

## Program Subject: Emergency Equipment Inspection Policy

### 1. PURPOSE

- 1.1 To provide safe and reliable equipment to meet the needs of the University's users in a cost-effective manner.
  - 1.1.1 To maximize safety and emergency preparedness
  - 1.1.2 Proper care will preserve and extend the useful life of equipment.
- 1.2 To ensure compliance with OSHA's general regulation is applicable to all facilities that require the installation of an emergency equipment
  - 1.2.1 29 CFR 1910.157 – Portable Fire Extinguishers
  - 1.2.2 NFPA 101-31-1.3.7 – Life Safety Standard
  - 1.2.3 29 CFR 1910.151(c) – States that where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.
  - 1.2.4 ANSI/ISEA Z358.1-2014 – States weekly tests and annual inspections of the equipment.
- 1.3 To provide direction and responsibility on scheduled inspections for all eye wash stations, shower stations, and portable fire extinguishers.
- 1.4 To provide public access to Campus maintained Automatic External Defibrillators (AED) for use in the event of a cardiac emergency.

### 2. SCOPE

- 2.1 To provide emergency showers, eyewash stations, AEDs, and portable fire extinguishers wherever mandated by OSHA standards, regulation or consensus standards, or whenever a hazard assessment determines areas where corrosive materials or infectious agents are present, or where there is a reasonable probability of injury to the eyes or skin occurring because of exposure to hazardous chemicals or materials.
- 2.2 This program applies to all plumbed and non-plumbed emergency eyewash and emergency shower equipment located in all UW-Eau Claire facilities.

### 3. DEFINITION

- 3.1 **Emergency Safety Equipment:** They are included emergency showers, eyewash/facewash equipment, hand held drench hoses, and combination shower with eyewash/facewash.
- 3.2 **Emergency Eyewash/Facewash:** A device used to provide fluid to irrigate and flush both eyes and face simultaneously at a velocity low enough to be non-injurious to the user.
- 3.3 **Eyewash bottle:** A bottle, complete with flushing solution, whose design, construction and manufacture enables the quick flushing of an eye and surrounding facial area.
- 3.4 **Safety Shower:** A device designed to deliver flushing fluid in sufficient volume to enable the user to have water cascading over the entire body while the hands are free.

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- 3.5 Combination Unit: An interconnected assembly of drenching and flushing equipment that is supplied by a single flushing fluid source.
- 3.6 Drench Hose: A supplemental device consisting of a flexible hose connected to a flushing fluid supply that is used to provide fluid to irrigate face and body areas.
- 3.7 Flushing fluid: Potable water, preserved water, preserved buffered saline solution or other medically acceptable solutions manufactured and labeled in accordance with applicable federal regulations.
- 3.8 Flow Pressure: The pressure of the flushing fluid exerted in the wall of the pipe near the outlet while the faucet/outlet is fully open and flowing.
- 3.9 Flow Regulator: A device intended to control the flow of flushing fluid through the pipe.
- 3.10 Tepid: Moderately warm; lukewarm.

#### 4. RESPONSIBILITIES

- 4.1 Department of “**Risk Management and Safety**” (RM&S)
  - 4.1.1 Be responsible for ensuring the development and implementation of this policy.
  - 4.1.2 Provide necessary resources as available to carry out the program.
  - 4.1.3 Ensure that supervisors, employees, and students are notified of their responsibilities as outlined in this Standard Operating Procedure.
  - 4.1.4 Ensure that all employees and students have received instruction regarding operation and maintenance of emergency eyewash and shower equipment as needed.
  - 4.1.5 Coordinate with Facilities Management for inspection, modification, repair, maintenance, and installation of emergency shower and eyewash units, as necessary.
  - 4.1.6 Ensure that each department is aware of their responsibilities under this program.
  - 4.1.7 Implement safety showers, eyewash/facewash stations, and drench hoses.
    - 4.1.7.1 Maintain an updated inventory of eyewash and safety shower units.
    - 4.1.7.2 Assist with building plan review and selection from a list of recommended units during new construction or major renovation.
    - 4.1.7.3 Provide necessary equipment and inspection tags required to test eye/face wash and safety shower equipment as required by departments.
    - 4.1.7.4 Notify Facilities Management to conduct semi-annual inspection to ensure that the emergency equipment is functioning properly. (See **Appendix A**)
    - 4.1.7.5 Ensure that eyewash/facewash stations within the laboratory are activated weekly and a WEEKLY activation log is maintained.
    - 4.1.7.6 Evaluating and approving personal eyewash bottles.
    - 4.1.7.7 Identifying eye/face washes and showers that are no longer needed and submitting a request to Facilities Management for their removal.
    - 4.1.7.8 Providing technical assistance to Facilities Management and other personnel in the selection, installation, maintenance, and testing of emergency eye/face washes, safety showers, and drench hoses.

