



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION AutoShop

FACILITIES-ASSIGNED 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

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	6-8-15	Yes	Y	N/A	[Signature]
2	6-12-15	Yes	Y	N/A	[Signature]
3	6-24-15	Y	Y	N/A	F. Ramos
4	7-2-15	Y	Y	N/A	F. Ramos
5	7/9/15	Y	Y	N/A	ABREGO
6	7/16/15	Y	Y	MA	ABREGO
7	7/23/15	Y	Y	MA	ABREGO
8	7/30/15	Y	Y	N/A	ABREGO
9	1-8-16	Y	Y	N/A	M. DURAME
10	1-15-16	Y	Y	N/A	[Signature]
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**\* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES**

Facilities 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.

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



**EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION AUTO SHOP

FACILITIES-ASSIGNED 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

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	6/26/15	YES	YES	N/A	Elliott
2	7/08/15	YES	YES	N/A	Elliott
3	7-9-15	Y	Y	N/A	F. Rames
4	7-16-15	Y	Y	N/A	F. Rames
5	7-23-15	Y	Y	N/A	F. Rames
6	7-30-15	Y	Y	N/A	F. Rames
7	1-8-16	Y	Y	N/A	M. DORAME
8	1-15-16	Y	Y	N/A	KKD
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### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION Auto-shop

FACILITIES-ASSIGNED 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

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	10/29/14	Yes	Yes	N/A	Alfonso Agan
2	10/31/14	Yes	Yes	N/A	<del>Alfonso Agan</del>
3	11/7/14	Yes	Yes	N/A	<del>Alfonso Agan</del>
4	11/14/14	Yes	Yes	N/A	<del>Alfonso Agan</del>
5	11/21/14	Yes	Yes	N/A	<del>Alfonso Agan</del>
6	12-5-14	Yes	Yes	N/A	Ruben Villa
7	1-10-15	Yes	Yes	N/A	Ruben Villa
8	1-23-15	Yes	Yes	N/A	Ruben Villa
9	1-30-15	Yes	Yes	N/A	Ruben Villa
10	2-5-15	Yes	Yes	N/A	Ruben Villa
11	2-12-15	Yes	Yes	N/A	Ruben Villa
12	2-27-15	Yes	Yes	N/A	Ruben Villa
13	3-6-15	Yes	Yes	N/A	F. Ramos
14	3-13-15	Yes	Yes	N/A	F. Ramos
15	3-20-15	Yes	Yes	N/A	Ruben Villa
16	3/27/15	Yes	Yes	N/A	<del>Ruben Villa</del>
17	4-3-15	Y	Y	N/A	F. Ramos
18	4-17-15	Y	Y	N/A	F. Ramos
19	4-24-15	Y	Y	N/A	F. Ramos
20	5-1-15	Yes	Yes	N/A	Ruben Villa
21	5-8-15	Y	Y	N/A	F. Ramos
22	5-15-15	Y	Y	N/A	F. Ramos
23	5-22-15	Y	Y	N/A	F. Ramos
24	5-29-15	Yes	Yes	N/A	Ruben Villa
25	6-5-15	Yes	Yes	N/A	Ruben Villa
26	6-12-15	Yes	Yes	N/A	Ruben Villa

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION Water Plant

FACILITIES-ASSIGNED 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

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	N/A	F. Ramos
2	4-17-15	✓	Y	N/A	F. Ramos
3	4-24-15	✓	Y	N/A	F. Ramos
4	5-1-15	✓	Y	N/A	F. Ramos
5	5-8-15	Yes	Yes	N/A	<del>F. Ramos</del>
6	5-15-15	✓	Y	N/A	F. Ramos
7	5-22-15	✓	Y	N/A	F. Ramos
8	5-29-15	Yes	Yes	N/A	Alan Ulla
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**MAINTAIN COMPLETED EMERGENCY EQUIPMENT MAINTENANCE LOGS FOR A MINIMUM OF TWO YEARS**



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION Water plant

FACILITIES-ASSIGNED 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

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					
2					
3	05/14/14	Yes	Yes	N/A	
4	05/23/14	Yes	Yes	N/A	
5					
6					
7	5/28/14	✓	✓		
8	6-5-14	Yes	Yes	N/A	
9	7-12-14	B. Moreno	Yes	N/A	Rosen
10	8-25-14	B. Moreno	Yes	N/A	
11	10/03/14	Yes	Yes	N/A	
12	10/10/14	Yes	Yes	N/A	
13	10/17/14	Yes	Yes	N/A	R. Romero
14	10/24/14	Yes	Yes	N/A	R. Romero
15	10/31/14	Yes	Yes	N/A	
16	12-5-14	Yes	Yes	N/A	Rosen
17					
18	1-23-15	Yes	Yes	N/A	Rosen
19	1-30-15	Yes	Yes	N/A	Rosen
20	1-6-15	Yes	Yes	N/A	
21	1-12-15	Yes	Yes	N/A	
22	2-26-15	Yes	Yes	N/A	F. Ramos
23	2-27-15	Yes	Yes	N/A	F. Ramos
24	3-13-15	Yes	Yes	N/A	Rosen
25	3-20-15	Yes	Yes	N/A	
26					

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



**EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION 2711

FACILITIES-ASSIGNED 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*

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	01/08/15	Y	Y	N/A	<i>[Signature]</i>
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### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2711

FACILITIES-ASSIGNED 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

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	2-27-15	Yes	Yes	N/A	Rlen Allen
2	3/06/15	Yes	Yes	N/A	<del>Rlen Allen</del>
3	3-13-15	Yes	Yes	N/A	Rlen Allen
4	3-20-15	Yes	Yes	N/A	Rlen Allen
5	3-27-15	Yes	Yes	N/A	F. Ramos
6	04/07/15	Yes	Yes	N/A	<del>F. Ramos</del>
7	04/17/15	Yes	Yes	N/A	<del>F. Ramos</del>
8	4/24/15	Yes	Yes	N/A	<del>F. Ramos</del>
9	5-1-15	Y	Y	N/A	F. Ramos
10	5-8-15	Y	Y	N/A	<del>F. Ramos</del>
11	5/15/15	Y	Y	N/A	<del>F. Ramos</del>
12	5/22/15	Y	Y	N/A	B. Moreno
13	5-29-15	Yes	Yes	N/A	Rlen Allen
14	6-5-15	Yes	Yes	N/A	<del>BM</del>
15	6-12-15	Yes	Yes	N/A	<del>BM</del>
16	6-26-15	Y	Y	N/A	F. Ramos
17	7-2-15	Y	Y	N/A	F. Ramos
18	7-10-15	Y	Y	N/A	Eden C
19	7-23-15	Y	Y	N/A	Eden C
20	7-30-15	Y	Y	N/A	Eden C
21	8/26/15	Yes	Yes	N/A	<del>BM</del>
22	9/3/15	Yes	Yes	N/A	<del>BM</del>
23	9/10/15	Yes	Yes	N/A	<del>BM</del>
24	9/18/15	Yes	Yes	N/A	<del>BM</del>
25	9/25/15	Y	Y	N/A	<del>BM</del>
26	10/2/15	Y	Y	N/A	<del>BM</del>

