**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** |  |