

Location(s) of Eyewash Station:

Year: _____

Eyewash Test Log

Month	Week 1	Week 2	Week 3	Week 4	Week 5
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Don't forget to **date** and **initial** in appropriate box when eyewash station(s) are tested!