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	4/4/14	Yes	Yes	NA	I ZITO OTTOMING MAINTENANC
2	4/19/14	425	Yes	NA	Die
3	5/2/14	405	Yes	NA	1 ent
4	5/9/14	Yes	Yes	17/4	
5	5/11/11	Yes	Ves	NA	J Marca
6	5/23/14	19	les	1/1/	Jan 1
7	6/12/14	109	Ye5	A 10	
8	7/17/14	Ves	Ves	Allo	
9	3/7-14	ves	25	NIA	MRV
· 10	8-29-14	les	Yes	MIL	shew his
11	9-5-14	V.25	455	1///	Rulen ville M
	09/12/14	YES	425		Sames
13	9/26/17	Yes	Yes	NA	# 34 HID
14	10/14	425	Yes	MA	1/2
15	10/10/14	Yes	165	MA	C. Lanero
	10/1/14	Yes	Yes Yes	P/A	K. formero
17	10/24/14	Yes		MA	R. Lomero
18	10/31/14	Yes	Ye5	NA	R. Lomero
19	11/7/14	Tes	Yes	PIA	R. Romero
20	1-19-19	425	Yes Ves	W/A	R. Pomero
21	2/5/14	Yrs	Yes	NIA	Rulen Vella
22 1	-9-15	Yes	les	NIA	T MHHI
23  -	16-15	Ves	Yes	NV	Rilen Villa
24/	23-15	Yes		NIA	Rilen ille
25 )-	-30-15	Yes	162	NIX	Rulen villa
26	2-6-15	725	les	NIK	Rilen Villy
27:	2-12-15	110	Yes	NX	000
EQUIF	PMENT IS NO	OT OPEDATING P	ks.	ハル LEM MUST BE REPORTED TO	Dla: M
		OF CHERATING P	KUPERLY, PROB	EM MUST DE DEDODES	Kler villy

acilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	11/51			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?		CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1		YES	YES	$\rho(\Delta)$	5 000
2	2-12-15	'Yes	425	NIT	Klen ville
3	2-20-15	4.05	405	NA	F. Ramos
4	3615	425	ts	NA	B. Moveno
5	3-13-15	Yes	Y05	NA	F. Rares
6	03/20/15	YES	YES	N/A	
7	03/27/15	YOS	Yes	NIA	+ Nout
	04/03/15	105	125	NIA	# 19 HUIL
9	4-17-15	Yes	425	NIT	Rilen Villa
- 10	4-24-15	YES	Yes	NIA	
11	5-1-15	<u> </u>	У	N/A.	F. Pertos
12	0 00	Υ	<u> </u>	W1.4	- Flow
13	2 13	<u> </u>	У	N/A	- N
14		У	Y	NA	B. Movers
	5-20-15	Y	У	NIA	F. Ravel
16	6-5-15	Ý	4	N/A	T M
17	6-12-15	1	Y.	NIA	+31
18	6-26-15	9	Υ.	NA	
19	7-2-15	4	7	NIA	1/2
20	7/09/15	J J	Y.	NA	FIM
21	7/16/15	1	1	NIA	7/1/10
22	7/23/15	7	4	NIA	FILE
23	7/30/15	Y	Y	NA	Elly
24	7/	У	У	MA	Attouch Libr
25	11001	Yes	Y	N'IA	
26	10/02/15	Yes	l Y	N/A	-FM

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

acilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	2731	name.		
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
X Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CUEOKED EL OMO			
WEEK#	CHECKED	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
4			Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
- 1		705	405	N/A	2-6
2	5/2/14	Ye5	Yes	N/A	12-6-
3	5/9/14	408	42	J/K	When Marco
4	5/11/1/4	40	Yen	N/A	Martin Party
5	5/23/17	Ves	Kes	NA	ht 30
6	1/12/10	Yes	Yes .	MA	11911
7	7   17   14	900	ales	111 /45	MIRNA
8	7/74	MOS	n PS	11.57+A	YE OC NO.
9	8/29/14/	1985	1925	NA	Tirales ()
. 10	95-14	Yes	Ves	NIL	Total
11	19/12/14	Yes	Yes	NIA.	- Ahuo
12	9/16/14	Yes	Yes	MA	12
13	10-3-19	7-05	765	NIA	Aldeno Asa
14	10-10-14	409	res	N/A"	L. Lonero
15	10-17-14	Yes	Yes	ir/A	4 0
16	10-24-14	405	Yes	NIA	K. Formers
17	10/31/14	755	Yes	NIA	f. Formero
18	11/7/14	Ves	Yes	NA	
19	11/19/14	405	405	NA	
20	4121/14	Tes	Yes	A	100
21	12/5 M	Ves	425	N/A	2
22	1-9-13	VES	405	10/17	To the state of th
23	1-16-15	425	Yes	10 1/-	Rulen / State
24	11/3/15	VIS	VEZ	NIK	Rilen Tills
25	1/20/12	Yes	11/2	NA	OM.RX
26	2/21/15		<u> 905</u>	/V I A	Edga Dagar
201	4/4/101	YES	VE5	NA	