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- 4.1.8 Implement the AED program and review instances in which an AED was used to determine the appropriateness of the operation of the AED.
  - 4.1.8.1 Serves as the AED Program Coordinator for the UW-Eau Claire System.
  - 4.1.8.2 Act as liaison between AED owners, manufacturers and health agencies to assist in unit maintenance and compliance issues.
  - 4.1.8.3 Maintain AED inspection records and provide an inventory of AED locations on campus. (See **Appendix D**)
  - 4.1.8.4 Assist AED owners with program management.
  - 4.1.8.5 Coordinate AED equipment location with AED owner and building supervisor to promote easy access.
  - 4.1.8.6 Ensure that all individuals who are expected to operate an AED have met all training requirements.
  - 4.1.8.7 Ensure the inspections and maintenance are conducted in a timely manner and in accordance with written user and service manuals provided by the manufacturer.
  - 4.1.8.8 Assist departments with AEDs to conduct monthly inspections of AEDs to ensure proper operation.
  - 4.1.8.9 Conduct semi-annual inspections to include cabinet battery replacement and operational checks, replacement of pads and batteries, and ensure proper operation of AED units.
- 4.2 Laboratory Supervisor
  - 4.2.1 To ensure that the necessary emergency eye/face wash, safety shower, and drench hose equipment are located on the same level as the hazards.
  - 4.2.2 To ensure unobstructed access to the safety shower/eyewash equipment so that it requires no more than 10 seconds to reach (no more than 55 feet walking distance).
  - 4.2.3 To ensure that all employees and students who may need the emergency eyewash and shower equipment are trained on their location and use.
  - 4.2.4 Inform (RM&S) before removing any emergency eyewash/shower equipment from the laboratory.
- 4.3 Facilities Management
  - 4.3.1 Perform timely modifications, repair, maintenance, and installation of emergency eyewash and shower equipment as required.
  - 4.3.2 Inform (RM&S) after installation, repair, and modification of eyewash and/or shower equipment so that (RM&S) can inspect/re-inspect the units.
  - 4.3.3 Executes all work orders for the installation or repair of emergency eyewash and shower equipment on a high priority basis.
  - 4.3.4 Conducts annual flow rate testing and compliance assessment.
  - 4.3.5 Maintains written records of flow rate testing and compliance assessment.

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- 4.3.6 Notify the (RM&S) staff of changes in work areas or work processes and practices that require a Hazard Assessment to evaluate the need for new installations, or for the removal of existing emergency eyewashes or showers. (See **Appendix G**)
- 4.3.7 Conduct monthly checks of all fire extinguishers, emergency lights, and exit signs in all other buildings as well as the exit signs and emergency lights in the dorms. See more information in sections (5.4) and (5.5).
- 4.3.8 All personal wash units (eyewash bottles), must be checked monthly by the user for the expiration date and to determine if it has been used.
  - 4.3.8.1 Dispose of any opened or eyewash bottles that have use by dates that have expired.
  - 4.3.8.2 The expiry date of the fluid should be printed permanently on the unit.
  - 4.3.8.3 Replenish them after used and/or when they are out dated.

