

### EYE WASH TESTING

DATE 2/12

UNIT #		✓	UNIT #		✓	UNIT #		✓	
<b>BIOCHEM LABS</b>									
<b>SUB BASEMENT</b>									
B242	2	<input checked="" type="checkbox"/>	<b>5TH FLOOR</b>		<input checked="" type="checkbox"/>	<b>3RD FLOOR</b>		<input checked="" type="checkbox"/>	
			563	35	<input checked="" type="checkbox"/>	3206	63	<input checked="" type="checkbox"/>	
			563	36	<input checked="" type="checkbox"/>	3270	64	<input checked="" type="checkbox"/>	
<b>BASEMENT</b>									
B175	3	<input checked="" type="checkbox"/>	557	37	<input checked="" type="checkbox"/>	3268	65	<input checked="" type="checkbox"/>	
<b>1ST FLOOR</b>									
161	4	<input checked="" type="checkbox"/>	545	38	<input checked="" type="checkbox"/>	3265	66	<input checked="" type="checkbox"/>	
145	5	<input checked="" type="checkbox"/>	545	39	<input checked="" type="checkbox"/>	3266	67	<input checked="" type="checkbox"/>	
145	6	<input checked="" type="checkbox"/>	580	40	<input checked="" type="checkbox"/>	3241	68	<input checked="" type="checkbox"/>	
123	7	<input checked="" type="checkbox"/>	<b>BSB 85 WING</b>						<input checked="" type="checkbox"/>
123	8	<input checked="" type="checkbox"/>	<b>6TH FLOOR</b>						<input checked="" type="checkbox"/>
123	9	<input checked="" type="checkbox"/>	6424A	41	<input checked="" type="checkbox"/>	2228	69	<input checked="" type="checkbox"/>	
<b>2ND FLOOR</b>									
265	10	<input checked="" type="checkbox"/>	6420B	42	<input checked="" type="checkbox"/>	2222	70	<input checked="" type="checkbox"/>	
259	11	<input checked="" type="checkbox"/>	6412A	43	<input checked="" type="checkbox"/>	2212	71	<input checked="" type="checkbox"/>	
255	12	<input checked="" type="checkbox"/>	6406A	44	<input checked="" type="checkbox"/>	2210	72	<input checked="" type="checkbox"/>	
249	13	<input checked="" type="checkbox"/>	<b>4TH FLOOR</b>						<input checked="" type="checkbox"/>
245	14	<input checked="" type="checkbox"/>	4424	45	<input checked="" type="checkbox"/>	2206	73	<input checked="" type="checkbox"/>	
237	15	<input checked="" type="checkbox"/>	4416B	46	<input checked="" type="checkbox"/>	2267	74	<input checked="" type="checkbox"/>	
233	16	<input checked="" type="checkbox"/>	4416A	47	<input checked="" type="checkbox"/>	2265	75	<input checked="" type="checkbox"/>	
219	17	<input checked="" type="checkbox"/>	4406A	48	<input checked="" type="checkbox"/>	2268	76	<input checked="" type="checkbox"/>	
207	18	<input checked="" type="checkbox"/>	<b>3RD FLOOR</b>						<input checked="" type="checkbox"/>
275	19	<input checked="" type="checkbox"/>	3416	49	<input checked="" type="checkbox"/>	2264	77	<input checked="" type="checkbox"/>	
<b>3RD FLOOR</b>									
363	20	<input checked="" type="checkbox"/>	<b>2ND FLOOR</b>						<input checked="" type="checkbox"/>
345	21	<input checked="" type="checkbox"/>	2424A	50	<input checked="" type="checkbox"/>	2241	78	<input checked="" type="checkbox"/>	
337	22	<input checked="" type="checkbox"/>	2416A	51	<input checked="" type="checkbox"/>	<b>SHIPPING</b>			
333	23	<input checked="" type="checkbox"/>	2410	52	<input checked="" type="checkbox"/>	1257	79	<input checked="" type="checkbox"/>	
319	24	<input checked="" type="checkbox"/>	2406	53	<input checked="" type="checkbox"/>				
307	25	<input checked="" type="checkbox"/>	<b>1ST FLOOR</b>						
379	26	<input checked="" type="checkbox"/>	1404	54	<input checked="" type="checkbox"/>				
375	80	<input checked="" type="checkbox"/>	<b>BSB</b>						
373	27	<input checked="" type="checkbox"/>	<b>BASEMENT</b>						
<b>4TH FLOOR</b>									
461	28	<input checked="" type="checkbox"/>	B2422	55	<input checked="" type="checkbox"/>				
457	29	<input checked="" type="checkbox"/>	B2423	56	<input checked="" type="checkbox"/>				
445	30	<input checked="" type="checkbox"/>	B2409	57	<input checked="" type="checkbox"/>				
435	31	<input checked="" type="checkbox"/>	<b>3RD FLOOR</b>						
419	32	<input checked="" type="checkbox"/>	3228	58	<input checked="" type="checkbox"/>				
407	33	<input checked="" type="checkbox"/>	3222	59	<input checked="" type="checkbox"/>				
473	34	<input checked="" type="checkbox"/>	3212	60	<input checked="" type="checkbox"/>				
			3210	61	<input checked="" type="checkbox"/>				
			3211	62	<input checked="" type="checkbox"/>				