

### EYE WASH TESTING

DATE 11/1-11/2

UNIT #	✓	UNIT #	✓	UNIT #	✓
<b>BIOCHEM LABS</b>					
<b>SUB BASEMENT</b>					
B242	2	<input checked="" type="checkbox"/>			
<b>BASEMENT</b>					
B175	3	<input checked="" type="checkbox"/>			
<b>1ST FLOOR</b>					
161	4	<input checked="" type="checkbox"/>			
145	5	<input checked="" type="checkbox"/>			
145	6	<input checked="" type="checkbox"/>			
123	7	<input checked="" type="checkbox"/>			
123	8	<input checked="" type="checkbox"/>			
123	9	<input checked="" type="checkbox"/>			
<b>2ND FLOOR</b>					
265	10	<input checked="" type="checkbox"/>			
259	11	<input checked="" type="checkbox"/>			
255	12	<input checked="" type="checkbox"/>			
249	13	<input checked="" type="checkbox"/>			
245	14	<input checked="" type="checkbox"/>			
237	15	<input checked="" type="checkbox"/>			
233	16	<input checked="" type="checkbox"/>			
219	17	<input checked="" type="checkbox"/>			
207	18	<input checked="" type="checkbox"/>			
275	19	<input checked="" type="checkbox"/>			
<b>3RD FLOOR</b>					
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"/>			
375	80	<input checked="" type="checkbox"/>			
373	27	<input checked="" type="checkbox"/>			
<b>4TH FLOOR</b>					
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"/>			
<b>5TH FLOOR</b>					
563	35	<input checked="" type="checkbox"/>			
563	36	<input checked="" type="checkbox"/>			
557	37	<input checked="" type="checkbox"/>			
545	38	<input checked="" type="checkbox"/>			
545	39	<input checked="" type="checkbox"/>			
580	40	<input checked="" type="checkbox"/>			
<b>BSB 85 WING</b>					
<b>6TH FLOOR</b>					
6424A	41	<input checked="" type="checkbox"/>			
6420B	42	<input checked="" type="checkbox"/>			
6412A	43	<input checked="" type="checkbox"/>			
6406A	44	<input checked="" type="checkbox"/>			
<b>4TH FLOOR</b>					
4424	45	<input checked="" type="checkbox"/>			
4416B	46	<input checked="" type="checkbox"/>			
4416A	47	<input checked="" type="checkbox"/>			
4406A	48	<input checked="" type="checkbox"/>			
<b>3RD FLOOR</b>					
3416	49	<input checked="" type="checkbox"/>			
<b>2ND FLOOR</b>					
2424A	50	<input checked="" type="checkbox"/>			
2416A	51	<input checked="" type="checkbox"/>			
2410	52	<input checked="" type="checkbox"/>			
2406	53	<input checked="" type="checkbox"/>			
<b>1ST FLOOR</b>					
1404	54	<input checked="" type="checkbox"/>			
<b>BSB</b>					
<b>BASEMENT</b>					
B2422	55	<input checked="" type="checkbox"/>			
B2423	56	<input checked="" type="checkbox"/>			
B2409	57	<input checked="" type="checkbox"/>			
<b>3RD FLOOR</b>					
3228	58	<input checked="" type="checkbox"/>			
3222	59	<input checked="" type="checkbox"/>			
3212	60	<input checked="" type="checkbox"/>			
3210	61	<input checked="" type="checkbox"/>			
3211	62	<input checked="" type="checkbox"/>			
<b>3RD FLOOR</b>					
3206	63	<input checked="" type="checkbox"/>			
3270	64	<input checked="" type="checkbox"/>			
3268	65	<input checked="" type="checkbox"/>			
3265	66	<input checked="" type="checkbox"/>			
3266	67	<input checked="" type="checkbox"/>			
3241	68	<input checked="" type="checkbox"/>			
<b>2ND FLOOR</b>					
2228	69	<input checked="" type="checkbox"/>			
2222	70	<input checked="" type="checkbox"/>			
2212	71	<input checked="" type="checkbox"/>			
2210	72	<input checked="" type="checkbox"/>			
2206	73	<input checked="" type="checkbox"/>			
2267	74	<input checked="" type="checkbox"/>			
2265	75	<input checked="" type="checkbox"/>			
2268	76	<input checked="" type="checkbox"/>			
2264	77	<input checked="" type="checkbox"/>			
2241	78	<input checked="" type="checkbox"/>			
<b>SHIPPING</b>					
1257	79	<input checked="" type="checkbox"/>			