

## Repeated Clean

### EXTRA CLEANING CHECKLIST

	Plant	Area	Date	Time
Dry clean				
Wet/Dry clean (refer NSOP 16 D11/01)				
Wet clean	D7	Stairs.	4-1-21	2100

<b>Operators</b>	<i>Kyle Edgerton</i>	


Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	No	4-1-21
Are drains clean? Smell? Ponding? Are Traps cleaned?	<u>Yes</u>	No	4-1-21
Are all doors well sealed? Exclude pests?	<u>Yes</u>	No	4-1-21
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	No	4-1-21
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u>	No	4-1-21
Any scaffolding in area, is it in good condition?	Yes	<u>No</u>	4-1-21
Any Projects or Contractor work being conducted in area?	Yes	<u>No</u>	4-1-21
Boot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	No	4-1-21

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Sanitised stairs from cyclone level down to boot exchange with 70/30 ethanol.</i>	<i>KE</i>	4-1-21
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and after cleaning (e.g. powder present, water, biofilm, etc.) (Photos may be taken before and after cleaning and attached to QIR). Detail cleaning methods, equipment, chemicals used. Specify if surfaces were dried and sanitised.			
Comments		Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	4-1-21
Supervisor verification that area is cleaned to acceptable standard		OB	4-1-21
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Graeme Boddy		4-1-21	
COMPLETED TRACEBACK ATTACHED TO QIR	(Circle)	YES/NO	

## Repeated Clean

### EXTRA CLEANING CHECKLIST

	Plant	Area	Date	Time
Dry clean				
Wet/Dry clean (refer NSOP 16 D11/01)				
Wet clean	D7	Fluid Bed.	4-1-21	2115

<b>Operators</b>	<i>Kylie Edgar for</i>	

Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	No	4-1-21
Are drains clean? Smell? Ponding? Are Traps cleaned?	<u>Yes</u>	No	4-1-21
Are all doors well sealed? Exclude pests?	<u>Yes</u>	No	4-1-21
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	No	4-1-21
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u>	No	4-1-21
Any scaffolding in area, is it in good condition?	Yes	<u>No</u>	4-1-21
Any Projects or Contractor work being conducted in area?	Yes	<u>No</u>	4-1-21
Boot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	No	4-1-21


Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Sanitised floor with 70/30 ethanol</i>	<i>KE</i>	4-1-21
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and after cleaning (e.g. powder present, water, biofilm, etc.) (Photos may be taken before and after cleaning and attached to QIR). Detail cleaning methods, equipment, chemicals used. Specify if surfaces were dried and sanitised.	<i>from KE</i>		

Comments	Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	4-1-21
Supervisor verification that area is cleaned to acceptable standard		LB	4-1-21
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Graeme Boddy		4-1-21	
COMPLETED TRACEBACK ATTACHED TO QIR	(Circle)	YES/NO	



## Repeated Clean

### EXTRA CLEANING CHECKLIST

	Plant	Area	Date	Time
Dry clean				
Wet/Dry clean (refer NSOP 16 D11/01)				
Wet clean	27	Airlock	4-1-21	1810

<b>Operators</b>	<i>Kylie Edgerton</i>	


  

Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	No	4-1-21
Are drains clean? Smell? Ponding? Are Traps cleaned?	Yes	No	No Drain
Are all doors well sealed? Exclude pests?	<u>Yes</u>	No	4-1-21
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	No	4-1-21
Is vacuum cleaner clean? When was it last cleaned?	Yes	No	No Vacuum
Any scaffolding in area, is it in good condition?	Yes	<u>No</u>	4-1-21
Any Projects or Contractor work being conducted in area?	Yes	<u>No</u>	4-1-21
Boot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	No	4-1-21