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**EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION 2712

FACILITIES-ASSIGNED 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

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	10-25-15	Yes	Yes	N/A	Pen Yeo
2	01-8-15	Yes	Yes	N/A	Pen Yeo
3	1-15-16	Yes	Yes	N/A	Pen Yeo
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### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2712

FACILITIES-ASSIGNED 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

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	2/27/15	YES	YES	N/A	<i>[Signature]</i>
2	<del>2/27/15</del> 3/6/15	X	X	N/A	<i>[Signature]</i>
3	3/13/15	YES	YES	N/A	<i>[Signature]</i>
4	3/20/15	YES	YES	N/A	<i>[Signature]</i>
5	3-27-15	YES	YES	N/A	Riley Villa
6	04/03/15	YES	YES	N/A	<i>[Signature]</i>
7	04/17/15	YES	YES	N/A	<i>[Signature]</i>
8	4/24/15	YES	YES	N/A	<i>[Signature]</i>
9	5-1-15	YES	YES	N/A	Riley Villa
10	5/8/15	YES	YES	N/A	<i>[Signature]</i>
11	5-15-15	YES	YES	N/A	Riley Villa
12	5-22-15	YES	YES	N/A	Riley Villa
13	5-29-15	Y	Y	N/A	F. Ramos
14	6-5-15	YES	YES	N/A	Riley Villa
15	6-12-15	YES	YES	N/A	Riley Villa
16	6/26/15	YES	YES	N/A	<i>[Signature]</i>
17	7/02/15	YES	YES	N/A	<i>[Signature]</i>
18	7/9/15	YES	YES	N/A	<i>[Signature]</i>
19	7/16/15	YES	YES	N/A	<i>[Signature]</i>
20	7/23/15	YES	YES	N/A	<i>[Signature]</i>
21	7/30/15	YES	YES	N/A	<i>[Signature]</i>
22	8/06/15	YES	YES	N/A	<i>[Signature]</i>
23	8/13/15	YES	YES	N/A	<i>[Signature]</i>
24	8-11-15	YES	YES	N/A	Riley Villa
25	8-18-15	YES	YES	N/A	Riley Villa
26	8-25-15	YES	YES	N/A	Riley Villa

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### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2717

FACILITIES-ASSIGNED 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

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	3-6-15	Yes	Yes	N/A	Rlen Ullu
2	3-13-15	Yes	Yes	N/A	F. Ramos
3	3-20-15	Yes	Yes	N/A	F. Ramos
4	3-27-15	Yes	Yes	N/A	Rlen Ullu
5	4-3-15	Yes	Yes	N/A	Rlen Ullu
6	4-17-15	Yes	Yes	N/A	Rlen Ullu
7	4-24-15	Yes	Yes	N/A	Rlen Ullu
8	5-1-15	Y	Y	N/A	F. Ramos
9	5/8/15	YES	YES	N/A	E. Ullu
10	5-15-15	Y	Y	N/A	F. Ramos
11	5-22-15	Yes	Yes	N/A	Rlen Ullu
12	5-29-15	Yes	Yes	N/A	Rlen Ullu
13	6-5-15	Y	Y	N/A	F. Ramos
14	6-12-15	Y	Y	N/A	F. Ramos
15	7/02/15	Y	Y	N/A	F. Ramos
16	7/09/15	Y	Y	N/A	BM
17	7/16/15	Y	Y	N/A	BM
18	7/23/15	Y	Y	N/A	BM
19	7/30/15	Y	Y	N/A	BM
20	8/28/15	Yes	Yes	N/A	BM
21	9/3/15	Yes	Yes	N/A	BM
22	10-2-15	Yes	Yes	N/A	Rlen Ullu
23	1-15-16	Y	Y	N/A	Rlen Ullu
24				N/A	Rlen Ullu
25					
26					

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### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2713

FACILITIES-ASSIGNED 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

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	5-17-14	Yes	Yes	N/A	<i>[Signature]</i>
2	5/23/14	Yes	Yes	N/A	<i>[Signature]</i>
3	6/12/14	Yes	Yes	N/A	<i>[Signature]</i>
4	7/17/14	Yes	Yes	N/A	<i>[Signature]</i>
5	8/17/14	Yes	Yes	N/A	<i>[Signature]</i>
6	8/22/14	Yes	Yes	N/A	<i>[Signature]</i>
7	9-5-14	Yes	Yes	N/A	<i>[Signature]</i>
8	09/12/14	Yes	Yes	N/A	<i>[Signature]</i>
9	9/26/14	Yes	Yes	N/A	<i>[Signature]</i>
10	10-3-14	Yes	Yes	N/A	<i>[Signature]</i>
11	10/10/14	Yes	Yes	N/A	<i>[Signature]</i>
12	10/17/14	Yes	Yes	N/A	<i>[Signature]</i>
13	10/24/14	Yes	Yes	N/A	<i>[Signature]</i>
14	10/31/14	Yes	Yes	N/A	<i>[Signature]</i>
15	11/7/14	Yes	Yes	N/A	<i>[Signature]</i>
16	11/14/14	Yes	Yes	N/A	<i>[Signature]</i>
17	11/21/14	Yes	Yes	N/A	<i>[Signature]</i>
18	12-5-14	Yes	Yes	N/A	<i>[Signature]</i>
19	1-9-15	Yes	Yes	N/A	Ruler Villa
20	1-16-15	Yes	Yes	N/A	Ruler Villa
21	1-23-15	Yes	Yes	N/A	Ruler Villa
22	1-30-15	Yes	Yes	N/A	Ruler Villa
23	2/12/15	Yes	Yes	N/A	Ruler Villa
24	2-20-15	Yes	Yes	N/A	F. Reyes
25	2-27-15	Yes	Yes	N/A	F. Ramos
26				N/A	B. Morondo

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**EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION Lab Tech 2944  
 FACILITIES-ASSIGNED NUMBER, IF APPLICABLE # 1

