



GMP CHECKLIST - HANDWASHING MONITORING FORM

SQF NO.11.3.2

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|------------------|------|
| Handwash Station | Date |
| | |

| Employee Name or Department | Time in | Observed by | Time out | Observed by |
|-----------------------------|---------|-------------|----------|-------------|
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| Reviewer | Approver |
|---|---|
| <div><div></div><div></div><div>Position</div><div></div></div> | <div><div></div><div></div><div>Position</div><div></div></div> |