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Mopped floor with hypox then rinsed with warm water.</i>	<i>KE</i>	4-1-21
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and after cleaning (e.g. powder present, water, biofilm, etc.) (Photos may be taken before and after cleaning and attached to QIR). Detail cleaning methods, equipment, chemicals used. Specify if surfaces were dried and sanitised.	<i>One dry sanitised with ethasol 70/30</i>		
	Comments	Sign	Date

## Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	4-1-21
Supervisor verification that area is cleaned to acceptable standard		LB	4-1-21
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Graeme Boddy		4-1-21	
COMPLETED TRACEBACK ATTACHED TO QIR	(Circle)	YES/NO	

## Repeated Clean

### EXTRA CLEANING CHECKLIST

	Plant	Area	Date	Time
Dry clean				
Wet/Dry clean (refer NSOP 16 D11/01)				
Wet clean	D7	Engineers Room	4-1-21	1800

<b>Operators</b>	<i>Kylie Edgerton</i>	

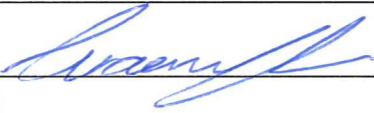
Inspection of area	Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u> No 4-1-21
Are drains clean? Smell? Ponding? Are Traps cleaned?	Yes No No Drains
Are all doors well sealed? Exclude pests?	<u>Yes</u> No 4-1-21
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u> No 4-1-21
Is vacuum cleaner clean? When was it last cleaned?	Yes No No Vacuum
Any scaffolding in area, is it in good condition?	Yes <u>No</u> 4-1-21
Any Projects or Contractor work being conducted in area?	Yes <u>No</u> 4-1-21
Boot check – are boots clean/tidy and in correct zone locations?	Yes No 4-1-21

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Mopped floor with wax then rinsed with warm water.</i>	<i>KE</i>	<i>4-1-21</i>
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and after cleaning (e.g. powder present, water, biofilm, etc.) (Photos may be taken before and after cleaning and attached to QIR). Detail cleaning methods, equipment, chemicals used. Specify if surfaces were dried and sanitised.	<i>One dry sanitised with ethasan 70/30</i>		
Comments		Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		ME	4-1-21
Supervisor verification that area is cleaned to acceptable standard		AB	4-1-21
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Graeme Boddy		4-1-21	
COMPLETED TRACEBACK ATTACHED TO QIR	(Circle)	YES/NO	



## Repeated Clean

### EXTRA CLEANING CHECKLIST

	Plant	Area	Date	Time
Dry clean				
Wet/Dry clean (refer NSOP 16 D11/01)				
Wet clean	D7	Cyclone	4-1-21	1730

<b>Operators</b>	Kylie Edgerton	

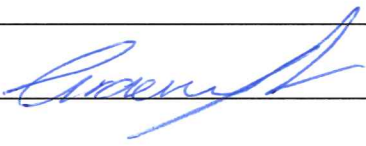
Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	No	4-1-21
Are drains clean? Smell? Ponding? Are Traps cleaned?	<u>Yes</u>	No	4-1-21
Are all doors well sealed? Exclude pests?	<u>Yes</u>	No	4-1-21
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	No	4-1-21
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u>	No	4-1-21
Any scaffolding in area, is it in good condition?	Yes	<u>No</u>	4-1-21
Any Projects or Contractor work being conducted in area?	Yes	<u>No</u>	4-1-21
Boot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	No	4-1-21

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Mopped floor with topox then rinsed with warm water	KE	4-1-21
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and after cleaning (e.g. powder present, water, biofilm, etc.) (Photos may be taken before and after cleaning and attached to QIR). Detail cleaning methods, equipment, chemicals used. Specify if surfaces were dried and sanitised.	Once dry sanitised with 70/30 ethasan		
Comments		Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	4-1-21
Supervisor verification that area is cleaned to acceptable standard		AB	4-1-21
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Graeme Boddy		4-1-21	
COMPLETED TRACEBACK ATTACHED TO QIR	(Circle)	YES/NO	