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

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	2-27-15	Yes	Yes	N/A	Rlen Ulla
2	3-6-15	Yes	Yes	N/A	F. Ramos
3	3-13-15	Yes	Yes	N/A	F. Ramos
4	3-20-15	Yes	Yes	N/A	F. Ramos
5	3-27-15	Yes	Yes	N/A	F. Ramos
6	4-3-15	Yes	Yes	N/A	Rlen Ulla
7	04/17/15	Yes	Yes	N/A	<del>Rlen Ulla</del>
8	4/24/15	Yes	Yes	N/A	<del>Rlen Ulla</del>
9	5-1-15	Yes	Yes	N/A	Rlen Ulla
10	5/8/15	YES	Yes	N/A	Educa
11	5-15-15	Y	Y	N/A	F. Ramos
12	5-22-15	Yes	Yes	N/A	Rlen Ulla
13	5-29-15	Y	Y	N/A	F. Ramos
14	6-5-15	Y	Y	N/A	F. Ramos
15	6-12-15	Y	Y	N/A	F. Ramos
16	6/20/15	Y	Y	N/A	Educa
17	7/02/15	Y	Y	N/A	Educa
18	7-16-15	Y	Y	N/A	Educa
19	7-23-15	Y	Y	N/A	Educa
20	7-30-15	Y	Y	N/A	Educa
21	8-28-15	Yes	Yes	N/A	<del>Rlen Ulla</del>
22	9/3/15	Yes	Yes	N/A	<del>Rlen Ulla</del>
23	9/11/15	Y	Y	N/A	<del>Rlen Ulla</del>
24	9/18/15	Y	Y	N/A	<del>Rlen Ulla</del>
25	9/25/15	Y	Y	N/A	<del>Rlen Ulla</del>
26	10/2/15	Y	Y	N/A	<del>Rlen Ulla</del>
27	1-15-16	Yes	Yes	N/A	Rlen Ulla

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION Lab Tech 2714  
 FACILITIES-ASSIGNED NUMBER, IF APPLICABLE # 1

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

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	4/19/14	Yes	Yes	N/A	D. Yeal
2	5/7/14	Yes	Yes	N/A	D. Yeal
3	5/19/14	Yes	Yes	N/A	J. Marco
4	05/17/14	Yes	Yes	N/A	B. [Signature]
5	05/23/2014	Yes	Yes	N/A	B. [Signature]
6	06/17/14	Yes	Yes	N/A	B. [Signature]
7	7/17/14	Yes	Yes	N/A	D. Yeal
8	8/24/14	Yes	Yes	N/A	B. [Signature]
9	9-5-14	Yes	Yes	N/A	B. [Signature]
10	09/12/14	Yes	Yes	N/A	B. [Signature]
11	9/26/14	Yes	Yes	N/A	B. [Signature]
12	10/03/14	Yes	Yes	N/A	B. [Signature]
13	10/10/14	Yes	Yes	N/A	B. [Signature]
14	10/19/14	Yes	Yes	N/A	R. Romero
15	10/24/14	Yes	Yes	N/A	R. Romero
16	10/31/14	Yes	Yes	N/A	R. Romero
17	11/7/14	Yes	Yes	N/A	R. Romero
18	11/14/14	Yes	Yes	N/A	R. Romero
19	11/21/14	Yes	Yes	N/A	R. Romero
20	12-5-14	Yes	Yes	N/A	Ruben Vella
21	1-9-15	Yes	Yes	N/A	Ruben Vella
22	1-16-15	Yes	Yes	N/A	Ruben Vella
23	1/26/15	Yes	Yes	N/A	C. M. [Signature]
24	1-30-15	Yes	Yes	N/A	Ruben Vella
25	2-6-15	Yes	Yes	N/A	Ruben Vella
26	2-12-15	Yes	Yes	N/A	Ruben Vella

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2714

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

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	6-5-15	YES	YES	N/A	BM
2	6-12-15	YES	YES	N/A	BM
3	6-26-15	Y	Y	N/A	F. Ramos
4	7-2-15	Y	Y	N/A	F. Ramos
5	7-9-15	Y	Y	N/A	F. Ramos
6	7-16-15	Y	Y	N/A	F. Ramos
7	7-23-15	Y	Y	N/A	F. Ramos
8	7-30-15	Y	Y	N/A	F. Ramos
9	8-4-15	Y	Y	N/A	F. Ramos
10	9/3/15	Y	Y	N/A	BM
11	9/11/15	Y	Y	N/A	BM
12	9/18/15	Y	Y	N/A	BM
13	9/25/15	Y	Y	N/A	BM
14	10/02/15	Y	Y	N/A	BM
15	1-15-16	YES	YES	N/A	plen ill
16					
17					
18					
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26					

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

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION

2714

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

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	10/17/14	Yes	Yes	N/A	<del>Edgar Sagura</del>
2	10/24/14	Yes	Yes	N/A	<del>Edgar Sagura</del>
3	10/31/14	Yes	Yes	N/A	<del>Edgar Sagura</del>
4	11/7/14	Yes	Yes	N/A	<del>Edgar Sagura</del>
5	11-14-14	Yes	Yes	N/A	Ruler Villa
6	12-5-14	Yes	Yes	N/A	<del>Edgar Sagura</del>
7	1-9-15	Yes	Yes	N/A	Ruler Villa
8	1-16-15	Yes	Yes	N/A	Ruler Villa
9	1-23-15	Yes	Yes	N/A	Ruler Villa
10	1/30/15	Yes	Yes	N/A	Edgar Sagura
11	2/6/15	Yes	Yes	N/A	<del>Edgar Sagura</del>
12	2/12/15	Yes	Yes	N/A	<del>Edgar Sagura</del>
13	2/20/15	Yes	Yes	N/A	<del>Edgar Sagura</del>
14	2/27/15	Yes	Yes	N/A	<del>Edgar Sagura</del>
15	3/6/15	Yes	Yes	N/A	Alfonso Sagura
16	3/13/15	Yes	Yes	N/A	<del>Edgar Sagura</del>
17	5-8-15	Yes	Yes	N/A	<del>Edgar Sagura</del>
18	5/15/15	Yes	Yes	N/A	<del>Edgar Sagura</del>
19	5/22/15	Yes	Yes	N/A	B. Moreno
20	5-29-15	Yes	Yes	N/A	Ruler Villa
21					
22					
23					
24					
25					
26					

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2715

FACILITIES-ASSIGNED 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**

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	9-18-15	Yes	Yes	N/A	Plm Ula
2	9-25-15	Yes	Yes	N/A	Plm Ula
3	10-2-15	Yes	Yes	N/A	Plm Ula
4	1-15-16	MEDS SERVICE	NO	N/A	RAMOS
5					
6					
7					
8					
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25					
26					

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

Facilities 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.

