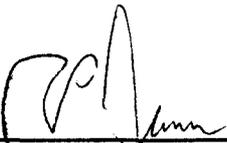


Rocky Flats Environmental Technology Site

4-R79-WWO-002

REVISION 0

EYE WASH AND SAFETY SHOWER INSPECTION AND TESTING

APPROVED BY:  / R. P. Dunn / 11/8/95
 Waste Water Operations Manager Print Name Date

Responsible Organization: Waste Water Operations Effective Date: 11/20/95

CONCURRENCE BY THE FOLLOWING DISCIPLINES IS DOCUMENTED IN THE PROCEDURE HISTORY FILE:

- SME
- Engineering
- Industrial Hygiene and Safety
- Quality Assurance
- Waste Water Operations

USE CATEGORY 3

ORC review not required

Reviewed for Classification/UCNI

The following have been incorporated in this revision:
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By G. Sprenger /s/ UNU

Date 10/11/95

Periodic review frequency: 4 years from the effective date

Approved and

LIST OF EFFECTIVE PAGES

<u>Pages</u>	<u>Effective Date</u>	<u>Pages</u>	<u>Effective Date</u>
1	11/20/95		
2	06/09/97		
3-4	11/20/95		
5	06/09/97		
6-7	11/20/95		
8	06/09/97		
9-10	11/20/95		
11	06/09/97		
12-15	11/20/95		

The following DMRs are active for this procedure:
97-DMR-000693

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This is a
CONTROLLED DOCUMENT (4)
ROCKY FLATS PLANT
ENVIRONMENTAL MANAGEMENT DEPARTMENT

SECTION

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1. PURPOSE

This procedure contains guidance for the inspection and testing of stationary and portable eyewashes and safety showers in accordance with national standards, federal regulations, Rocky Flats policies and procedures.

2. SCOPE

This procedure applies to all areas that have stationary safety showers or eyewash stations or that require portable eyewash stations or safety showers within Waste Water Operations area of responsibility.

This procedure addresses the following topics:

- Fixed Station Inspection and Testing
- Portable Station Inspection and Testing

3. RESPONSIBILITIES

3.1 All Personnel

All personnel shall immediately report any problems with safety showers and eyewash stations to their supervision.

3.2 Inspector

That individual(s) designated by the Manager to be responsible for the inspection of safety showers and eyewashes located in their area of responsibility.

That individual designated by the Manager to be responsible for maintaining the records and lists identified in this procedure.

3.3 Manager

The manager of an area is responsible for the overall implementation and performance of the safety shower and eyewash inspection program.

The manager of an area shall designate inspection and records custodian personnel.

4. INSTRUCTIONS—INSPECTION AND TESTING OF EYE WASHES AND SAFETY SHOWERS

NOTE *The following appendixes are provided as examples:*

- *Appendix 1, Emergency Safety Shower and Eyewash Inspection Report*
- *Appendix 2, Pressurized Eyewash/Safety Shower Inspection Logsheet*
- *Appendix 3, Emergency Safety Shower and Eyewash Test Record*
- *Appendix 4, Gravity Fed Eyewash/Safety Shower Inspection Logsheet*

4.1 Fixed Station Inspection and Testing

Inspector

- [1] Obtain a Emergency Safety Shower and Eyewash Station Inspection Report from the record custodian.
- [2] Obtain a Pressurized Eyewash/Safety Shower Inspection Logsheet from the record custodian.
- [3] Check Emergency Shower and Eyewash Station Wash Test Record for the last inspection date.
- [4] **IF** the last inspection was not performed during the previous month, **THEN** complete the remaining steps of this procedure.
- [5] Inspect the green circle (emblem) and the sign that designates the eyewash or safety shower location.
- [6] Ensure the emblem and sign are not obstructed and are clearly visible.
- [7] **IF** the emblem and/or sign is obstructed, missing, or in need of replacement, **THEN** record the deficiency in the Comments and Corrective Action section of the Pressurized Eyewash/Safety Shower Inspection Logsheet.

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4.1 Fixed station inspection and testing (continued)

- [8] Check to ensure the travel path to the eyewash and safety shower is clear and free of obstructions.
- [9] Ensure the lighting installed in the vicinity of the eyewash station or safety shower is functioning properly.
- [10] **IF** any problems are noted with lighting or pathways,
THEN record the deficiency in the Comments and Corrective Action section of the Pressurized Eyewash/Safety Shower Inspection Logsheet.
- [11] Visually inspect the eyewash station or shower for problems or defects in accordance with the Pressurized Eyewash/Safety Shower Inspection Logsheet.
- [12] **IF** any problems or defects are noted,
THEN record the deficiency in the Comments and Corrective Action section of the Pressurized Eyewash/Safety Shower Inspection Logsheet.
- [13] Obtain a container for the collection of liquids from the eyewash or safety shower.
- [14] Position the container to catch the solution from the eyewash or safety shower.
- [15] Press the handle on the eyewash or activate the valve chain on the safety shower to open the supply of water.
- [16] Observe the following as the water is flowing:
- Water exits all portions of the shower head.
 - Water exits both sides of the eyewash.
 - Eyewash streams converge above the eyewash.
- [17] Allow the water to flow approximately 5 seconds or until the sediment, if any, has been flushed from the supply lines.
- [18] Close the valve and allow the eyewash or safety shower to drain before removing the container.

