**SAFETY SHOWER & EYEWASH TESTING FORM**

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| **Year:** |       |
| **Location of safety shower:** |       |
| **Month of Testing:** | **Tested by (name & signature):** |
| **January** |       |
| **February** |       |
| **March** |       |
| **April** |       |
| **May** |       |
| **June** |       |
| **July** |       |
| **August** |       |
| **September** |       |
| **October** |       |
| **November** |       |
| **December** |       |
| **Location of eyewash station:** |       |
| **Month of Testing:** | **Tested by (name & signature):** |
| **January** |       |
| **February** |       |
| **March** |       |
| **April** |       |
| **May** |       |
| **June** |       |
| **July** |       |
| **August** |       |
| **September** |       |
| **October** |       |
| **November** |       |
| **December** |       |