To Be Completed by Cleaner						To Be Completed by Inspector			Recleaning Record (If Required)		
Date	Time	Location	Facility or Equipment Type	Equipment ID Number	Cleaned and Sanitised. Cleaner Initials	Visual Inspection Acceptable (Y/N/NA)	Swabbing Acceptable (Y/N/NA)	Inspector Initials/ NA	Recleaned if not Acceptable (Cleaner Initials)	Reinspection Acceptable (Y/N)	Inspector Initials
xx/xx/xxxx	xx:xx	Packing Line	Grader	xxxxxxxx	XX	Y	NA	PP			

Verification Date:		Verified By:		Role:	

NOTE: Cleaning and sanitation should be recorded when carried out. Facility type includes floors, drains, walls, ceiling, drip trays and air vents. Equipment includes, for example, packing equipment, storage equipment, harvest tools, aids and conveyors. Frequency of cleaning is in accordance with the cleaning and sanitation policy and procedures.