

EYE WASH CHECK		YEAR:
MONTH	INITIALS	STATUS
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

If there is a problem, report it to maintenance, and document it in the Chemical Hygiene Plan, Appendix 8. When corrected, log in the date.

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