### 5. PROGRAM COMPONENTS

- 5.1 Equipment and Supplies: The following is a list of equipment and supplies that should be available for the emergency eyewash/facewash, safety shower, and drench hose.
  - 5.1.1 Lab coats and protective eyewear
  - 5.1.2 55-gallon drum/30-gallon plastic drum
  - 5.1.3 Emergency shower drip buckets, pole for shut off valve, and/or Eyewash gauge
  - 5.1.4 Testing record tags, out of service cards, sponge mop, and paper towels
- 5.2 Semi-annually Flow Test and Activation: Department of (RM&S) will inform Facilities Management to conduct semi-annually test for all Emergency Equipment on campus.
  - 5.2.1 Flow rate of the device will be conducted semi-annually to let the water run for one minute to collect at least 1.5 liters (0.4 gallon) of water. (See **Appendix A**)
  - 5.2.2 Ensure compliance with the ANSI Z358.1-2014 recommends that the flushing fluid shall be "tepid". However, ANSI provides a guideline that the flushing fluid temperature in the range of 60°F - 100°F is considered suitable.
  - 5.2.3 Observe the Flow:
    - 5.2.3.1 The unit must be delivered not less than 0.4 gallons per minute of flushing fluid for 15 minutes (report low or high flow for maintenance).
    - 5.2.3.2 Ensure that the water flow is continuous, evaluate that the unit can maintain flow for 15 minutes, and is not injurious to the user's eye or face.
    - 5.2.3.3 For eye/face wash units, controlled flow must be provided to both eyes simultaneously.
    - 5.2.3.4 Uneven flow to one eye or the other indicates a malfunction or simple blockage of the filters underneath the spray cap (remove and rinse filters or report malfunction for maintenance).
  - 5.2.4 Ensure they are in proper working condition, have an appropriate tag is on unit, and document test with dates and initials on the unit tag after test.

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- 5.2.5 Facilities Management's plumber should ensure that the testing does not interfere with teaching/research tasks and will be subject to the all restrictions imposed on those areas where the emergency equipment is located.
- 5.2.6 Activate of the Unit:
  - 5.2.6.1 Valve activator must stay on unless manually turned off and must activate water flow in one second or less.
  - 5.2.6.2 If the eye wash station has protective caps, make sure they pop off automatically when the eye was being turned "ON". Return the caps to the proper position after flushing.
  - 5.2.6.3 Activated or flush the unit until the water runs clear to discharge rust, bacteria, or other contaminants.
  - 5.2.6.4 Keep an eye wash test record or log in the laboratory. Record the activation flushing in the record posted on the wall near the eyewash.
- 5.3 Visual Inspection Procedures: Emergency eyewash/facewash and drench hose are required to have "**Weekly Inspection**" by (RM&S) or workplace personnel. (See **Appendix B**)
  - 5.3.1 Visual Inspection of the unit:
    - 5.3.1.1 Look for corrosion, leaks, or pipe damage and proper placement of protective covers. This should be done prior to activation and to avoid risk of injury, damage to the unit, or creating a spill.
    - 5.3.1.2 Ensure that the unit is clean and free of any nearby obstructions.
    - 5.3.1.3 Activate and flush eye/face wash and drench hose for 3 minutes.
    - 5.3.1.4 Ensure the eye/face wash and drench hose water is clear before turning off.
    - 5.3.1.5 Verify the eyewash has been tested semi-annually on the log or hang tag on the unit, or with the building manager.
    - 5.3.1.6 Record the test as passes or failed, sign and date the inspection tag.
  - 5.3.2 Test Failure, Malfunctions, and Deficiencies
    - 5.3.2.1 Corrective actions must be performed when deficiencies are noted by any personnel at any time.
    - 5.3.2.2 Units that fail testing during normal daily activities must be repaired immediately. If deficiencies cannot be immediately corrected, the area supervisor must be notified and the unit must be tagged "DO NOT USE".
    - 5.3.2.3 The area supervisor must notify all affected employees and (RM&S) when emergency equipment is out of service.
    - 5.3.2.4 Semi-annually test failures must be corrected immediately. Malfunctions will be reported to immediate supervisors.
    - 5.3.2.5 Work order requesting service, call Facilities Management at: 36-3411.