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





### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2716

FACILITIES-ASSIGNED 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

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	2/25/15	Yes	Yes	N/A	C. M. P.
2	3/06/15	Yes	Yes	N/A	P. Ramos
3	3-13-15	Yes	Yes	N/A	F. Ramos
4	3-26-15	Yes	Yes	N/A	F. Ramos
5	03/27/15	Yes	Yes	N/A	F. Ramos
6	4-9-15	Yes	Yes	N/A	Alan Ulla
7	04/17/15	Yes	Yes	N/A	Alan Ulla
8	4-29-15	Yes	Yes	N/A	Alan Ulla
9	5-1-15	Y	Y	N/A	F. Ramos
10	5-8-15	Yes	Yes	N/A	F. Ramos
11	5-22-15	Yes	Yes	N/A	F. Ramos
12	5-29-15	Yes	Yes	N/A	Alan Ulla
13	6-5-15	Y	Y	N/A	F. Ramos
14	6-12-15	Y	Y	N/A	F. Ramos
15	6/25/15	Y	Y	N/A	Eddie C.
16	7/02/15	Y	Y	N/A	Eddie C.
17	7/09/15	Y	Y	N/A	BM
18	7/16/15	Y	Y	N/A	BM
19	7/23/15	Y	Y	N/A	BM
20	7/30/15	Y	Y	N/A	BM
21	8-4-15	X	X	N/A	Antonio Ajan
22	01-8-15	X	X	N/A	Jos.
23					
24					
25					
26					

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2716

FACILITIES-ASSIGNED 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

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	7-05-13	Y	Y	N/A	[Signature]
2	7-25-13	YES	YES	N/A	Alfonso Aguirre
3	8/1/13	YES	YES	N/A	[Signature]
4	8/8/13	Yes	Y	N/A	[Signature]
5	8/13/13	yes	yes	N/A	[Signature]
6	8/30/13	yes	yes	N/A	[Signature]
7	9/6/13	yes	yes	N/A	[Signature]
8	9/13/13	Yes	Yes	N/A	[Signature]
9	9/20/13	Yes	Yes	N/A	[Signature]
10	9/27/13	Y	Y	N/A	[Signature]
11	10/4/13	yes	yes	N/A	[Signature]
12	10/11/13	yes	yes	N/A	[Signature]
13	10/18/13	Y	Y	N/A	[Signature]
14	10-18-13	YES	YES	N/A	Alfonso Aguirre
15	11/1/13	yes	yes	N/A	Julio Marco
16	11/8/13	yes	yes	N/A	[Signature]
17	11/15/13	yes	yes	N/A	[Signature]
18	11/22/13	yes	yes	N/A	[Signature]
19	12/6/13	yes	yes	N/A	[Signature]
20	1/10/14	yes	yes	N/A	[Signature]
21	1/31/14	yes	yes	N/A	[Signature]
22	2-7-14	Y	Y	N/A	[Signature]
23	2-14-14	Y	Y	N/A	Julio Marco
24	2-21-14	Y	Y	N/A	Julio Marco
25	2-28-14	yes	yes	N/A	Julio Marco
26	3-7-14	yes	yes	N/A	Julio Marco
	2-8-15	yes	yes	N/A	[Signature]
	2-20-15	yes	yes	N/A	[Signature]

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

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2716

FACILITIES-ASSIGNED 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

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	5-14-14	Yes	Yes	N/A	Julio Marco
2	3-21-14	Yes	Yes	N/A	Julio Marco
3	4/14/14	Yes	Yes	N/A	22
4	4/19/14	Yes	Yes	N/A	Dyeal
5	5/17/14	Yes	Yes	N/A	Walt
6	5/23/14	Yes	Yes	N/A	Walt
7	6/12/14	Yes	Yes	N/A	Walt
8	6/17/14	Yes	Yes	N/A	Walt
9	8/7/14	Yes	Yes	N/A	Walt
10	8-29-14	Yes	Yes	N/A	Walt
11	9-5-14	Yes	Yes	N/A	Walt
12	09/12/14	Yes	Yes	N/A	Walt
13	9/26/14	Yes	Yes	N/A	Walt
14	10/03/14	Yes	Yes	N/A	Walt
15	10/10/14	Yes	Yes	N/A	E. Romero
16	10/17/14	Yes	Yes	N/A	Walt
17	10/24/14	Yes	Yes	N/A	Walt
18	10/31/14	Yes	Yes	N/A	Walt
19	11/7/14	Yes	Yes	N/A	Walt
20	11/14/14	Yes	Yes	N/A	Walt
21	11/21/14	Yes	Yes	N/A	Walt
22	12-5-14	Yes	Yes	N/A	Ruben Villa
23	1-9-15	Yes	Yes	N/A	Ruben Villa
24	1/16/15	Yes	Yes	N/A	Ruben Villa
25	1/23/15	Yes	Yes	N/A	Ruben Villa
26	1-30-15	Yes	Yes	N/A	Ruben Villa

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2717

FACILITIES-ASSIGNED 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**

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	2-27-15	Yes	Yes	N/A	Rlen Villa
2	3-6-15	Yes	Yes	N/A	F. Ramos
3	3-13-15	Yes	Yes	N/A	F. Ramos
4	3/20/15	Yes	Yes	N/A	<del>F. Ramos</del>
5	3-27-15	Yes	Yes	N/A	F. Ramos
6	4-3-15	Yes	Yes	N/A	Rlen Villa
7	4-17-15	Yes	Yes	N/A	Rlen Villa
8	4/24/15	Yes	Yes	N/A	<del>F. Ramos</del>
9	5-1-15	Y	Y	N/A	F. Ramos
10	5-8-15	Yes	Yes	N/A	<del>F. Ramos</del>
11	5-15-15	Yes	Yes	N/A	Rlen Villa
12	5-27-15	Yes	Yes	N/A	B. Moreno
13	6-29-15	Y	Y	N/A	F. Ramos
14	6-5-15	Yes	Yes	N/A	Rlen Villa
15	6-12-15	Yes	Yes	N/A	Rlen Villa
16	7-2-15	Y	Y	N/A	Elen a
17	7-9-15	Y	Y	N/A	Elen a
18	7-16-15	Y	Y	N/A	Elen a
19	7-23-15	Y	Y	N/A	F. Ramos
20	7-30-15	Y	Y	N/A	F. Ramos
21	8-4-15	Y	Y	N/A	Alfonso Agui
22	1-15-16	Y	Y	N/A	<del>F. Ramos</del>
23					
24					
25					
26					

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2717

FACILITIES-ASSIGNED 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

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	4/4/14	Yes	Yes	N/A	[Signature]
2	4/19/14	Yes	Yes	N/A	[Signature]
3	5/2/14	Yes	Yes	N/A	[Signature]
4	5/9/14	Yes	Yes	N/A	[Signature]
5	5/19/14	Yes	Yes	N/A	[Signature]
6	5/23/14	Yes	Yes	N/A	[Signature]
7	6/12/14	Yes	Yes	N/A	[Signature]
8	7/7/14	Yes	Yes	N/A	[Signature]
9	8/17/14	Yes	Yes	N/A	[Signature]
10	8-29-14	Yes	Yes	N/A	[Signature]
11	9-5-14	Yes	Yes	N/A	[Signature]
12	09/12/14	Yes	Yes	N/A	[Signature]
13	9/26/14	Yes	Yes	N/A	[Signature]
14	10/3/14	Yes	Yes	N/A	[Signature]
15	10/10/14	Yes	Yes	N/A	[Signature]
16	10/18/14	Yes	Yes	N/A	[Signature]
17	10/24/14	Yes	Yes	N/A	[Signature]
18	10/31/14	Yes	Yes	N/A	[Signature]
19	11/7/14	Yes	Yes	N/A	[Signature]
20	11-14-14	Yes	Yes	N/A	[Signature]
21	12/5/14	Yes	Yes	N/A	[Signature]
22	1-8-15	Yes	Yes	N/A	[Signature]
23	1-16-15	Yes	Yes	N/A	[Signature]
24	1-23-15	Yes	Yes	N/A	[Signature]
25	1-30-15	Yes	Yes	N/A	[Signature]
26	2-6-15	Yes	Yes	N/A	[Signature]
27	2-12-15	Yes	Yes	N/A	[Signature]

