

	STANDARD CHECKLIST	Document ID:	TNCL-OHS-CHK-0023
		Document owner	OHS Manager
	SAFETY SHOWER STATION WEEKLY INSPECTION	Revision	01
		Approve Date	21 st March 2024

SAFETY SHOWER STATION WEEKLY INSPECTION

Inspection Date: _____

Inspected by: _____

Safety shower #	Area Location	Pipe condition	Shower condition	Water pressure	Nozzle condition	Green Light	Maintenance needed (Y/N)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

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Safety shower #	Area Location	Pipe condition	Shower condition	Water pressure	Nozzle condition	Green Light	Maintenance needed (Y/N)
25							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							

Name -----

Signature-----

Date: -----

The inspection is to be completed no later than Wednesday of every second and fourth week of a month.