**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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Initials:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Deviations and Corrective Actions:**

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