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

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2731

FACILITIES-ASSIGNED 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

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	2-6-15	Yes	Yes	N/A	<i>[Signature]</i>
2	2-12-15	Yes	Yes	N/A	Rlen Villa
3	2-20-15	Yes	Yes	N/A	F. Rarus
4	3-6-15	Yes	Yes	N/A	B. Morano
5	3-13-15	Yes	Yes	N/A	F. Rarus
6	03/20/15	Yes	Yes	N/A	<i>[Signature]</i>
7	03/27/15	Yes	Yes	N/A	<i>[Signature]</i>
8	04/03/15	Yes	Yes	N/A	<i>[Signature]</i>
9	4-17-15	Yes	Yes	N/A	Rlen Villa
10	4-24-15	Yes	Yes	N/A	<i>[Signature]</i>
11	5-1-15	Y	Y	N/A	F. Rarus
12	5-13-15	Y	Y	N/A	<i>[Signature]</i>
13	5-15-15	Y	Y	N/A	<i>[Signature]</i>
14	5-22-15	Y	Y	N/A	B. Morano
15	5-29-15	Y	Y	N/A	F. Rarus
16	6-5-15	Y	Y	N/A	<i>[Signature]</i>
17	6-12-15	Y	Y	N/A	<i>[Signature]</i>
18	6-26-15	Y	Y	N/A	<i>[Signature]</i>
19	7-2-15	Y	Y	N/A	<i>[Signature]</i>
20	7/09/15	Y	Y	N/A	<i>[Signature]</i>
21	7/16/15	Y	Y	N/A	<i>[Signature]</i>
22	7/23/15	Y	Y	N/A	<i>[Signature]</i>
23	7/30/15	Y	Y	N/A	<i>[Signature]</i>
24	8/4/15	Y	Y	N/A	<i>[Signature]</i>
25	9/25/15	Yes	Y	N/A	A. Bruce Aggr
26	10/02/15	Yes	Y	N/A	<i>[Signature]</i>

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

Facilities 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.

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2731

FACILITIES-ASSIGNED 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

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	4/4/14	Yes	Yes	N/A	[Signature]
2	5/2/14	Yes	Yes	N/A	[Signature]
3	5/9/14	Yes	Yes	N/A	[Signature]
4	5/17/14	Yes	Yes	N/A	Julio Marco
5	5/23/14	Yes	Yes	N/A	Martín Pabón
6	6/12/14	Yes	Yes	N/A	[Signature]
7	7/17/14	Yes	Yes	N/A	[Signature]
8	8/7/14	Yes	Yes	N/A	[Signature]
9	8/29/14	Yes	Yes	N/A	[Signature]
10	9-5-14	Yes	Yes	N/A	[Signature]
11	09/12/14	Yes	Yes	N/A	[Signature]
12	9/26/14	Yes	Yes	N/A	[Signature]
13	10-3-14	Yes	Yes	N/A	[Signature]
14	10-10-14	Yes	Yes	N/A	[Signature]
15	10-17-14	Yes	Yes	N/A	[Signature]
16	10-24-14	Yes	Yes	N/A	[Signature]
17	10/31/14	Yes	Yes	N/A	[Signature]
18	11/7/14	Yes	Yes	N/A	[Signature]
19	11/19/14	Yes	Yes	N/A	[Signature]
20	11/21/14	Yes	Yes	N/A	[Signature]
21	12/5/14	Yes	Yes	N/A	[Signature]
22	1-9-15	Yes	Yes	N/A	[Signature]
23	1-16-15	Yes	Yes	N/A	[Signature]
24	1/13/15	Yes	Yes	N/A	[Signature]
25	1/20/15	Yes	Yes	N/A	[Signature]
26	2/27/15	Yes	Yes	N/A	[Signature]

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2732

FACILITIES-ASSIGNED 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**

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	9-11-15	yes	yes	N/A	[Signature]
2	9-25-15	yes	yes	N/A	[Signature]
3	10-2-15	yes	yes	N/A	[Signature]
4	10-8-15	Y	Y	N/A	[Signature]
5	11-15-15	X	Y	N/A	[Signature]
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**MAINTAIN COMPLETED EMERGENCY EQUIPMENT MAINTENANCE LOGS FOR A MINIMUM OF TWO YEARS**





### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION

0230-2732

FACILITIES-ASSIGNED 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

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	2-6-15	Yes	Yes	N/A	Ruben Ulla
2	2-12-15	Yes	Yes	N/A	Ruben Ulla
3	2-20-15	Yes	Yes	N/A	F. Ramos
4	2-27-15	Yes	Yes	N/A	Ruben Ulla
5	3-6-15	Yes	Yes	N/A	Ruben Ulla
6	3/12/15	Yes	Yes	N/A	<del>Ruben Ulla</del>
7	3-20-15	Yes	Yes	N/A	Ruben Ulla
8	3-27-15	Yes	Yes	N/A	F. Ramos
9	04/03/15	Yes	Yes	N/A	<del>Ruben Ulla</del>
10	04/17/15	Yes	Yes	N/A	<del>Ruben Ulla</del>
11	4-24-15	Yes	Yes	N/A	Ruben Ulla
12	5-7-15	Yes	Yes	N/A	Ruben Ulla
13	5-15-15	Y	Y	N/A	F. Ramos
14	5-22-15	Y	Y	N/A	B. Moreno
15	5-29-15	Y	Y	N/A	F. Ramos
16	6-5-15	Yes	Yes	N/A	Ruben Ulla
17	6-12-15	Yes	Yes	N/A	Ruben Ulla
18	6/20/15	Y	Y	N/A	Educa
19	6/26/15	Y	Y	N/A	Educa
20	7-9-15	Y	Y	N/A	F. Ramos
21	7-16-15	Y	Y	N/A	F. Ramos
22	7-23-15	Y	Y	N/A	F. Ramos
23	7/30/15	Y	Y	N/A	<del>Ruben Ulla</del>
24	8/28/15	Yes	Yes	N/A	<del>Ruben Ulla</del>
25	9/3/15	Yes	Yes	N/A	<del>Ruben Ulla</del>
26	9-11-15	Yes	Yes	N/A	Ruben Ulla