4.1 Fixed station inspection and testing (continued)

[19] **WHEN** the container is full or all eyewashes and safety showers have been tested,
THEN dispose of the liquids accumulated from the testing in a sanitary drain.

[20] Return the container to its approved storage location.

[21] **IF** the eyewash or safety shower is not operating correctly,
THEN:

[A] Complete this inspection.

[B] Contact supervision.

[C] Complete a Work Control Form for the deficiencies.

[D] Submit the Work Control Form to supervision.

[22] **IF** the eyewash or safety shower is operational,
THEN complete the Emergency Shower and Eyewash Inspection Report form.

[23] Repeat steps 4.1 [3] through 4.1 [22] for each eyewash and safety shower.

4.2 **Portable Station Inspection and Testing**

Only saline or anti-bacterial solutions (following manufacturers instructions and guidance from 1-B93-HSP-7.04) and potable water is to be used to fill the eyewash stations and safety showers. Portable eyewash stations and safety showers must be protected from freezing. Portable eyewash stations and safety showers is maintained and stored at a temperature between 60° F and 90° F and the liquids delivered at a range from 60° F to 95° F, unless the chemical reaction is accelerated by water temperature.

NOTE 1 *Portable eyewash/safety showers are inspected daily if they are moved.*

NOTE 2 *Portable eyewash/safety showers that are not moved (but are set up for use) and stationery units are to be inspected at least once each month.*

Inspector

- [1] Obtain a Emergency Safety Shower and Eyewash Station Inspection Report(s) from the record custodian.
- [2] Obtain a Gravity Fed Eyewash/Safety Shower Inspection Logsheet(s).
- [3] Check Emergency Shower and Eyewash Station Wash Test Record for the last inspection date.
- [4] **IF** the last inspection was not performed during the previous month, **THEN** complete the remaining steps of this procedure.
- [5] Inspect the green circle (emblem) and the sign that designates the eyewash or safety shower location.
- [6] Ensure the emblem and sign are not obstructed and are clearly visible.
- [7] **IF** the emblem and/or sign is obstructed, missing, or in need of replacement, **THEN** record the deficiency in the Comments and Corrective Action section of the Gravity Fed Eyewash/Safety Shower Inspection Logsheet.

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4.2 **Portable Station Inspection and Testing (continued)**

- [8] Check to ensure the travel path to the eyewash and safety shower is clear and free of obstructions.
- [9] Lighting installed in the vicinity of the eyewash station or safety shower is to be functioning properly.
- [10] **IF** any problems are noted with the lighting or pathways,
THEN record the deficiency in the Comments and Corrective Action section of the Gravity Fed Eyewash/Safety Shower Inspection Logsheet.
- [11] Visually inspect the eyewash station or shower for problems or defects in accordance with the Gravity Fed Eyewash/Safety Shower Inspection Logsheet.
- [12] Obtain a container for the collection of liquids from the eyewash or safety shower.
- [13] Position the container to catch the solution from the eyewash or safety shower.

NOTE *It is not necessary to flush portable eyewashes and safety showers to remove sediments.*

- [14] Press the handle on the eyewash or activate the valve on the safety shower to open the supply of water.
- [15] Observe the following as the water is flowing:
 - Water exits all portions of the shower head, as appropriate.
 - Water exits both sides of the eyewash, as appropriate.
 - Eyewash streams converge above the eyewash, as appropriate.
- [16] Close the valve and allow the eyewash or safety shower to drain before removing the container.
- [17] **WHEN** the container is full or all eyewashes and safety showers have been tested,
THEN dispose of the liquids accumulated from the testing in a sanitary drain.

