

# EMERGENCY EQUIPMENT TRAINING LOG

Instructor \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_

Campus \_\_\_\_\_ Building \_\_\_\_\_ Room \_\_\_\_\_ Phone \_\_\_\_\_

## Equipment Covered

- |  |   |
|--|---|
| <input type="checkbox"/> Eyewash Station             | <input type="checkbox"/> Drench Hose      |
| <input type="checkbox"/> Eye/Face Station            | <input type="checkbox"/> Emergency Shower |
| <input type="checkbox"/> Combination Eye Wash/Shower | <input type="checkbox"/> Other _____      |

## Summary Of Training – Note: this is site specific training

- Demonstration by supervisor on activation of Emergency Equipment in use in this site and return demonstration by person(s) being trained to activate Emergency Equipment
- Training on how to clean eye wash caps and return demonstration:  Done  N/A
- Training on how to judge whether emergency equipment is operating correctly:

Chemical Name	<input type="checkbox"/> N/A	Specific Action Needed for Exposure
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

- Taught to complete Emergency Equipment Maintenance Log and how to submit work order if emergency equipment is not working correctly

## Attendance

Name	Badge Number	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Supervisor providing training: \_\_\_\_\_ Date: \_\_\_\_\_

## Training Records

Send this record to HSE by e-mail to [HSEInfo@jhmi.edu](mailto:HSEInfo@jhmi.edu) or fax it to 410-955-5929.