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

a cilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	~132	<i>-</i>		•
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	T Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?		CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	4-11-15	KS	Y25	NIA	Pln Vlu
2	4-25-15	Yes	Yes	NIA	fler Ul
3	10-2-15	Yes	Yes	NIA	fla ulle
4	1621110	V		I WIM	43
5	1-1516	A	*	No.	\$ DA - 05
6				• 4	3
7	¢				<b>S</b>
8					
9					
. 10				`	
11					and the same of th
12		·			
13					
14				*	
15					·
16					
17					
18			•		
19		·			
20					
21					
22					
23					
24					
25				1	
26					

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

acilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	0730	2132	
FACILITIES-ASSIGN			
X Eye Wash Station	T Drench Hose	Eye/Face Station	1√ Combination Eve Wash/Show

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- · Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?		CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?		(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	4 10	Jes	725	NIX	Klen Ville
2	7- 1- 1-	Ves	res	NIA	Relen ville
3	1 7 1	405	Yes.	NA	F. Raros
4	2-27-15	les	1/25	NIX	Rlen ille
5		Yes	425	NIX	Rien Uller
16		. YES	Yes .	NIA	- Notal
7	3-20-15	Ves	Ves	NIX	. Plen Alla
8		4=5	4=5	NA	F. Kares
9	10,104110	Ves	YES	N/A	P Day
·· 10	04/17/15	Yes	Yes	40N/A	-=NIMD
11	4-29-0	122	les	NIK	Rilen Ville
12	57-13	45	Les	NIA	Relea Ula
13			<u> </u>	NA	F. Rams
14	19 - 13	Y	ý	N/A	BMoreno
15		<u> </u>	y	NA	F. Raros
16	4 3	ks	Ve)	NIX	Relin elle
17	(2-12-15	107	Jes	NIK	Plen Ula
18	7 - 1 - 0	7	9.	~/A	Eei a
	B/UZ/15	7	4	MA	See a
20	7.9-15	У.	'>	NIA	F- Kanos
21	7-16-15	7	Y	NA	F-Bangs
22	7.33-15	7	<i>Y</i>	NA	F. Ranes
23	11.50110	9	5	I /V/A	Myson upin
24	0,00,1.5	Yes	Yes	NIA	FM
25	11210	Yrs	VES	NA	T-FW
26	18-11-12	VO	Ves	NIA	Plen Ulu

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

a cilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	2732	_			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE			
Eye Wash Station	T Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower	
• Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free					

- · Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CLIECKED EL OMO	FOURDMENT OKANO		TOTOLIATE OF PERSON
WEEK#	CHECKED	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY? Y or N*	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON PERFORMING MAINTENANCE
1	3/21/4	Y es	Y25	(WITH DATE) OR N/A	
<u> </u>	3 7 1 1 09				2010 Marco
2	9/4/14	Yes	Yes	MA	
3	5/2-/14	<u> 1es</u>	845	NA	Mola
4	5914	Yes	405	NA	William Marco
5	5/11/14	Ves	1.05	NIA	In Potin Rute
16	5/23/14	Ves	Xes .	SI/A-	MATO)
7	6/12/14	Ves	YIB	1 /A	
8	7/15/14	Ves	(105	1/1/19	1121
9	81414	465	VES	NA	VK10 de Co et
. 10	8/20/14	Mizs	IVES	NA	Thurs 1
11	95-14	Yes	Ves	MA.	MAZ
12	09/12/14	25	Yes	NIA	- AM
13	9/210/14	405	405	NA	1100
14	10-3-19	405	405	NA	Alfino An
15	10/10/14	Ye5	Yes	NA	R. Rome To
16	10/17/14	485	425	NIA	Plane
17	10/24/14	405	415	NIA	11000
18	10/31/14	Yes	Yes.	NIA	- 4 NATO
19	11/7/14	Yez	VAS	NIA	12NIM2
20	4/11/14	fes	yes	MA	
21	11/2/14	tes	Tes	NIA	de
22	12514	Yes	Yes	NIA	I MALLEN
23	1-9-15	Yes	725	NIA	Rulen Ville
24	We K.	455	V.ES	DIW-	( - 41 P
25		YES	VIII	1 1/12	101-4137
26	1118-1	Yes	425	MILE	Rilen ille

