

<b>Person Conducting Inspection:</b>  <b>Location of Equipment:</b>	<b>Date Inspected:</b>  <b>Emergency Equipment Type:</b> <input type="checkbox"/> Shower <input type="checkbox"/> Eyewash <input type="checkbox"/> Eye/Facewash <input type="checkbox"/> Combination Unit
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For reference, the specific sections of ANSI/ISEA Z358.1-2014 (R2020) should be consulted for additional information:

- Section 4. Emergency Showers
- Section 5. Eyewash Equipment
- Section 6. Eye/Face Wash Equipment
- Section 7. Combination Units

<b>ANSI/ISEA Z358.1-2014 (R2020) Requirement</b>	<b>Inspection Evaluation</b>		<b>NOTES</b>
	<b>YES</b>	<b>NO</b>	
Is the equipment installed in accordance with manufacturer's instructions?			
Can the equipment be reached in 10 seconds when traveling from the location of the hazard?			
Is the equipment on the same level as the hazard?			
Is the path to the equipment free of obstructions?			
Is there a highly visible sign indicating location of equipment?			
Is the area around the equipment well-lit?			
Does the delivered spray pattern meet the requirements of the equipment being inspected?			
Is the delivered flushing fluid tepid? (60 – 100° F)			
Does the flow rate meet the requirements of the equipment being inspected?			
Does the valve remain open without the use of the operator's hands?			