

## Repeated Clean

**EXTRA CLEANING CHECKLIST**

	Plant	Area	Date	Time
Dry clean				
Wet/Dry clean (refer NSOP 16 D11/01)				
Wet clean	D7	Fluid Bed.	25-12-20	1450

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

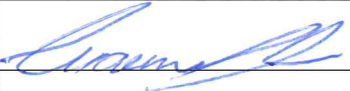
Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	<u>No</u>	25-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	<u>Yes</u>	<u>No</u>	25-12-20
Are all doors well sealed? Exclude pests?	<u>Yes</u>	<u>No</u>	25-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	<u>No</u>	25-12-20
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u>	<u>No</u>	25-12-20
Any scaffolding in area, is it in good condition?	<u>Yes</u>	<u>No</u>	25-12-20
Any Projects or Contractor work being conducted in area?	<u>Yes</u>	<u>No</u>	25-12-20
Boot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	<u>No</u>	25-12-20

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Sanitiseel floor with 70/30 ethanol</i>	<i>KG</i>	25-12-20
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	25-12-20
Supervisor verification that area is cleaned to acceptable standard		LB	25/12/20
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Graeme Baddy		25/12/20	
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	Stairs	25-12-20	1440

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


Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	No	25-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	<u>Yes</u>	No	25-12-20
Are all doors well sealed? Exclude pests?	<u>Yes</u>	No	25-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	No	25-12-20
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u>	No	25-12-20
Any scaffolding in area, is it in good condition?	Yes	<u>No</u>	25-12-20
Any Projects or Contractor work being conducted in area?	Yes	<u>No</u>	25-12-20
Boot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	No	25-12-20

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Washed KE</i>	<i>KE</i>	25-12-20
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>Sanitised stairs from cyclone down to boot exchange with 70/30</i>		
Comments		Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	25-12-20
Supervisor verification that area is cleaned to acceptable standard		LB	25-12-20
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Graeme Baddy		25/12/20	
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	Airlock	25-12-20	1425

Operators	Kylie Edgerton	

Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	25-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	No Drain
Are all doors well sealed? Exclude pests?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	25-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	25-12-20
Is vacuum cleaner clean? When was it last cleaned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	25-12-20
Any scaffolding in area, is it in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	25-12-20
Any Projects or Contractor work being conducted in area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	25-12-20
Boot check – are boots clean/tidy and in correct zone locations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	25-12-20

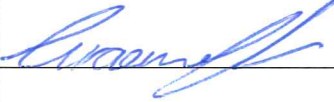
Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Mopped floor with floor and then rinsed with warm water.	KE	25-12-20
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and after cleaning (e.g. powder 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 Ethascon 70/30		

Comments		Sign	Date
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## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	25-12-20
Supervisor verification that area is cleaned to acceptable standard		AB	25-12-20
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		25/12/20	
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	DT	Engineers Room	25-12-20	1415

<b>Operators</b>	Kylie Edgerton	

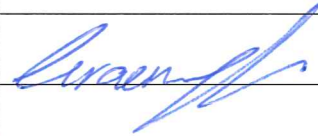
Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<b>Yes</b>	<b>No</b>	25-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	<b>Yes</b>	<b>No</b>	No Drain
Are all doors well sealed? Exclude pests?	<b>Yes</b>	<b>No</b>	25-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<b>Yes</b>	<b>No</b>	25-12-20
Is vacuum cleaner clean? When was it last cleaned?	<b>Yes</b>	<b>No</b>	No Vacuum
Any scaffolding in area, is it in good condition?	<b>Yes</b>	<b>No</b>	25-12-20
Any Projects or Contractor work being conducted in area?	<b>Yes</b>	<b>No</b>	25-12-20
Boot check – are boots clean/tidy and in correct zone locations?	<b>Yes</b>	<b>No</b>	25-12-20

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Mopped floors with floor wax then rinsed with warm water.	KE	25-12-20
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 ethasan 70/30		
Comments		Sign	Date

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### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	25-12-20
Supervisor verification that area is cleaned to acceptable standard		LB	25/12/20
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		25/12/20	
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	25-12-20 01 <sup>KE</sup> 1350

<b>Operators</b>	Kylie Edgerton	

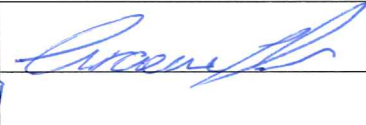
Inspection of area	Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u> No 25-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	<u>Yes</u> No 25-12-20
Are all doors well sealed? Exclude pests?	<u>Yes</u> No 25-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u> No 25-12-20
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u> No 25-12-20
Any scaffolding in area, is it in good condition?	<u>Yes</u> <u>No</u> 25-12-20
Any Projects or Contractor work being conducted in area?	<u>Yes</u> <u>No</u> 25-12-20
Boot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u> No 25-12-20

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Mopped floor with latex then rinsed with warm water.	KE	25-12-20
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 ethanox 70/30		
	Comments	Sign	Date

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### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	25-12-20
Supervisor verification that area is cleaned to acceptable standard		LB	25/12/20
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		25/12/20	
COMPLETED TRACEBACK ATTACHED TO QIR	(Circle)	YES/NO	