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

acilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION	7775			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	T Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?		(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	4-1645	YO	Yes	NIA	Bln Vlh
2	9-25-15	To	425	NIA	Rln ille
3	10-2-15	Yes	Yes.	NIA	Plan Wh
4	8118111	4		NPA	
5	11/5/16	1	7 '	N/A	Megue Horatal
1 6					
7					<u> </u>
8				**	
9		4			
·· 10		•		e ·	
11					No. of the second
12					
13					
14					
15					·
16					
17					
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19		·			
20					
21					
22					
23					
24					
25			•		
26					

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



LOCATION	2735			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

WEEK#	DATE CHECKED	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
1	Z-8-15	VES	VES	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
2	2-12-15	Ves .		NA	(502
3	2-20-15		125	NIA	Rolen Elly
4	7-27-15	Yes	Yes	NIA	1000
	-	195	162	NIX	Rolen Vlle
5	3-6-15	<b>123</b>	Les	NIX	Relea villey
6	3-13-15	125	Yes	NIA	F. Raires
	3-20-15	7=5	785	NIA	F. Raves
8	3-27-15	Ye5	Yes	NA	F. Rimes
9	4-3-15	. Yes	les	NIA	Rlen ille
<del>·</del> 10	4-17-13	Yes	. Yes	NIX	Riles Illu
11	4-24-15	182	125	NIX.	TATE OF THE PARTY
	5-1-15	Y	4	NA	
13	5/8/15	YES	7-5	NA	F. Pems
14	5-15-15	9		NIA	Ecqu
15	5-22-15	Ý	V	11/0	F. Rarus
16	5-29-15			N/14	- Elle
17	6-5-15	Ý		NIA	F. Puner
18	6-12-15	Уу	/\/.	WA	100
	7-2-15			11/4	
	7-9-15		7	(VIA	F- Ramos
21	7-16-15		<u></u>	NIA	15- Renos
	7-16-15		/	NA	F- PENZS
23			- /	NA	F. Ramos
	7.36-15		<u> </u>	NA	1- Paumes
	8-4-15	y	УУ	NIA	1
	-4-15	Yes	XS	NIK,	Pla ulu
26	1-11-15	Ve j	Les.	NIA	Pen Ulu

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

Facilities performs annual maintenance assessment on all Emergency Equipment of Emergency E



LOCATION	2136	_		
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Trench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	CICNATURE OF REPORT
WEEK#	CHECKED	CLEANED CAP?	i i	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON PERFORMING MAINTENANCE
1	04/17/14	Yes	YES	NIA	= 121/10
2	17111	Yen	Yes	1/1	21101
3	11.02/1	Yes	Ye5	N/A	Moral 13
4	1.00	10-	1 10 5	11/12	
5		165	125	NIN	THE VIEW
6		75	465	MA	x gagan
	10/12/14	1/2)	TIRS	1011	not v
7	10-116 11	425	Yes	NIA	THAN
8		yes	109	N/A	R. fomero
9	1 2 1 1 1 1 1	yes	Yes	MA	K. Komera
<u>" 10</u>	1 1 1 1 1	165	. 125	. WIA	Por
11	1.07.711	Ves	409	NIA	K. Lorsero
12	1 1 1 1 1 1	705	109	NA	R. Romero
13	10/31/14	Ye5	Yes	MA	l. Romero
14	U/7/14	Yes	Te5	1/4	R. Ronnero
15	11/14/14	Tes	Yes	N/A	
16	11/21/14	Yes	Yes	NIA	100
17	12/5/14	Ves	Ves	MA	To Marks
18	2/19/10	1000	Vec		
19	3/13/15	New	Nes	NA	- Whan
20		V	(6)		
21	1/15/10	7	JY	WA	11.6
22			7	MA	ange
23					
24					
25					
26					
	1		<u> </u>		

