

## Repeated Clean

**EXTRA CLEANING CHECKLIST**

	Plant	Area	Date	Time
Dry clean				
Wet/Dry clean (refer NSOP 16 D11/01)				
Wet clean	D7	Cyclone	16-12-20	0600

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


  

Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Are all doors well sealed? Exclude pests?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Is vacuum cleaner clean? When was it last cleaned?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Any scaffolding in area, is it in good condition?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	16-12-20
Any Projects or Contractor work being conducted in area?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	16-12-20
Spot check – are boots clean/tidy and in correct zone locations?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Mopped with soap then rinsed with warm water. Once dry sanitised with 70/30 eversept</i>	<i>KE</i>	16-12-20
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

## Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	
Supervisor verification that area is cleaned to acceptable standard		llh	16/12/20
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		16/12/20	
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	Engineers Room	16-12-20	0630

Operators	Kylie Edgerton	


Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	No	16-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	Yes	No	NO Drain
Are all doors well sealed? Exclude pests?	<u>Yes</u>	No	16-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	No	16-12-20
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u>	No	16-12-20
Any scaffolding in area, is it in good condition?	Yes	<u>No</u>	16-12-20
Any Projects or Contractor work being conducted in area?	Yes	<u>No</u>	16-12-20
Foot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	No	16-12-20

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Mopped floor with wax	KE	16-12-20
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.	then rinsed with water.		
	One dry sanitiser will		
	70/30 eversew. H		
	Comments	Sign	Date

## QUALITY DOCUMENT

### Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	
Supervisor verification that area is cleaned to acceptable standard		AB	16/12/20
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		16/12/20	
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	16-12-20	0640

Operators	Kylie Edgerton	

Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	Yes	No	16-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	Yes	No	No Drain
Are all doors well sealed? Exclude pests?	Yes	No	16-12-20
Cleaning equipment is clean and in good repair? Used as designated?	Yes	No	16-12-20
Is vacuum cleaner clean? When was it last cleaned?	Yes	No	16-12-20
Any scaffolding in area, is it in good condition?	Yes	No	16-12-20
Any Projects or Contractor work being conducted in area?	Yes	No	16-12-20
Spot check – are boots clean/tidy and in correct zone locations?	Yes	No	16-12-20

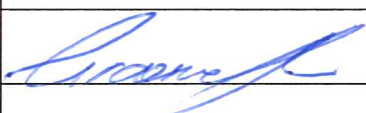
Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Mopped with floor then rinsed with warm water. Once dry sanitised with 70/30 eversept	KE	16-12-20
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before 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	
Supervisor verification that area is cleaned to acceptable standard		RB	
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		16/12/20	
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	Fluid Bed.	16-12-20	0745

Operators	Kylie Edgerton	

Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Are all doors well sealed? Exclude pests?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Is vacuum cleaner clean? When was it last cleaned?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20
Any scaffolding in area, is it in good condition?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	16-12-20
Any Projects or Contractor work being conducted in area?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	16-12-20
Boot check – are boots clean/tidy and in correct zone locations?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	16-12-20


  

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	Sanitised with 70/30 eversan	KE	16-12-20
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
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**Repeated Clean**

Operator signature on completion of cleaning & additional comments		KE	
Supervisor verification that area is cleaned to acceptable standard		BS	
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: Circene Baddy		16/12/20	
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	16-12-20	0730

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

Inspection of area			Date inspected
Are the floor, wall and ceilings clean?	<u>Yes</u>	No	16-12-20
Are drains clean? Smell? Ponding? Are Traps cleaned?	<u>Yes</u>	No	16-12-20
Are all doors well sealed? Exclude pests?	<u>Yes</u>	No	16-12-20
Cleaning equipment is clean and in good repair? Used as designated?	<u>Yes</u>	No	16-12-20
Is vacuum cleaner clean? When was it last cleaned?	<u>Yes</u>	No	16-12-20
Any scaffolding in area, is it in good condition?	Yes	<u>No</u>	16-12-20
Any Projects or Contractor work being conducted in area?	Yes	<u>No</u>	16-12-20
Spot check – are boots clean/tidy and in correct zone locations?	<u>Yes</u>	No	16-12-20

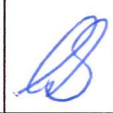

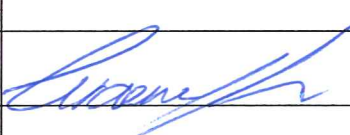
  

Response actions	Comments (must be completed)	Sign	Date
Intensive clean of area completed	<i>Sanitised cyclone stairs clean to boot exchange with 70/30 ever-suit.</i>	<i>KE</i>	16-12-20
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment on cleanliness level before and 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

## Repeated Clean

Operator signature on completion of cleaning & additional comments		KE	
Supervisor verification that area is cleaned to acceptable standard			
Quality verification that area is cleaned to acceptable standard			
<b>SUPERVISOR/NPL</b>	<b>SIGNATURE:</b>	<b>DATE / TIME TRACEBACK COMPLETED:</b>	
NAME: 		16/12/20	
COMPLETED TRACEBACK ATTACHED TO QIR	(Circle)	YES/NO	