

## Repeated Clean

### EXTRA CLEANING CHECKLIST

	Plant	Area	Date	Time
Dry clean				
Wet/Dry clean (refer NSOP 16 D11/01)				
Wet clean	D7	Cyclone	01-01-2021	0910

<b>Operators</b>	Kylie Edgerton	

Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	No	01-01-2021
Are drains clean? Smell? Ponding? Are Traps cleaned?	<u>Yes</u>	No	01-01-2021
Are all doors well sealed? Exclude pests?	<u>Yes</u>	No	01-01-2021
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	No	1-1-21
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u>	No	1-1-21
Any scaffolding in area, is it in good condition?	Yes	<u>No</u>	1-1-21
Any Projects or Contractor work being conducted in area?	Yes	<u>No</u>	1-1-21
Boot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	No	1-1-21

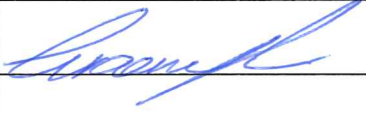
Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Mopped floor with foam, then rinsed with warm water.	RE	1-1-21
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and after cleaning (e.g. powder present, 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 ethasol.		

	Comments	Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	1-1-21
Supervisor verification that area is cleaned to acceptable standard		KE	1/1/21
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		1/1/21	
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	DT	Engineers Room	1-1-21 0935

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


  

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

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Mopped floor with soap, then rinsed with warm water.</i>	<i>KE</i>	<i>1-1-21</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>Once dry sanitised with 70/30 ethasan</i>		
Comments		Sign	Date

**Repeated Clean**

Operator signature on completion of cleaning & additional comments		KE	1-1-21
Supervisor verification that area is cleaned to acceptable standard		DB	1/1/21
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		1/1/21	
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	Air Lock	1-1-21	0945

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

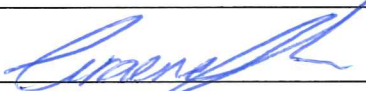
Inspection of area	Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u> <b>No</b> 1-1-21
Are drains clean? Smell? Ponding? Are Traps cleaned?	<b>Yes</b> <b>No</b> No Drain
Are all doors well sealed? Exclude pests?	<u>Yes</u> <b>No</b> 1-1-21
Cleaning equipment is clean and in good repair?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

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Mopped floor with topax, then rinsed with warm water.</i>	<i>KE</i>	1-1-21
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>Once dry sanitised with 70/30 ethanol</i>		
	Comments	Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	1-1-21
Supervisor verification that area is cleaned to acceptable standard		AB	1-1-21
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		1/1/21	
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	Stairs	1-1-21	1040

<b>Operators</b>	Kylie Edgerton	

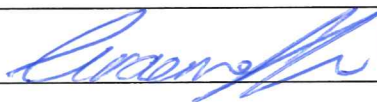
Inspection of area	Date inspected
Are the floor, wall and ceilings clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1-1-21
Are drains clean? Smell? Ponding? Are Traps cleaned?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1-1-21
Are all doors well sealed?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

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Sanitised stairs from cyclone	KE	1-1-21
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.	Stairs down to boot		
	exchange with 70/30		
	ethanol		
Comments		Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	1-1-21
Supervisor verification that area is cleaned to acceptable standard		EB	1/1/21
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		1/1/21	
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	1-1-21	1055.

<b>Operators</b>	Kylie Edgerton	

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

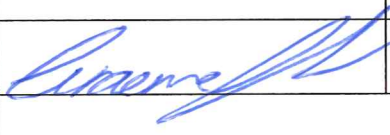
Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Sanitised floor with etharon 70/30	KE	1-1-21
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and after cleaning (e.g. powder present, water, biofilm, 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		125	1-1-21
Supervisor verification that area is cleaned to acceptable standard		CB	1/1/21
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Circum Bodd		1/1/21	
COMPLETED TRACEBACK ATTACHED TO QIR	(Circle)	YES/NO	