

PLANT COMPLIANCE SURVEY EMERGENCY EYEWASH

World Leaders in Emergency Eye Care



EYEWASH COMPLIANCE GUIDELINES: DO YOU KNOW WHAT TO LOOK FOR?

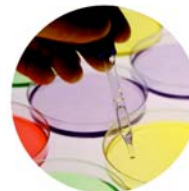
High Incident Chemical Eye Injury Areas:

The following areas must meet Emergency Eyewash Compliance Guidelines according to ANSI Z358.1.2009 Check MSDS sheets for specific requirements, or call your distributor or Honeywell representative for more information.



**Painting and
Solvent
Operations**

Laboratories



**Battery
Charging
Stations**

**Hazardous
Chemical
Storage**



**Tool Parts
Washers**

**Chemical
Pumping and/or
Mixing Area**



**Anywhere You Use
a Chemical that has
MSDS Eyewash
Requirements**

FREE PLANT COMPLIANCE SURVEY INSTRUCTIONS

Simple, easy-to-follow instructions for scheduling **Free Plant Compliance Surveys** are as follows:

- 1.** Fill in company information under “Sponsoring Vendor,” “Contact,” “Phone,” and “Fax.”
- 2.** Fax the attached form to your end-users.
- 3.** Await reply of interested customers.
- 4.** Contact your HSP Territory Sales Manager to schedule joint end-user calls with your sales representative.

Any questions, please call Customer Care at (800) 430-5490.

Recommended Tools for Scheduled Visit

- End-user site / floor plan of facility
- Evaluation forms
- Eyewash test gauge
- Tape measure
- Bucket
- Shower tester
- Watch with second hand
- Thermometer
- Copy of ANSI Standard

PLANT COMPLIANCE CHECKLIST

Replacement Parts – Possible Problem Areas	Service Required
<input type="checkbox"/> Broken/missing dust cover	<input type="checkbox"/> Align eyewash heads
<input type="checkbox"/> No striping	<input type="checkbox"/> Tighten push flags
<input type="checkbox"/> Sign missing	<input type="checkbox"/> Attach foot treadle chain
<input type="checkbox"/> Pull rod damaged	<input type="checkbox"/> Clear or mark floor area
<input type="checkbox"/> Replace head(s)	<input type="checkbox"/> Align shower head/eyewash
<input type="checkbox"/> Replace shower head	<input type="checkbox"/> Add lighting to emergency station
<input type="checkbox"/> Replace bowl	<input type="checkbox"/> Add shower/modesty curtain
<input type="checkbox"/> Replace foot treadle	<input type="checkbox"/> Replace self closing valve with stay open valve
<input type="checkbox"/> Replace treadle chain	<input type="checkbox"/> Service in-line filters
<input type="checkbox"/> Replace flow control	<input type="checkbox"/> Clean and refill self contained per manufacturers' instruction
<input type="checkbox"/> Replace pull strap	<input type="checkbox"/> Eyewash nozzles at improper height – should be 33" to 45" from floor and 6" from wall or nearest obstruction
<input type="checkbox"/> Replace fill cap	<input type="checkbox"/> Shower at improper height – should be 82" to 96" from floor, handle to be 69" from where user stands
<input type="checkbox"/> Replace cartridges model Fendall Pure Flow 1000®	<input type="checkbox"/> Eyewash and shower do not run simultaneously
<input type="checkbox"/> Replace cartridges model Fendall 2000™	<input type="checkbox"/> Area too cold – requires heated unit (i.e. Porta Stream #310)
<input type="checkbox"/> Eyewash required not present	<input type="checkbox"/> Move eyewash closer to hazard to comply with ANSI Z358.1-2009 (10 seconds from hazard)
<input type="checkbox"/> Missing inspection tag	
<input type="checkbox"/> Missing nozzle covers	

Performance Requirements:

- All equipment must be 10 seconds from hazard.
- All equipment must be simple to operate and activate in one second or less.
- Primary device provides 15-minute flush time at .4 gpm.
- Secondary device is to be used to support primary devices, **NOT** replace them.
- * Don't forget! Irrigation should continue while injured is transported to medical assistance after the 15-minute flush.

Note: All employees **MUST** be instructed on the location, proper use and application of all equipment.

PORTABLE EYEWASH STATION COMPLIANCE SURVEY

Date: _____

End User: _____

Recommended: Monthly Visual Checks

Location:		Status	Recommendations
Check Unit	Check for Obstruction, Location within 10 Seconds and Condition		
Check Cartridges	List Expiration Date(s)/Recent Inspection Date		
Check Signage	Verify Signage is Present and Visible		
Location:			
Check Unit	Check for Obstruction, Location within 10 Seconds and Condition		
Check Cartridges	List Expiration Date(s)/Recent Inspection Date		
Check Signage	Verify Signage is Present and Visible		
Location:			
Check Unit	Check for Obstruction, Location within 10 Seconds and Condition		
Check Cartridges	List Expiration Date(s)/Recent Inspection Date		
Check Signage	Verify Signage is Present and Visible		
Location:			
Check Unit	Check for Obstruction, Location within 10 Seconds and Condition		
Check Cartridges	List Expiration Date(s)/Recent Inspection Date		
Check Signage	Verify Signage is Present and Visible		
Location:			
Check Unit	Check for Obstruction, Location within 10 Seconds and Condition		
Check Cartridges	List Expiration Date(s)/Recent Inspection Date		
Check Signage	Verify Signage is Present and Visible		
Location:			
Check Unit	Check for Obstruction, Location within 10 Seconds and Condition		
Check Cartridges	List Expiration Date(s)/Recent Inspection Date		
Check Signage	Verify Signage is Present and Visible		

**Place an X to indicate everything is OK and up to standards.
Place an N/C for non-compliance and list what actions are needed to bring up to standards.**

PORTABLE EYEWASH STATION COMPLIANCE SURVEY

Date: _____

End User: _____

Recommended: Weekly Visual Checks

Location:	Status	Recommendations
Check Eyewash/Shower for Flow Run for up to One Minute		
Check Aerators Check and Clean Aerators (If Needed)/Recent Inspection Date		
Check Signage Verify Signage is Present and Visible		
Location:		
Check Eyewash/Shower for Flow Run for up to One Minute		
Check Aerators Check and Clean Aerators (If Needed)/Recent Inspection Date		
Check Signage Verify Signage is Present and Visible		
Location:		
Check Eyewash/Shower for Flow Run for up to One Minute		
Check Aerators Check and Clean Aerators (If Needed)/Recent Inspection Date		
Check Signage Verify Signage is Present and Visible		
Location:		
Check Eyewash/Shower for Flow Run for up to One Minute		
Check Aerators Check and Clean Aerators (If Needed)/Recent Inspection Date		
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Location:		
Check Eyewash/Shower for Flow Run for up to One Minute		
Check Aerators Check and Clean Aerators (If Needed)/Recent Inspection Date		
Check Signage Verify Signage is Present and Visible		

**Place an X to indicate everything is OK and up to standards.
Place an N/C for non-compliance and list what actions are needed to bring up to standards.**

Summary Comments: _____

*We are very interested in your **candid** comments as it applies to the Plant Compliance Survey. Please fax or e-mail your reply to your Honeywell Safety Products Sales Representative at:*

Email: **Fax:** _____

Date of Reply: _____

Distributor Comments: _____

Sperian is now Honeywell

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