

Eyewash Station Testing Log

The purpose of this log is to assist in tracking when eyewash stations are tested. Eyewash stations **must be tested monthly**; they must be tested in the “full on” position. The water valve and eyewash valve must be able to turn on **within one (1) second**.

Organization Name _____ Month/Year _____

Eyewash Station Number/Location	Date Tested	Signature



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Shower Cleaning Log

The purpose of this log is to assist in tracking when showers are given a deep clean. It is recommended that the shower floors are de-greased and scrubbed once a week **at minimum**.

Organization Name _____

Month/Year _____

Shower/Room Number	Date Cleaned	Signature



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Ice Removal Log

The purpose of this log is to assist in tracking when the walk-in freezer is de-iced. It is recommended to de-ice the freezer once a month **at minimum**.

Organization Name _____ Month/Year _____

Freezer Number	Date Cleaned	Signature



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