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

Tacilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located to



LOCATION	2156	_		
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?		
WEEK#	CHECKED	CLEANED CAP?		CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON PERFORMING MAINTENANCE
1	1-9-15	Yes	725	N 1 th	Rulen Villa
2	1/16/15	465	YES	WIA	Ruch Van
3	1-23-15	les	Ye5.	ANA	Rulen villy
4	1/30/15	Nes	905	N V)	16.
5	7-6-15	725	125	NA	Edgar Sagura
6	9-24-15	Y25	VOS	101/5	Plex Ulli
7	6-5-15	Y	V .	N V	Isan was
8	6-12-15	V	V	10/14	
9	6/26/15	<del></del>	4	NA	
- 10		. 4	ч	NIA	Ecaia.
11	7/09/15	√ √	7,		Zen 19
12	7/10/15	(1	y	N/A.	210
13	7/23/15			N/A	EM.
14	7/30/15	V	\ <u>\</u>	NIA	Im
15	10110	- 1 - Y	<del>\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	N/A	- FM
16	113/15	<del>\(\frac{1}{2}\)</del>	1	N/A	Alpene of or
17	9/11/15	4	1	N/H	- EM
18	9/25/15		J V	WA	BN
19	10/02/15	3	¥,	NIA	- FW
20	10/02/13	1	У	NIA	FM
21					
22					
23					
24					
25					
26					
					8

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



LOCATION	5200	220	<u>!</u>		
FACILITIES ASSIGNED	NUMBE	R, IF APPL	ICABLE		
[] Eye Wash Station	[] Dren	ch Hose	[] Eye/Face Station	[] Emergency Shower	[] Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (is so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

WEEK#	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON PERFORMING
W LLIX #	CHECKED	CLEANED CAP?	Y OR N	(WITH DATE) OR N/A	MAINTENANCE
1	6-12-15	Yes	4.	NA	Bn/I
2	6-26-15	Y	7	WA	
3	7-2-15	Y	7	NIA	
4	79-15	7	Y	MA	
5	7-16-15	Y	7	MA	
6	7-23-15	Y		NA	F. Rawes
7	713/18	Y	1	MA	Eleve
8	8-4-15	×	7	NA	Alfanso Ager
9	1-8-16	y'	X	NIA	2 fomero
10	1-15-16	4	Y	NIA	UM pe
11					
12					
13					
14	·				
15					1
16					
17				4	
18					
19					
20					
21					
22					
23					·
24					

<sup>\*</sup>IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



LOCATION	3201			
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

				7	
	DATE	CHECKED FLOW?		CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	100	VES	VES	NIA	- PANNE
2	DIDIN	'YES	425	NIA	Alana
3	10417/14	Yes	46	MA	Aldrid Lor
4	10/24/4	YOT	XCT	NA	Alfano Ara
5	1931/14	yes	Yes	NA	Lefomero
6	11/2/14	Yes	Yes .	NA	RRomero
7	11/14/14	Yes	Yes	NIA	Ripaners
8	11/21/14	409	Yes	NIA	R. Romero
9	12/4/14	400	Ves	NIA	- Alfred
- 10	1-9-15	les	125	NIA	Rules Alla
11	1-16-15	Jes	Yes	N/t.	Riter Ille
12	1-23-15	res	tes	NX	Rien Ville
13	113015	YES	VES	NIA	0-M-B
14	26115	425	405	AM	1267
15	2-12-13	Jes	1 KS	NA	Men Villa
16	1 2	425	Yes	NIA	F. Ramos
17	2-27-15	Yes	yes	NA	F. Ramas
18	3-6-15	162	Ves .	I NIA	Rlen Illy
19	3/13/15	Vis	YES	W/A	= NAMO
20	000114	ES	YES	NIA	- Martin
21	3-27-15	405	Yes	VIA	t-Ramus
22	4-3-15	Y	Y	NA	FiRancis
23	1 /	7	7	NA	F. Runes
24	1 0 / (3	7	Y	NA	1. Rams
25		M	res	NW	Wen ille
26		У	<u> </u>	Nd	F. Ramos
	3-15-15		()	NIL	

\* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

S-27-15

WA

F. Rang.



LOCATION	32001			y w
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	10-3-19	<u>f</u>	¥	NA	Plans: Agn
2	10-10-14	Yes	YE5	NIA	R. Romero
3	10-17-14	Yes	YE5	N/A	4. Romero
4	10-24-14	Y, e5	Yeş	N/A	L. Romero
5	10 31 19	125	Yes	NIA	+ 41hu
. 6	11/7/19	Yes	Yes .	NIA	
7	11/14/19	Yes	Yes	NA	1. fortero
8	11/23/19	709	Tes	NIA	R. Romero
9	12-5-4	' Yes'	Yes	NIA	Rilen with
- 10	19114	さてら	. yel	NIA.	May Man 5
11	111615	VPS	VES	NIA	
12	1-23-15	<u>1</u> 25	125	NIA	Rilen Alle
13	1/30/15	VES	VE5	NA	0-11 BZ
14	2-6-15	les	tes.	NIX	Rom Illu
15	2-20-15	xx 5	9 05	NA	A. T. Foren Avoi
16	3-18-0	X102	45	NIK	Plan Villa
17	03 20 15	Yes	Ves	NIA	- Alant
18	3-67415	125	162 ·	NH	Plen Villa
19	4-3-15	Y	У	NIA	E. Rams
20					( , v - w
21					
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<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

Facilities performs appual maintenance accesses to the



LOCATION <u>&gt;</u>	91	_		÷ - *
FACILITIES ASSIGNED	NUMBER, IF APPL	ICABLE		
[] Eye Wash Station	[] Drench Hose	[] Eye/Face Station	[] Emergency Shower	[] Combination Eve Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (is so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

WEEK#	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON PERFORMING
	CHECKED	CLEANED CAP?	Y OR N	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	MAINTENANCE
1	6-12-15	Yes	Yes	NIA	BM
2	6-26:15	Y	4	NIA	at a
3	7-2-15	4	Ý	NIA	
4	7-16-15	XES	X25	NA	2
5	7-23-15	YES	YES	NIA	-Na
6	7-36-15	YES	YES	NA	- W/Too
7	8 28 15	YES	475	MA	+ While
8	9/3/15	Ves	Vas	NIA	- FMfru
9	1-8-10	445	Yes	MA	IN Majo ( De P
10	15-lu	101	Ye)	NIA	Ren Wa
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<sup>\*</sup>IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



LOCATION	3100 /311	3		s.
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CLIECKED EL CIAIO	FOLUDIUS CICLO		
WEEK#	CHECKED	CHECKED FLOW? CLEANED CAP?	Y or N*	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
1	0-12-15	Yes		(WITH DATE) OR N/A	PERFORMING MAINTENANCE
-		7	Yes	NIA	BII
2	(0/20/18		/	NIA	Ela C.
3	7/02/08	7	4	~11 <del>1</del>	Se 'C.
4	7-9-15			N/A	1 Bauer
5	7-66		<u> </u>	NA	10/12
1 6	7-28-15	<u> </u>	* .	NIA	Alfons Aga
7	8-4-15	*	Y	11/4	Alano Agan
8	1-8-16	4	Ý	W/A	L. Lomero
9	1-15-18	y	4	NA	
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<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

acilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is located in a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.



LOCATION 3 FACILITIES ASSIGNED		 .ICABLE	
LEye Wash Station	Drench Hose	Eye/Face Station   Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (is so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

WEEK#	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON PERFORMING
	CHECKED	CLEANED CAP?	Y OR N	(WITH DATE) OR N/A	MAINTENANCE
1	6-12-15	40	tes	NIA	Rlen ullin
2	6-26-15	9	<i>Y</i>	(VII)	2
3	7-2-15	7	<i>Y</i>	11/18	1
4	76/12	7	Y	NIA	5160
5	7-15-15	Yes	Xes	NIA	MI
6	7-23-15	VES	YES	NIA	T Man
7	7-30-15	YES	YES	NA	TANA STATE OF THE
8	8 28 15	Yes	YES	NIA	= Milon
9	9 3 18	425	Yes	NA	- Now
10	1-8-16	Yes YES	Yes	NIA	f. Lophero
11	1-1516	465	YEZ	~(>	PANT
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# \*IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