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



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 2732

FACILITIES-ASSIGNED 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

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	3/21/14	Yes	Yes	N/A	Jairo Marco
2	4/4/14	Yes	Yes	N/A	[Signature]
3	5/2/14	Yes	Yes	N/A	[Signature]
4	5/9/14	Yes	Yes	N/A	Jairo Marco
5	5/17/14	Yes	Yes	N/A	[Signature]
6	5/23/14	Yes	Yes	N/A	[Signature]
7	6/17/14	Yes	Yes	N/A	[Signature]
8	7/17/14	Yes	Yes	N/A	[Signature]
9	8/4/14	Yes	Yes	N/A	[Signature]
10	8/29/14	Yes	Yes	N/A	[Signature]
11	9/5/14	Yes	Yes	N/A	[Signature]
12	09/12/14	Yes	Yes	N/A	[Signature]
13	9/26/14	Yes	Yes	N/A	[Signature]
14	10-3-14	Yes	Yes	N/A	[Signature]
15	10/10/14	Yes	Yes	N/A	Alfonso Ayala
16	10/17/14	Yes	Yes	N/A	R. Romero
17	10/24/14	Yes	Yes	N/A	[Signature]
18	10/31/14	Yes	Yes	N/A	[Signature]
19	11/7/14	Yes	Yes	N/A	[Signature]
20	11/14/14	Yes	Yes	N/A	[Signature]
21	11/21/14	Yes	Yes	N/A	[Signature]
22	12/5/14	Yes	Yes	N/A	[Signature]
23	1-9-15	Yes	Yes	N/A	Ruben Villa
24	1/16/15	Yes	Yes	N/A	[Signature]
25	1/23/15	Yes	Yes	N/A	[Signature]
26	1/30/15	Yes	Yes	N/A	Ruben Villa

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



**EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION 2775

FACILITIES-ASSIGNED 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

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	9-18-13	Yes	Yes	N/A	Rln Wls
2	9-25-13	Yes	Yes	N/A	Rln Wls
3	10-2-13	Yes	Yes	N/A	Rln Wls
4	11/18/16	Y	Y	N/A	
5	11/5/16	Y	Y	N/A	Miguel Llorame
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\* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 9735

FACILITIES-ASSIGNED 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

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	2-8-15	YES	YES	N/A	[Signature]
2	2-12-15	Yes	Yes	N/A	Ruben Villa
3	2-20-15	Yes	Yes	N/A	[Signature]
4	2-27-15	Yes	Yes	N/A	Ruben Villa
5	3-6-15	Yes	Yes	N/A	Ruben Villa
6	3-13-15	Yes	Yes	N/A	F. Ramos
7	3-20-15	Yes	Yes	N/A	F. Ramos
8	3-27-15	Yes	Yes	N/A	F. Ramos
9	4-3-15	Yes	Yes	N/A	Ruben Villa
10	4-17-15	Yes	Yes	N/A	Ruben Villa
11	4-24-15	Yes	Yes	N/A	Ruben Villa
12	5-1-15	Y	Y	N/A	F. Ramos
13	5/8/15	YES	YES	N/A	[Signature]
14	5-15-15	Y	Y	N/A	F. Ramos
15	5-22-15	Y	Y	N/A	[Signature]
16	5-29-15	Y	Y	N/A	F. Ramos
17	6-5-15	Y	Y	N/A	[Signature]
18	6-12-15	Y	Y	N/A	[Signature]
19	7-2-15	Y	Y	N/A	F. Ramos
20	7-9-15	Y	Y	N/A	F. Ramos
21	7-16-15	Y	Y	N/A	F. Ramos
22	7-23-15	Y	Y	N/A	F. Ramos
23	7-30-15	Y	Y	N/A	F. Ramos
24	8-6-15	Y	Y	N/A	F. Ramos
25	8-13-15	Yes	Yes	N/A	[Signature]
26	8-20-15	Yes	Yes	N/A	Ruben Villa

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

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### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 273e

FACILITIES-ASSIGNED 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

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	04/17/14	Yes	Yes	N/A	<i>[Signature]</i>
2	4/23/14	Yes	Yes	N/A	<i>[Signature]</i>
3	6/12/14	Yes	Yes	N/A	<i>[Signature]</i>
4	7/17/14	Yes	Yes	N/A	<i>[Signature]</i>
5	8/27/14	Yes	Yes	N/A	<i>[Signature]</i>
6	9-5-14	Yes	Yes	N/A	<i>[Signature]</i>
7	09/12/14	Yes	Yes	N/A	<i>[Signature]</i>
8	9/26/14	Yes	Yes	N/A	R. Romero
9	10/3/14	Yes	Yes	N/A	R. Romero
10	10/16/14	Yes	Yes	N/A	<i>[Signature]</i>
11	10/17/14	Yes	Yes	N/A	R. Romero
12	10/24/14	Yes	Yes	N/A	R. Romero
13	10/31/14	Yes	Yes	N/A	R. Romero
14	11/7/14	Yes	Yes	N/A	R. Romero
15	11/14/14	Yes	Yes	N/A	<i>[Signature]</i>
16	11/21/14	Yes	Yes	N/A	<i>[Signature]</i>
17	12/5/14	Yes	Yes	N/A	<i>[Signature]</i>
18	2/12/15	Yes	Yes	N/A	<i>[Signature]</i>
19	3/13/15	Yes	Yes	N/A	<i>[Signature]</i>
20	07/08/16	Y	Y	N/A	<i>[Signature]</i>
21	1/15/16	Y	Y	N/A	<i>[Signature]</i>
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\* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



**EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION 2736

FACILITIES-ASSIGNED 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

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	1-9-15	Yes	Yes	N/A	Ruben villa
2	1/16/15	Yes	Yes	N/A	C. F. B.
3	1-23-15	Yes	Yes	N/A	Ruben villa
4	1/30/15	Yes	Yes	N/A	Edgar Saegura
5	2-6-15	Yes	Yes	N/A	Ruben villa
6	2-24-15	Yes	Yes	N/A	Ruben villa
7	6-5-15	Y	Y	N/A	Ruben villa
8	6-12-15	Y	Y	N/A	
9	6/26/15	Y	Y	N/A	
10	7/02/15	Y	Y	N/A	E. C. A.
11	7/09/15	Y	Y	N/A	E. C. A.
12	7/16/15	Y	Y	N/A	BM
13	7/23/15	Y	Y	N/A	BM
14	7/30/15	Y	Y	N/A	BM
15	8-4-15	Y	Y	N/A	BM
16	8/13/15	Y	Y	N/A	Alfonso Agon
17	8/11/15	Y	Y	N/A	BM
18	8/25/15	Y	Y	N/A	BM
19	10/02/15	Y	Y	N/A	BM
20					BM
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\* IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES



## EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 3200 3201  
FACILITIES ASSIGNED 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 (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	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY? Y OR N	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON PERFORMING MAINTENANCE
1	6-12-15	Yes	Y	N/A	BMI
2	6-26-15	Y	Y	N/A	
3	7-2-15	Y	Y	N/A	
4	7-9-15	Y	Y	N/A	
5	7-16-15	Y	Y	N/A	
6	7-23-15	Y	Y	N/A	F. Ramos
7	7-31-15	Y	Y	N/A	E. S. W.
8	8-4-15	X	Y	N/A	Alfonso Ayon
9	1-8-16	Y	Y	N/A	R. Romero
10	1-15-16	Y	Y	N/A	W. D. P.
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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 3201

FACILITIES-ASSIGNED 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

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	10/03/14	Yes	Yes	N/A	<del>[Signature]</del>
2	10/10/14	Yes	Yes	N/A	<del>[Signature]</del>
3	10/17/14	Yes	Yes	N/A	<del>[Signature]</del>
4	10/24/14	Yes	Yes	N/A	Alfonso Aguirre
5	10/31/14	Yes	Yes	N/A	R. Romero
6	11/7/14	Yes	Yes	N/A	R. Romero
7	11/14/14	Yes	Yes	N/A	R. Romero
8	11/21/14	Yes	Yes	N/A	R. Romero
9	12/4/14	Yes	Yes	N/A	<del>[Signature]</del>
10	1-9-15	Yes	Yes	N/A	Ruben Villa
11	1-16-15	Yes	Yes	N/A	Ruben Villa
12	1-23-15	Yes	Yes	N/A	Ruben Villa
13	1/30/15	Yes	Yes	N/A	Ch. M. P.
14	2/6/15	Yes	Yes	N/A	<del>[Signature]</del>
15	2-17-15	Yes	Yes	N/A	Ruben Villa
16	2-20-15	Yes	Yes	N/A	F. Ramos
17	2-27-15	Yes	Yes	N/A	F. Ramos
18	3-6-15	Yes	Yes	N/A	Ruben Villa
19	3/13/15	Yes	Yes	N/A	<del>[Signature]</del>
20	3/20/15	Yes	Yes	N/A	<del>[Signature]</del>
21	3-27-15	Yes	Yes	N/A	F. Ramos
22	4-3-15	Y	Y	N/A	F. Ramos
23	4-17-15	Y	Y	N/A	F. Ramos
24	4-24-15	Y	Y	N/A	F. Ramos
25	5-1-15	Yes	Yes	N/A	Ruben Villa
26	5-8-15	Y	Y	N/A	F. Ramos
	3-15-15	Y	Y	N/A	F. Ramos
	5-22-15	Y	Y	N/A	F. Ramos

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

Facilities performs annual maintenance





### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 3204

FACILITIES-ASSIGNED 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

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	10-3-14	Y	Y	N/A	<i>[Signature]</i>
2	10-10-14	Yes	Yes	N/A	R. Romero
3	10-17-14	Yes	Yes	N/A	R. Romero
4	10-24-14	Yes	Yes	N/A	R. Romero
5	10/31/14	Yes	Yes	N/A	<del>[Signature]</del>
6	11/7/14	Yes	Yes	N/A	<del>[Signature]</del>
7	11/14/14	Yes	Yes	N/A	R. Romero
8	11/28/14	Yes	Yes	N/A	R. Romero
9	12-5-14	Yes	Yes	N/A	Ruben Villa
10	1/9/15	Yes	Yes	N/A	<i>[Signature]</i>
11	1/16/15	Yes	Yes	N/A	<i>[Signature]</i>
12	1-23-15	Yes	Yes	N/A	Ruben Villa
13	1/30/15	Yes	Yes	N/A	<i>[Signature]</i>
14	2-6-15	Yes	Yes	N/A	Ruben Villa
15	2-20-15	Yes	Yes	N/A	Ruben Villa
16	3-13-15	Yes	Yes	N/A	A. J. Forero Ayovi
17	03/20/15	Yes	Yes	N/A	Ruben Villa
18	3-27-15	Yes	Yes	N/A	<del>[Signature]</del>
19	4-3-15	Y	Y	N/A	Ruben Villa
20					E. Paris
21					
22					
23					
24					
25					
26					

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



## EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 3204

FACILITIES ASSIGNED 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 (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	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY? Y OR N	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON PERFORMING MAINTENANCE
1	6-12-15	Yes	Yes	N/A	BM
2	6-26-15	Y	Y	N/A	
3	7-2-15	Y	Y	N/A	
4	7-16-15	YES	YES	N/A	
5	7-23-15	YES	YES	N/A	
6	7-30-15	YES	YES	N/A	
7	8-28-15	Yes	Yes	N/A	
8	9-13-15	Yes	Yes	N/A	
9	1-8-16	Yes	Yes	N/A	Michael [unclear]
10	1-15-16	Yes	Yes	N/A	Ryan [unclear]
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**\*IF EQUIPMENT IS NOT OPERATING PROPERLY, PROBLEM MUST BE REPORTED TO FACILITIES**

Facilities performs annual maintenance assessment on all Emergency Equipment. If Emergency Equipment is



**EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION

<sup>#</sup>  
3100 13113

FACILITIES-ASSIGNED 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

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	10-12-15	Yes	Yes	N/A	JM
2	10/20/15	Y	Y	N/A	Edu C.
3	7/02/18	Y	Y	N/A	Edu C.
4	7-9-15	Y	Y	N/A	F. Bauer
5	7-16-15	Y	Y	N/A	
6	7-24-15	Y	Y	N/A	Alfonso Aguiar
7	8-1-15	Y	Y	N/A	Alfonso Aguiar
8	1-8-16	Y	Y	N/A	R. Romero
9	1-15-16	Y	Y	N/A	
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Facilities 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.

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



## EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 3115  
 FACILITIES ASSIGNED 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 (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	CHECKED FLOW? CLEANED CAP?	EQUIPMENT OKAY? Y OR N	CORRECTIVE ACTION TAKEN (WITH DATE) OR N/A	SIGNATURE OF PERSON PERFORMING MAINTENANCE
1	6-12-15	Yes	Yes	N/A	Rlen Villar
2	6-26-15	Y	Y	N/A	
3	7-2-15	Y	Y	N/A	
4	7-11-15	Y	Y	N/A	
5	7-15-15	Yes	Yes	N/A	
6	7-23-15	Yes	Yes	N/A	
7	7-30-15	Yes	Yes	N/A	
8	8-28-15	Yes	Yes	N/A	
9	9-3-15	Yes	Yes	N/A	
10	1-8-16	Yes	Yes	N/A	R. Romero
11	1-15-16	Yes	Yes	N/A	
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**MAINTAIN COMPLETED EMERGENCY EQUIPMENT MAINTENANCE LOGS FOR A MINIMUM OF TWO YEARS**