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### 5.4 Fire Extinguishers Inspection Procedures

5.4.1 Who is inspecting the fire extinguisher may look for compliance with any of the following general requirement for fire extinguisher. (See **Appendix H**)

5.4.1.1 Ensure access to the extinguisher is not blocked and that the cabinet door, if applicable, opens easily.

5.4.1.2 The cylinder pressure should be within the recommended level on extinguishers equipped with a gauge.

5.4.1.3 The needle should be situated in the green zone.

5.4.1.4 If the needle is not in green zone, contact Facilities Management to replace the defective fire extinguisher.

5.4.1.5 Verify that the locking pin is intact and the tamper seal is not broken.

5.4.1.6 Check the hose and nozzle to ensure they are in good condition.

5.4.1.7 Check the extinguisher for dents, leaks, rust, wet, chemical deposits or other signs of abuse/wear and note any findings on the inspection report.

5.4.1.8 If the extinguisher is damaged or needs recharging, remove it from service and note this deficiency on the inspection report.

### 5.5 Emergency Lights and Exit Signs Inspection Procedures

5.5.1 Monthly Inspection: All emergency lighting, emergency egress (EXIT) signs, and other life safety systems shall be inspected. (See **Appendix I**)

5.5.1.1 All exit access, exit doorways, and the exit discharge systems are to remain clear and unobstructed always.

5.5.1.2 At no time, shall any form of obstruction be placed into the exit egress system. Aisles, hallways, corridors, corridor and exit doors, emergency escapes, etc. shall not be obstructed by any type of storage or projections.

5.5.1.3 Check for physical damage to the exterior of the unit (test switch, pilot lamp, broken head, etc.)

5.5.1.4 Check the AC ready light is on and the bulbs on Exit Signs are illuminated.

5.5.1.5 Verify that the red or green diffuser on Exit Signs are not bleached, faded, burnt or cracked.

5.5.1.6 Verify that the lamps on Emergency Lights and Exit Signs equipped with a battery backup illuminate when the test switch is depressed (press and hold Test Switch for 30 seconds)

5.5.1.7 Verify that the lamps on Emergency Lights are properly aligned and secure.

5.5.1.8 The test button is located on the side or bottom of the sign.

5.5.1.9 If an exit sign or emergency light is found inoperable, notify the building manager and/or contact Facilities Management at: 36-3411 for work order requesting service.

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- 5.5.2 Annually Inspection: All exit signs, night lights, and emergency lighting units are to be inspected and tested annually as follow:
  - 5.5.2.1 Correcting fire code deficiencies in a timely manner.
  - 5.5.2.2 Checking batteries and lenses for damaging and corrosion.
  - 5.5.2.3 Cleaning unit and lenses.
  - 5.5.2.4 Adjusting beams for proper alignment.
  - 5.5.2.5 Checking battery voltage output.
  - 5.5.2.6 Replacing burnt-out bulbs and dysfunctional batteries.
- 5.6 Monthly Systems Check on AEDs: Each department in possession of an AED shall appoint an individual to serve as the Departmental AED Coordinator. (See **Appendix F**)
  - 5.6.1 Conduct a “Monthly System Check” to ensure compliance including the following elements:
    - 5.6.1.1 Response kit supplies
    - 5.6.1.2 2 sets of defibrillator chest pads
    - 5.6.1.3 1 extra battery set and cables (if AED has removable cables)
    - 5.6.1.4 Notify the (RM&S) immediately if an AED is missing, damaged, or does not appear ready for use.
    - 5.6.1.5 Purchase and replace batteries, pads and other supplies as needed.
- 5.7 Semi-annually Inspection on AEDs: Department of (RM&S) will conduct a semi-annually inspection system and maintain the following records on site. (See **Appendix E**)
  - 5.7.1 Guidelines for use
  - 5.7.2 Manufacturer’s operating instructions
  - 5.7.3 Written self-inspection records
  - 5.7.4 The identity of the department’s responsible person
- 5.8 The AED may be used by:
  - 5.8.1 Employees including: administrators, nurses, athletic/activities director, athletic trainers and office staff.
  - 5.8.2 Additional staff as identified by administration. Examples: teachers, coaches, field/game managers and security staff.
  - 5.8.3 Any trained volunteer responder who has successfully completed an approved CPR/AED training program and has a current successful course completion card.
  - 5.8.4 Activating internal emergency response system and providing prompt basic life support including CPR/AED per training and experience.
  - 5.8.5 Understanding and complying with requirements of this policy.
  - 5.8.6 Following the more detailed procedures and guidelines for the AED program.