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#### **EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION	311/			·
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower
• Equipment must b	be run WFFKI Y f	or at least three mir	nutes and until water i	is sediment from

- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	OUTCOMED EL OUTO	/ ====================================		
WEEK#	CHECKED	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
1		GLEANED CAP!	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
	10-3-14		- N	W/H.	A fourto tha
2	10/16/14	<u>Yes</u>	452	NA	The Day
3	5 15 15	YES	Ves	NA	FYLIND
4	0-5-15		<i>y</i>	NIA	22
5	6-12-15	٧	Y	NA	
1 6	duel15	7	7	NIA	Ele
7	7/02/05	9	Ý	MA	Eur
8	7-9-15		$\searrow$	NIA	
9	7-18-15	Ves	V45	NA	
- 10	7-23-15	· · · · · · · · · · · · · · · · · · ·	./ 🟏	NA	F-18anes
11	7-30-15	<u> </u>	V	NA	Was E- Prime
12	8-4-15	<b></b>	Y	NIA	Alfon Alyon
13	1-8-16	V	4	NIA	M. BORAME
14	1-15-16	y	L./	NA	201
15					7 3
16	2				
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<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

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LOCATION	3/19			•
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE .		
,		•	•	Combination Eye Wash/Shower
• Equipment must b	e run WEEKLY f	or at least three min	outes, and until water i	is sediment-free

- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- · Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

					Total Transport
	DATE	CHECKED FLOW?		CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON PERFORMING MAINTENANCE
WEEK#	CHECKED	CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	B-26-15	4	<i>&gt;</i>	101/4	
2	7-245	$\succ$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NA	
3	7/10/5	Y	Y	MA	See
4	7-16-15	X25	Y=5	NA	Town
5	7-23-15	7	7	NA	Sina
6	7-30-15	Y	7	014	Eca G
7	8/28/15	Yes	Yes	NIA	i dhe
1 8	<del></del>	Yes	VES	NA	FN10
9	1-9-14	405	YE5	MA	R. Royalera
. 10		y	1	. ~~	Burnel
11	16.1.1.	(			The same wife -
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23		<b> </b>			
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25				<del> </del>	
		<u> </u>			
26		1	1 .	l	

<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

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LOCATION	3119			*
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	T Drench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower
<ul> <li>Equipment must b</li> <li>Inside of eye wash</li> </ul>	e run WEEKLY for n cap must be cle	or at least three min	nutes, and until water i n alcohol	s sediment-free

- · Water must come on within one second of activation
- · Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	CHECKED EL CITA	I FOLLOW		
WEEK#	CHECKED	CHECKED FLOW? CLEANED CAP?	Y or N*	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
1	10/03/14			(WITH DATE) OR N/A	PERFORMING MAINTENANCE
2	10/10/14	Yes	425	MA	THE PARTY NAMED IN COLUMN TO THE PARTY NAMED
3	/ / / /	Ye5	Ye5	NA	R. Lomero
	10/17/14	705	Yes	NA	R. Lomero
4	10/24/14	Yes	Yes	MA	R. Romero
5	10/31/14	<u>Ye</u> 9	Yes	NIA	P Payage Co
. 6	11/7/14	Yes	Yes .	ALIA	K. Komero
7	11/14/14	Yes	Yes	WIA	F. Komero
8	11/21/14	Yes	7e5		L'. Romero
9	12-5-19	Yes	Yes	V/A	
- 10	1-9-15	Yes	Yes	NIA	Keler Villa
11	1-16-15	25	125 125	MA	f. Romero
12	1-23-15	465	765	Nrt.	Finen Ille
13	1/3/15	VES		NIX	Rilen ville
14	416/18	105	VES	$\mathcal{C}\mathcal{D}$	and B
15	301213	(2)	485	NA	Fre 6062
	7 17-17	les	45	NIX	Plen tille
	7-20-15	Yes	>es	NA	File
17	2-77-15	Yes	yes	NA	F. Ramos
18	3-6-15	tes	Jes .	VIA	1. Raws
19	3-17-15	705	Yes	140	Klen Ille
20	3-20-15	1	×	10/12	Fixamis
21	3-27-15	485	105	10/14	F-Ramos
22	4-3-15	/ 5/	723	NA	F. Rames
	4-17-15		7	NA	F, Rams
	4.24-15	<del> </del>	<del></del>	NIA	F. Ramos
25	-1-15	VIES	- Y	NA	F-/kp-o5
		425	九5	NIK	Men Ille
	5-4-15	<u> </u>	/	NIA	
5	15-15	7	4	NA	F. Benes

\* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

a hallway, Facilities is also responsible for the additional maintenance documented on this sheet.

