**SANITATION RECORD**

 **Instructions**

**Pre-operational assessment:** Confirm production area and equipment are visibly clean before allowing production to start. If not ready put an X and take corrective action. Then check again.

**Post operational assessment:** Sanitation activities and completion of this record sheet must be done by **[Specify name/title of trained employee].** When cleaning is complete, put a check in the box. If the equipment was not used, put n/a in the box.

Initial and record all unmet requirements and corrective actions.

 **Week #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| **Concentration of Sanitizer** |  |  |  |  |  |  |  |
| **Area 1** | **Pre** | **Post** | **Pre** | **Post** | **Pre** | **Post** | **Pre** | **Post** | **Pre** | **Post** | **Pre** | **Post** | **Pre** | **Post** |
| Equipment 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Area 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initials:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Deviations and Corrective Actions:**

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