



## STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-FORM-011

**DOCUMENT TITLE:**

Eye Wash Continuous Flow Function Verification

**DOCUMENT NOTES:**

8B.612

### Document Information

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### Control Information

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**Owner:** WATE02

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## EYE WASH CONTINUOUS FLOW FUNCTION VERIFICATION

Month: \_\_\_\_\_ Year: \_\_\_\_\_

✓ = Verification Performed

NA = Not Applicable

*Record problems and corrective action on the Troubleshooting Log on the reverse side.*

	Week 1	Week 2	Week 3	Week 4	Week 5
Ensure that the path to the eye wash unit is NOT obstructed.					
Verify that the nozzle caps are in place to prevent contamination and that the nozzles and caps are clean and sanitary. Clean with alcohol.					
Actuate valve to full open position. Water must flow within ONE SECOND.					
Verify that the nozzle caps come off when the eyewash is activated.					
Verify that water continues to flow until manually turned off and can be used without requiring the use of the operator's hands.					
Look at the flow pattern. It should be a gentle, non-injurious flow. For dual-stream eye wash unit, both streams should rise to equal height in a pattern that will flush both eyes simultaneously.					
Continue to flush the lines until the water is clear.					
Report any problems ( <i>if applicable</i> ) to your building maintenance provider by calling <b>684-3232</b> . If no problems are encountered, record <i>N/A</i> .					
<b>Initials/ Date</b> (Initials / Date of person performing all of the tasks listed above)					
<b>Weekly Review Initials / Date</b> (Initials Date of person performing the Weekly Review)					
<b>Monthly Review Initials / Date</b> (Initials /Date of person Performing Monthly Review)					

**Signature Manifest****Document Number:** STCL-FORM-011**Revision:** 05**Title:** Eye Wash Continuous Flow Function Verification

All dates and times are in Eastern Time.

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**Quality**

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**Document Release**

Name/Signature	Title	Date	Meaning/Reason
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