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### 6 TRAINING

#### 6.1 Certification Training:

6.1.1 Individual departments are responsible for ensuring that training records are kept up to date with the (RM&S) AED Program Coordinator.

6.1.2 Trained employees will renew first-aid, CPR and AED training every two years.

#### 6.2 Emergency Safety Equipment: All workers/students who might be exposed to a chemical splash must be trained by their department or lab supervisor as part of their induction on the following:

6.2.1 The specific location of the units servicing that area

6.2.2 How to properly activate and use the specific type of system

6.2.3 Use of the “**Eyewash/Facewash Station**” in the event of an eye injury

6.2.3.1 Individuals should be instructed to hold the eyelids “OPEN” and roll the eyeballs continuously so fluid will flow on all surfaces of the eye and under the eyelid seek medical attention.

6.2.3.2 The specific treatment for the chemical concerned – refer to the SDS.

**Note:** People may not always be able to flush their eyes on their own because of intense pain. Nearby helpers should be prepared to assist with holding the eyelids open. Other helpers may need to assist with keeping the person under the flushing fluid for at least 15 minutes.

6.2.4 Use of the “**Safety Shower**” in the event of a chemical spill onto their body.

6.2.4.1 Individuals should be instructed to remove all contaminated clothing including footwear and socks/stockings while under the shower when cross contamination has occurred.

6.2.4.2 Have someone assist with clothing removal when possible.

6.2.4.3 An assistant may use a fire blanket or uncontaminated article of clothing as a shield to provide privacy for someone who needs to remove their clothes while under an emergency shower, and for body coverage while seeking medical attention.

6.2.4.4 Flush body for a minimum of 15 minutes, seek medical attention.

6.2.4.5 The specific treatment for the chemical concerned – refer to the SDS.

#### 6.3 Fire Extinguisher training:

6.3.1 Individuals responsible for monthly fire extinguisher inspections need to attend the training annually and hands on training for every other year.



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**Appendix A. Semi-annually Eyewash/Facewash, Safety Shower, and Drench Hose Inspection**

Emergency Safety Equipment Rating Scale:

1 = Not Acceptable (0 point); 2 = Acceptable but need to improve (2 points); 3 = Acceptable (3 points)

EYEWASH/FACEWASH MODEL: \_\_\_\_\_  SAFETY SHOWER MODEL: \_\_\_\_\_  DRENCH HOSES MODEL: \_\_\_\_\_

Department: \_\_\_\_\_ Location/Area: \_\_\_\_\_

The total points per Semi-annually = 33

Year \_\_\_\_\_

Semi-annually Months	The 1st 6 Months						The 2nd 6 Months					
	01	02	03	04	05	06	07	08	09	10	11	12
Date												
Initials												
Station is free of obstruction, easily accessed & activated												
Station outlets and covers protected from contaminants												
Water is flowing from both eyepieces												
Flow of water is of equal height & clear before turning off												
Flow of water starts in 1 second; simple valves												
Flow rate at a low velocity to be non-injurious to the user												
Shower must deliver a minimum 20gpm flow												
Eyewash must deliver a minimum .4gpm flow												
Flushing fluid must be tepid (60°F - 100°F)												
The water drain properly from the basin/sink												
Look for corrosion, leaks, or pipe damage												
Sub Total:												
Semi-Annually Percentage of the Total:												
Corrective Action Required:												
Inspection result for this Emergency Safety Equipment (ESE)												
<input type="checkbox"/> THIS ESE IS ACCEPTABLE				<input type="checkbox"/> COMPLETED CORRECTIVE ACTION RIGHT AWAY				<input type="checkbox"/> THIS ESE NEEDS TO HAVE WORK ORDER FOR MAINTENANCE				

