***Name of MTF***

**Safety Tracer Checklist**

**Process: Maintaining Emergency Eyewash Devices Date:**

**Location: Inspected by:**

|  |  |  |
| --- | --- | --- |
|  | **Check** | **Gaps and Recommendations** |
| **Plan** | **– Does staff handle blood, OPIM, or corrosive materials in the work area?****– Is plumbed emergency eyewash devices installed in the work area?****– Does the device meet ANSI standards?** |  |
| **Teach** | **– Can staff locate the device?****– Can staff demonstrate how to use the device?** |  |
| **Implement** | **– Is a highly visible sign posted to identify the device’s location?****– Is the pathway and area in front of the device clear of equipment, supplies, tripping hazards, and other impediments?****– Can staff reach the device within 10 seconds?** |  |
| **Respond** | **– Was the device used during an actual emergency within the past 12 months?****– Did the device function properly?** |  |
| **Monitor** | **– Are weekly tests conducted and documented?****– Was annual maintenance completed within the past 12 months?****– Were any problems or deficiencies noted during routine inspections or annual maintenance?** |  |
| **Improve** | **– Any actions taken as a result of planning, teaching, implementing, responding, or monitoring activities?****– Were the actions effective?** |  |