4.2 Portable Station Inspection and Testing (continued)

- [18] Return the container to its approved storage location.
- [19] **IF** any problems are noted,
THEN record the deficiency in the Comments and Corrective Action section of the Gravity Fed Eyewash/Safety Shower Inspection Logsheet.
- [20] Fill the solution supply tank with approved solution.
- [21] **IF** the tank solution has exceeded 6 months,
THEN record the deficiency in the Comments and Corrective Action section of the Gravity Fed Eyewash/Safety Shower Inspection Logsheet.
- [22] **IF** the portable eyewash or safety shower will not operate correctly,
THEN:
- [A] Complete this inspection.
 - [B] Contact supervision.
 - [C] Complete a Work Control Form for all deficiencies.
 - [D] Submit the Work Control Form to supervision.
- [23] **IF** the eyewash is operational,
THEN complete the Emergency Safety Shower and Eyewash Test Record form.
- [24] Repeat steps 4.2 [3] through 4.2 [23] for each eyewash and safety shower.

5. RECORDS

The following are Quality Assurance Records generated by this procedure:

- Emergency Safety Shower and Eyewash Inspection Report(s)
- Pressurized Eyewash/Safety Shower Inspection Logsheet(s)
- Gravity Fed Eyewash/Safety Shower Inspection Logsheet(s)

Inspector

[1] Sign and date the following, as applicable:

- Emergency Safety Shower and Eyewash Inspection Report(s)
- Pressurized Eyewash/Safety Shower Inspection Logsheet(s)
- Gravity Fed Eyewash/Safety Shower Inspection Logsheet(s)

[2] Forward the following, as applicable to the Manager.

- Emergency Safety Shower and Eyewash Inspection Report(s)
- Pressurized Eyewash/Safety Shower Inspection Logsheet(s)
- Gravity Fed Eyewash/Safety Shower Inspection Logsheet(s)

Manager

[3] Review the following for completeness.

- Emergency Safety Shower and Eyewash Inspection Report(s)
- Pressurized Eyewash/Safety Shower Inspection Logsheet(s)
- Gravity Fed Eyewash/Safety Shower Inspection Logsheet(s)

[4] Disposition the following as a Quality Assurance Record in accordance with 1-V41-RM-001, Records Management Guidance for Records Sources.

- Emergency Safety Shower and Eyewash Inspection Report(s)
- Pressurized Eyewash/Safety Shower Inspection Logsheet(s)
- Gravity Fed Eyewash/Safety Shower Inspection Logsheet(s)

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6. REFERENCES

1-B93-HSP-7.04, Emergency Shower & Eyewash Requirements

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APPENDIX 2

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**PRESSURIZED
EYEWASH/SAFETY SHOWER INSPECTION LOGSHEET**

Eyewash/safety shower Identification # _____

Date _____

Time _____

Signature of Inspector _____

Signature of Supervision _____

NOTE *The following logsheet must be filled out completely and accurately. Check (✓) "YES" or "NO". Inspections must be performed each time the eyewash is removed from Hazardous Waste Building 5/4 or other storage locations.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is the liquid temperature above 60°F (not frozen)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the liquid temperature below 90°F (not hot to touch)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are the control valves in good condition (not rusty, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the station in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the pressure gauge in the green range? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the custody seal in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REMEDIAL ACTIONS

ALWAYS NOTIFY SUPERVISOR OF ANY PROBLEMS.

ANY ITEM CHECKED "NO" REQUIRE EXPLANATION AND/OR CORRECTIVE ACTIONS IN THE COMMENTS SECTION.

COMMENTS AND CORRECTIVE ACTIONS:

_____	DATE _____

OUTSIDE AIR TEMPERATURE _____

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APPENDIX 3

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EMERGENCY SAFETY SHOWER AND EYEWASH TEST RECORD

**EMERGENCY SHOWER
& EYE WASH
TEST RECORD**

**INSPECT THIS UNIT CAREFULLY
BEFORE SIGNING INSPECTION RECORD**

DATE	BY	DATE	BY

DO NOT REMOVE THIS TAG

DT30030 EMED Co., Inc. *1800-442-3633

APPENDIX 4
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**GRAVITY FED
EYEWASH/SAFETY SHOWER INSPECTION LOGSHEET**

Eyewash/safety shower Identification # _____

Date _____

Time _____

Signature of Inspector _____

Signature of Supervision _____

NOTE *The following logsheet must be filled out completely and accurately. Check (✓) "YES" or "NO". Inspections must be performed each time the eyewash is removed from Hazardous Waste Building 554 or other storage locations.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is the liquid level full? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the retainer strap in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the station in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the liquid temperature above 60°F (not frozen)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the liquid temperature below 100°F (not hot to touch)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REMEDIAL ACTION

ALWAYS NOTIFY SUPERVISOR OF ANY PROBLEMS.

ANY ITEM CHECKED (✓) "NO" REQUIRE EXPLANATION AND/OR CORRECTIVE ACTIONS IN THE COMMENTS SECTION.

COMMENTS AND CORRECTIVE ACTIONS:

_____	DATE _____

OUTSIDE AIR TEMPERATURE _____