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

vermed by:	Verification Date:	Verified By:		Role:	
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NOTE: Cleaning and sanitising 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 sanitising policy and procedures.