Inspected by: \_\_\_\_\_ Signature: \_\_\_\_\_ Completion Date: \_\_\_\_\_

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**Appendix B. Weekly Eyewash/Facewash, Safety Shower, and Drench Hose Checklist Part A**

Department: \_\_\_\_\_ Location/Area: \_\_\_\_\_  Post it in this area

EYEWASH/FACEWASH MODEL: \_\_\_\_\_  SAFETY SHOWER MODEL: \_\_\_\_\_  DRENCH HOSES MODEL: \_\_\_\_\_

The First 13 weeks

Year \_\_\_\_\_

✓ Use this "Check Mark" on weekly columns.

Weekly	1	2	3	4	5	6	7	8	9	10	11	12	13
Date													
Initials													

Ensure area around unit is free of obstruction													
Ensure eyewash sign is affixed in plain view above eyewash													
Station outlets and covers protected from contaminants													
Activate and flush eyewash/drench hose for 3 minutes													
The water drain properly from the basin/sink													
Ensure that there are no broken parts, corrosion, & leakage													
Ensure the eyewash/drench hose water is clear before turning off													
Verify the eyewash has been tested semi-annually on the log													

Comments:

Inspected by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Second 13 weeks

✓ Use this "Check Mark" on weekly columns.

Weekly	14	15	16	17	18	19	20	21	22	23	24	25	26
Date													
Initials													

Ensure area around unit is free of obstruction													
Ensure eyewash sign is affixed in plain view above eyewash													
Station outlets and covers protected from contaminants													
Activate and flush eyewash/drench hose for 3 minutes													
The water drain properly from the basin/sink													
Ensure that there are no broken parts, corrosion, & leakage													
Ensure the eyewash/drench hose water is clear before turning off													
Verify the eyewash has been tested semi-annually on the log													

Comments:

Inspected by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Once inspection is completed 13 weeks, sign and date.

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**Appendix B. Weekly Eyewash/Facewash, Safety Shower, and Drench Hose Checklist Part B**

Department: \_\_\_\_\_ Location/Area: \_\_\_\_\_  Post it in this area  
 EYEWASH/FACEWASH MODEL: \_\_\_\_\_  SAFETY SHOWER MODEL: \_\_\_\_\_  DRENCH HOSES MODEL: \_\_\_\_\_

The Third 13 weeks Year \_\_\_\_\_

Weekly	27	28	29	30	31	32	33	34	35	36	37	38	39
Date													
Initials													

✓ Use this "Check Mark" on weekly columns.

Ensure area around unit is free of obstruction													
Ensure eyewash sign is affixed in plain view above eyewash													
Station outlets and covers protected from contaminants													
Activate and flush eyewash/drench hose for 3 minutes													
The water drain properly from the basin/sink													
Ensure that there are no broken parts, corrosion, & leakage													
Ensure the eyewash/drench hose water is clear before turning off													
Verify the eyewash has been tested semi-annually on the log													

Comments:

Inspected by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Fourth 13 weeks

Weekly	40	41	42	43	44	45	46	47	48	49	50	51	52
Date													
Initials													

✓ Use this "Check Mark" on weekly columns.

Ensure area around unit is free of obstruction													
Ensure eyewash sign is affixed in plain view above eyewash													
Station outlets and covers protected from contaminants													
Activate and flush eyewash/drench hose for 3 minutes													
The water drain properly from the basin/sink													
Ensure that there are no broken parts, corrosion, & leakage													
Ensure the eyewash/drench hose water is clear before turning off													
Verify the eyewash has been tested semi-annually on the log													

Comments:

Inspected by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Post this checklist next to each safety shower, eyewash/facewash station and keep as a record for one year.

