



Air Filter Inspection Form

SQF 11.1.6

Location**Type****Brand Name****Date Inspected****Time of Inspection****Performed By**

1	Filter Condition	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
1.1	Is the air filter clean and free of visible debris?					
1.2	Is the air filter in good physical condition, without any tears or damage?					
1.3	Is the air filter properly installed and securely in place?					
2	Filter Performance	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
2.1	Is there any noticeable reduction in airflow indicating a clogged filter?					
2.2	Are the differential pressure readings within the acceptable range?					
2.3	Is the filter maintaining the required air quality standards for the facility?					
3	Maintenance and Replacement	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time

3.1	Is the filter due for replacement based on the scheduled maintenance plan, replaced?					
3.2	Are replacement filters available and stored properly?					
4	Surrounding Area	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
4.1	Is the area around the air filter unit clean and free of obstructions?					
4.2	Are there any signs of leaks or damage to the air filter housing?					
4.3	Is there any evidence of contamination or buildup around the air filter?					
5	Documentation and Records	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
5.1	Are maintenance logs for the air filter up-to-date?					
5.2	Are all inspections and maintenance activities recorded and documented correctly?					

Verified By

