



Fixture Cleaning Record Sheet

Fixture Control No. -

Fixture Installation Date :

Fixture Location :

 Shift : A ☐ B ☐

Responsibility : Supervisor / Operator

Month/ Year:

Cleaning Details				Check Points after Cleaning					
#	Date	Time	Operator name	Verification Tag Available/ Not available	Verification Tag No peel off, No damage.	No Dust on Fixture	No Epoxy/ Coating on Fixture	Operator signature	Supervisor signature
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									

Note : 1. When all the check points are OK, then only use the fixture on line / production.

2. If any check points are found NG, then inform to supervisor.