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**Appendix C. Emergency Eyewash/Facewash, Showers, and Drench Hose Inventory Form**

Inventory Year:

No.	Building Name Location/Room #.	Type of Emergency Equipment				Manufacturer's Name ID. number	Comments
		EF *^~	SS *^~	CU *^~	DH *^~		

**Note:** The symbols legend  
 \* This emergency equipment needs a drip bucket/pail, sponge mop, and/or paper towels during activation.  
 ^ This emergency equipment needs a 55-gallon drum, sponge mop, and/or paper towels during activation.  
 ~ This emergency equipment needs a pole for shut off valves and/or eyewash gauge during activation.  
 Eyewash/Facewash = **EF**; Safety Shower = **SS**; Combination Unit = **CU**; Drench Hose = **DH**

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### Appendix D. AED Inventory Form

No.	Building Name Location Room	Supervisor Phone Number	AED Name Type/Brand	AED ID. Number	AED Inventory Year:				Others
					Need Inst. Battery	Need Spare Battery	Need Inst. Pads	Need Spare Pads	
Items Needing Replacement		Inst. Batteries:		Inst. Pads:		Response Kits:		Others:	
		Spare Batteries:		Spare pads:					

Inventory by: \_\_\_\_\_ Date: \_\_\_\_\_

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**Appendix E. Semi-annually AED Inspection Form**

Automated External Defibrillator (AED)						
Instruction	Model A		Comments	Model B		Comments
	Yes	No		Yes	No	
Status Indicator is "GREEN" in color	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Alarm on AED Box operates correctly	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
AED secure in case/Reference Guide	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Cables securely/undamaged	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Unit self-test messages	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Razor, Pair of Scissors, Pocket Mask	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Response Kit: 2 pair of gloves, 2 alcohol wipes, etc.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Installed battery within expiration date	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Spare battery within expiration date	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Installed pads are within their expiration date	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Spare pads are within their expiration date	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Child's Key	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Name (AED) **Model A:** \_\_\_\_\_ AED SN. Number: \_\_\_\_\_ Pads Exp. Date: \_\_\_\_\_

Location: \_\_\_\_\_ AED Supervisor & Phone: \_\_\_\_\_ Battery Exp. Date: \_\_\_\_\_

Name (AED) **Model B:** \_\_\_\_\_ AED SN. Number: \_\_\_\_\_ Pads Exp. Date: \_\_\_\_\_

Location: \_\_\_\_\_ AED Supervisor & Phone: \_\_\_\_\_ Battery Exp. Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**Operation Checklist:**

Open the AED door of storage cabinet for "Alarm Sound". Verify the STATUS INDICATOR is "GREEN" in color. If it does not return to "GREEN", contact the immediate AED Supervisor. Check the expiration date on the electrode pads and batteries.

**SEND COMPLETED FORMS TO RISK MANAGEMENT AND SAFETY FOR CORRECTIVE ACTION REQUIRED**

Office of Risk Management and Safety use only

Work Order Number: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Corrective Action Required:

**Program Subject: Emergency Equipment Inspection Policy**

**Appendix F. Monthly AED System Checklist**

Department Name: \_\_\_\_\_ Location: \_\_\_\_\_ Year: \_\_\_\_\_

AED Supervisor: \_\_\_\_\_ (AED) Model: \_\_\_\_\_ (AED) SN. Number: \_\_\_\_\_

✓ Use this “Check Mark” on monthly columns to verify compliance. Physically inspect AED as required below.

Monthly	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Initial												
AED is found in secured location												
AED access is not obstructed												
Battery status indicator is “GREEN” in color												
All other manufacturer’s requirement is met												
Installed battery within expiration date												
Installed pads are within their expiration date												
Two sets of pads and batteries are within expiration date												
Razor, Scissors, and Face Mask are in place												
Response Kit: 2 pair of gloves, 2 alcohol wipes, etc.												
Child’s Key												

Comments / Action Required / Other AED stations needing attention:

Inspected by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Post this checklist next to each AED station and keep as a record for one year.

