UNIVERSITÉ Concordia UNIVERSITY

GINA CODY SCHOOL OF ENGINEERING AND COMPUTER SCIENCE

Department of Chemical and Materials Engineering

EYEWASH ACTIVATION LOG
(CME-FORM-004)

In accordance with *ANSI Z358.1-2014 standard*, please activate the eyewash weekly, record the date, and initial.

Campus: *SGW* *LOYOLA*

Building and Room #: _____

Type of Lab: *Research* *Teaching* *Shared* *Wet* *Other (Specify)*_____

MONTH	DAY	YEAR	INITIAL		MONTH	DAY	YEAR	INITIAL