**EMERGENCY EQUIPMENT MAINTENANCE LOG**

LOCATION 3117

FACILITIES-ASSIGNED 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

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	10-3-14	Y	Y	N/A	[Signature]
2	10/10/14	Yes	Yes	N/A	[Signature]
3	5/15/15	Yes	Yes	N/A	[Signature]
4	6-5-15	Y	Y	N/A	[Signature]
5	6-12-15	Y	Y	N/A	[Signature]
6	7/2/15	Y	Y	N/A	[Signature]
7	7/2/15	Y	Y	N/A	[Signature]
8	7-9-15	Y	Y	N/A	[Signature]
9	7-16-15	Yes	Yes	N/A	[Signature]
10	7-23-15	Y	Y	N/A	[Signature]
11	7-30-15	Y	Y	N/A	[Signature]
12	8-4-15	Y	Y	N/A	[Signature]
13	1-8-16	Y	Y	N/A	[Signature]
14	1-15-16	Y	Y	N/A	[Signature]
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**MAINTAIN COMPLETED EMERGENCY EQUIPMENT MAINTENANCE LOGS FOR A MINIMUM OF TWO YEARS**



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 3119

FACILITIES-ASSIGNED 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

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	7-26-15	Y	Y	N/A	[Signature]
2	7-27-15	Y	Y	N/A	[Signature]
3	7/30/15	Y	Y	N/A	[Signature]
4	7-16-15	YES	YES	N/A	[Signature]
5	7-23-15	Y	Y	N/A	[Signature]
6	7-30-15	Y	Y	N/A	[Signature]
7	8/28/15	Yes	Yes	N/A	[Signature]
8	9/3/15	Yes	Yes	N/A	[Signature]
9	1-9-16	Yes	Yes	N/A	[Signature]
10	1-19-16	Y	Y	N/A	[Signature]
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**MAINTAIN COMPLETED EMERGENCY EQUIPMENT MAINTENANCE LOGS FOR A MINIMUM OF TWO YEARS**



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION

3119

FACILITIES-ASSIGNED 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

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	10/03/14	Yes	Yes	N/A	<i>[Signature]</i>
2	10/10/14	Yes	Yes	N/A	R. Romero
3	10/17/14	Yes	Yes	N/A	R. Romero
4	10/24/14	Yes	Yes	N/A	R. Romero
5	10/31/14	Yes	Yes	N/A	R. Romero
6	11/7/14	Yes	Yes	N/A	R. Romero
7	11/14/14	Yes	Yes	N/A	F. Romero
8	11/21/14	Yes	Yes	N/A	F. Romero
9	12-5-14	Yes	Yes	N/A	R. Romero
10	1-9-15	Yes	Yes	N/A	Ruben Villa
11	1-16-15	Yes	Yes	N/A	R. Romero
12	1-23-15	Yes	Yes	N/A	Ruben Villa
13	1/30/15	Yes	Yes	N/A	Ruben Villa
14	2/6/15	Yes	Yes	N/A	<i>[Signature]</i>
15	2-12-15	Yes	Yes	N/A	<i>[Signature]</i> 062
16	2-20-15	Yes	Yes	N/A	Ruben Villa
17	2-27-15	Yes	Yes	N/A	F. Ramos
18	3-6-15	Yes	Yes	N/A	F. Ramos
19	3-13-15	Yes	Yes	N/A	Ruben Villa
20	3-20-15	Y	Y	N/A	F. Ramos
21	3-27-15	Yes	Yes	N/A	F. Ramos
22	4-3-15	Y	Y	N/A	F. Ramos
23	4-17-15	Y	Y	N/A	F. Ramos
24	4-24-15	Y	Y	N/A	F. Ramos
25	5-1-15	Yes	Yes	N/A	F. Ramos
26	5-8-15	Y	Y	N/A	Ruben Villa
	5-15-15	Y	Y	N/A	F. Ramos
	5-22-15	Y	Y	N/A	F. Ramos

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

5-29-15  
6-5-15

Yes  
Yes

Yes  
Yes

N/A  
N/A

Ruben Villa



### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 3120

FACILITIES-ASSIGNED 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

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	6-5-15	Y	Y	N/A	
2	6-12-15	Y	Y	N/A	
3	6-26-15	Y	Y	N/A	
4	7-2-15	Y	Y	N/A	
5	7-16-15	Yes	Yes	N/A	
6	7-23-15	Y	Y	N/A	F. Rares
7	7-30-15	Y	N	Reported Low Flow	F. Rares
8	8/28/15	Yes	No	Low Water Flow	
9	9/3/15	Yes	No	Low Water Flow	
10	1-8-16	Yes	NA	N/A	M. DORRINE
11	1-15-16	Y	Y	N/A	JAMES
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**MAINTAIN COMPLETED EMERGENCY EQUIPMENT MAINTENANCE LOGS FOR A MINIMUM OF TWO YEARS**





### EMERGENCY EQUIPMENT MAINTENANCE LOG

LOCATION 3120

FACILITIES-ASSIGNED 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

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	10/03/14	Yes	Yes	N/A	<del>[Signature]</del>
2	10/10/14	Yes	Yes	N/A	R. Romero
3	10/17/14	Yes	Yes	N/A	<del>[Signature]</del>
4	10/24/14	Yes	Yes	N/A	<del>[Signature]</del>
5	10/31/14	Yes	Yes	N/A	R. Romero
6	11/7/14	Yes	Yes	N/A	R. Romero
7	11/14/14	Yes	Yes	N/A	R. Romero
8	11/21/14	Yes	Yes	N/A	R. Romero
9	12/5/14	Yes	Yes	N/A	R. Romero
10	1/9/15	Yes	Yes	N/A	<del>[Signature]</del>
11	1-16-15	Yes	Yes	N/A	R. Romero
12	1-23-15	Yes	Yes	N/A	Relen Villa
13	1/30/15	Yes	Yes	N/A	Relen Villa
14	2/6/15	Yes	Yes	N/A	Jim M. P.
15	2-12-15	Yes	Yes	N/A	<del>[Signature]</del>
16	2-20-15	Yes	Yes	N/A	Relen Villa
17	2-27-15	Yes	Yes	N/A	F. Ramos
18	3/5/15	Yes	Yes	N/A	F. Ramos
19	3-19-15	Yes	Yes	N/A	<del>[Signature]</del>
20	3/20/15	Yes	Yes	N/A	Relen Villa
21	3-27-15	Yes	Yes	N/A	<del>[Signature]</del>
22	4-3-15	Y	Y	N/A	Relen Villa
23	4-17-15	Y	Y	N/A	F. Ramos
24	4-24-15	Y	Y	N/A	F. Ramos
25	5-1-15	Y	Y	N/A	F. Ramos
26	5-8-15	Yes	Yes	N/A	F. Ramos
	5-15-15	Yes	Yes	N/A	Relen Villa
	5-22-15	Y	Y	N/A	<del>[Signature]</del>

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

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

5-29-15    Yes    Yes    N/A    Relen Villa