**Program Subject: Emergency Equipment Inspection Policy**

**Appendix G. Emergency Eyewash/Facewash and Safety Shower Hazard Assessment Form**

The Emergency Equipment needs to install in this location:  EYEWASH/FACE WASH  SAFETY SHOWER  DRENCH HOSE

IDENTIFICATION						
Department Name:			Area Supervisor:			
Location/Room #.:			Date:			
<b>ASSESSMENT: Identified Hazards</b>			<b>Risk Evaluation Matrix: Severity (S); Probability (P)</b>			
Chemicals in Area:					(S)	(P)
Total Score						
Determine Critical Factor						
RISK ASSESSMENT CODE (RAC)						
Severity Classification			Score	Probability Estimate		Score
<input type="checkbox"/> CLASS I: <b>Catastrophic</b> (may cause death or permanently disabling injury)			4	<input type="checkbox"/> ESTIMATE A: Likely to occur		4
<input type="checkbox"/> CLASS II: <b>Critical</b> (may cause severe injury or severe occupational illness)			3	<input type="checkbox"/> ESTIMATE B: Probably will occur		3
<input type="checkbox"/> CLASS III: <b>Marginal</b> (may cause minor occupational injury or illness)			2	<input type="checkbox"/> ESTIMATE C: May occur in time		2
<input type="checkbox"/> CLASS IV: <b>Negligible</b> (probably would not affect personnel safety or health)			1	<input type="checkbox"/> ESTIMATE D: Unlikely to occur		1
RAC DETERMINATION:		Probability Estimate				<b>The Critical Score Ranking Factor:</b>  A = 7 - 8: Require to have emergency equipment B = 5 - 6: Optional to have emergency equipment C = 3 - 4: Not required to have emergency equipment
		A	B	C	D	
Severity Class	I	4	3	2	2	
	II	3	2	2	1	
	III	2	2	2	1	
	IV	1	1	1	1	
Total RAC Score:		10	8	7	5	
<b>Details of Action:</b> When determining action, please refer to the Critical Score Ranking Factor						
<b>FINDING:</b>		<input type="checkbox"/> <b>REQUIRED</b>		<input type="checkbox"/> <b>OPTIONAL</b>		<input type="checkbox"/> <b>NOT REQUIRED</b>

Risk Assessor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_



**Program Subject: Emergency Equipment Inspection Policy**

**Appendix H. Monthly Inspection for Portable Fire Extinguisher**

Inspected By: \_\_\_\_\_ Responsible Personnel: \_\_\_\_\_

Department: \_\_\_\_\_ Location/Area: \_\_\_\_\_

Type of Fire Extinguishers:  CLASS A: ORDINARY COMBUSTIBLES  CLASS B: FLAMMABLE LIQUIDS  CLASS C: ELECTRICAL EQUIPMENT  
 CLASS D: COMBUSTIBLE METALS  CLASS K: COMBUSTIBLE COOKING

Visual Inspections: Intended to ensure that each extinguisher is in its designated place and will operate if needed, can be performed by facility staff. The following is a summary of those requirements from NFPA 10(98), Sec. 4-3.2, including a sample recordkeeping form.

Monthly Inspection Points								# of Failed Inspect Pt.	If Failed, Corrective Action	
1. Located in designated place, freely accessible, & visibility				2. Safety tamper seals, pin, tags are in place and are not broken						
3. Pressure gauge is in the green and is not showing "recharge"				4. No physical damage, corrosion, leakage or blockage						
5. Operating instructions on nameplate legible & facing outward				6. Ensure the hose & nozzle are in good condition						
Exting. ID. #	Class of Exting.	Location	Check on Inspection Points							
			1	2	3	4	5	6		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comments / Action Required / Other fire safety items needing attention

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Signature of Inspector: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_



**Program Subject: Emergency Equipment Inspection Policy**

**Appendix I. Monthly Emergency Lighting and Exit Sign Inspection Form**

Department: \_\_\_\_\_ Responsible Personnel: \_\_\_\_\_

Location/Area: \_\_\_\_\_ Date: \_\_\_\_\_

Visual Inspections: All Emergency Lighting (EL), emergency egress Exit Sign (ES), and Emergency Ballast (EB) shall be inspected monthly.

NO.	Equipment Location Identifier	Type: (EL), (ES), (EB)	Status: (FF), (NR), (NF)	Initials	Comments

**Details of Action:**

Inspected By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**Note:** Put in the work order, call Facilities Management at: 36-3411  
Fully Functional = (FF); Needs Repair = (NR); Non-Functional = (NF);