MAINTAIN COMPLETED EMERGENCY EQUIPMENT MAINTENANCE LOGS FOR A MINIMUM OF TWO YEARS

5-29-15

19

X5

NIA

Elin Ille



LOCATION	3120	_		•
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- Water must have adequate pressure (based on hand and visual inspection)
- Eye wash caps must be present and in working condition

	DATE	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
WEEK#	CHECKED	CLEANED CAP?	1	(WITH DATE) OR N/A	PERFORMING-MAINTENANCE
1	6-5-15	7	Y	N/A	
2	6-12-15	V	Y	NIA	
3	6-26-15	Y	:	WILL	1200
4	7-2-15	Y		MILE	
5	7-16-15	425	405	NA	Marie
6	7-23-15	Y	Y, .	NA	F. Rares
7	7-30-15	У	N.	Reported Low Flow	F: Rames
8	8 28 15	Ves	No	Low Water Flow	+Mus
9	9/3/15	125	No	Low Water Flow	FALO
- 10	1-8-10	VES	· NA	NIA	M. DORAME
11	1-15-16	Ý.	جر	M	TEAMS
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<sup>\*</sup> IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES

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LOCATION	3120			•
FACILITIES-ASSIGN	NED NUMBER, IF	APPLICABLE		
Eye Wash Station	Torench Hose	Eye/Face Station	Emergency Shower	Combination Eye Wash/Shower

- Equipment must be run WEEKLY for at least three minutes, and until water is sediment-free
- · Inside of eye wash cap must be cleaned WEEKLY with alcohol
- Water must come on within one second of activation
- Water must feel tepid (if so-equipped)
- · Water must have adequate pressure (based on hand and visual inspection)
- · Eye wash caps must be present and in working condition

	DATE	011501655 51 01115			
WEEK#	DATE CHECKED	CHECKED FLOW?	EQUIPMENT OKAY?	CORRECTIVE ACTION TAKEN	SIGNATURE OF PERSON
		CLEANED CAP?	Y or N*	(WITH DATE) OR N/A	PERFORMING MAINTENANCE
1	10 031.	Yes	425	NIA	1 = Afri
2	10/10/14	Yes .	Yes	NA	2. Romero
3	10 17 14	Yes	425	NA	1 - A M.
4	10/24/14	425	Yes	NIA	
5	10/31/14	7e5	Yes	NA	R. Romero
1 6	11/7/14	Yes	725	N/A	f. forces
7	11/14/14	Yes	409	N/A	F. fortero
8	11/21/14	405	Yes	MA	
9	12514	YES	Vcs	NIA	P. Pomero
- 10	1/9/15	.465	. 4.05	A/12	
11	H16-15	les	Yes	10/10	K. Kone Po
12	1-23-15	425	iles	NIX ×	
13	1/20/15	VES		NIA	klen ville
14	11/1/12	1000	YES	N/+	C-M.R.
15	2-12-13	(15)	PC/	N X	C 2106
16	2-20-15	123	Yes	NIX	Dlen ville
17	2-27-15	705	405	WA	F-Raws
18		Xes	Yes	- N/A	F. Rama
	-1-1	125	425	N/A	12/1/11
	3-19-15	105	X5	N)X	For All
20	3/20/15	VCS	YES	NIA	1 - 100 (10)
21	3-21-15	-ks	4e5	NIN	Rien Ville
	4-3-15		>	NIA	
	4-17-15	У	V	NA	F. Pames
24	4-24-15	y		2 1	1 - Rhyus
25	5-1-15	Y		N-17	Figures
26	5-8-15	Ye)	792 1	1//	F. Kanes
	5-15-15	Yes	YES	NIN	hen ully
* # = = 0 1	, .	, 00	17. (	NIA	7

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MAINTAIN COMPLETED EMERGENCY EQUIPMENT MAINTENANCE LOGS FOR A MINIMUM OF TWO YEARS

5-29-15

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