

EYE WASH TESTING

DATE 9/21

UNIT #	✓	UNIT #	✓	UNIT #	✓
BIOCHEM LABS					
SUB BASEMENT		5TH FLOOR		3RD FLOOR	
B242	2	563	35	3206	63
	<input checked="" type="checkbox"/>	563	36	3270	64
BASEMENT		557	37	3268	65
B175	3	545	38	3265	66
	<input checked="" type="checkbox"/>	545	39	3266	67
1ST FLOOR		580	40	3241	68
161	4				
	<input checked="" type="checkbox"/>	BSB 85 WING		2ND FLOOR	
145	5			2228	69
	<input checked="" type="checkbox"/>	6TH FLOOR		2222	70
145	6	6424A	41	2212	71
	<input checked="" type="checkbox"/>	6420B	42	2210	72
123	7	6412A	43	2206	73
	<input checked="" type="checkbox"/>	6406A	44	2267	74
123	8			2265	75
	<input checked="" type="checkbox"/>	4TH FLOOR		2268	76
123	9	4424	45	2264	77
	<input checked="" type="checkbox"/>	4416B	46	2241	78
2ND FLOOR		4416A	47		
265	10	4406A	48		
	<input checked="" type="checkbox"/>	3RD FLOOR			
259	11	3416	49		
	<input checked="" type="checkbox"/>	2ND FLOOR			
255	12	2424A	50		
	<input checked="" type="checkbox"/>	2416A	51		
249	13	2410	52		
	<input checked="" type="checkbox"/>	2406	53		
245	14	1ST FLOOR			
	<input checked="" type="checkbox"/>	1404	54		
237	15	BSB			
	<input checked="" type="checkbox"/>	BASEMENT			
233	16	B2422	55		
	<input checked="" type="checkbox"/>	B2423	56		
219	17	B2409	57		
	<input checked="" type="checkbox"/>	3RD FLOOR			
207	18	3228	58		
	<input checked="" type="checkbox"/>	3222	59		
275	19	3212	60		
	<input checked="" type="checkbox"/>	3210	61		
3RD FLOOR		3211	62		
363	20				
	<input checked="" type="checkbox"/>				
345	21				
	<input checked="" type="checkbox"/>				
337	22				
	<input checked="" type="checkbox"/>				
333	23				
	<input checked="" type="checkbox"/>				
319	24				
	<input checked="" type="checkbox"/>				
307	25				
	<input checked="" type="checkbox"/>				
379	26				
	<input checked="" type="checkbox"/>				
373	27				
	<input checked="" type="checkbox"/>				
4TH FLOOR					
461	28				
	<input checked="" type="checkbox"/>				
457	29				
	<input checked="" type="checkbox"/>				
445	30				
	<input checked="" type="checkbox"/>				
435	31				
	<input checked="" type="checkbox"/>				
419	32				
	<input checked="" type="checkbox"/>				
407	33				
	<input checked="" type="checkbox"/>				
473	34				
	<input checked="" type="checkbox"/>				