



GMP CHECKLIST - HANDWASHING MONITORING FORM

SQF NO.11.3.2

Handwash Station	Date

Employee Name or Department	Time in	Observed by	Time out	Observed by

Reviewer	Approver
<div style="border: 1px dashed black; height: 100px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px;"><input type="text"/></div> <div style="border: 1px solid black; padding: 5px;">Position</div> <div style="border: 1px solid black; padding: 5px;"><input type="text"/></div>	<div style="border: 1px dashed black; height: 100px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px;"><input type="text"/></div> <div style="border: 1px solid black; padding: 5px;">Position</div> <div style="border: 1px solid black; padding: 5px;"><input type="text"/></div>