

Repeated Clean

	Plan	t	Area		Dat	e		Time	
Dry clean								-	
Wet/Dry clean (refer NSOP 16 D11/01)								. 11	
Wet clean	D7	7	Storrs.		4	-1-3	21	2100	
1/	, ,	-/ /							
Ky	he L	dgirton							
Operators									
1									
		pection of are	a		-		Date	inspected	
Are the floor, wall and				Ye	S	No	4.	-1-21	
Are drains clean? Sme cleaned?	ll? Por	nding? Are Tr	raps	Ye	25	No	4-	1-21	
Are all doors well seale	d? Ex	clude pests?		Ye	25)	No	4	-1-21	
Cleaning equipment is as designated?	clean	and in good re	epair? Used	Ye	25	No	4-1-21		
Is vacuum cleaner clea	n? Wł	nen was it last	t cleaned?	Ye	25)	No	4-	1-21	
Any scaffolding in area	, is it in	n good conditi	ion?	Ye		N6	16	-1-21	
Any Projects or Contra				Ye	_	Mo	4	-1-21	
area?			1				4	-1-21	
Boot check – are boots	clean	tidy and in co	orrect zone	Ye	S	No	2		
locations?							4	-1-21	
Response actions		Comments (r	must be comp	leted)			Sign	Date	
Intensive clean of area com	pleted	Sonitis	ed Stay	3 4	ron.	,	146	4-1-21	
State specific area of plant,		Cyclone	level	gla	Un				
equipment, and other fixture	re	10	boot exc	hen	re				
surfaces cleaned. Comment		With	10/50	The.	son	įs.			
cleanliness level before and cleaning (e.g. powder prese									
water, biofilm, etc.) (Photos may									
be taken before and after									
cleaning and attached to Q Detail cleaning methods,	к).								
equipment, chemicals used									
Specify if surfaces were drie sanitised.	ed and								
samuseu.									
		Commen	its				Sign	Date	



Operator signature on		*		
completion of cleaning &			ILE	4-1-21
additional comments				
Supervisor verification that			21	
area is cleaned to acceptable	(6)			11-1-2
standard				4 / 2
Quality verification that area is				
cleaned to acceptable standard				
SUPERVISOR/NPL	SIGNATURE:	DATE /	TIME TR	ACEBACK
*		COMP	LETED:	
NAME:		1	1	21
Graene Boddy	(your)	4		21
COMPLETED TRACEBACK		(Circle)	YES/NO	
ATTACHED TO QIR				



Repeated Clean

	Plan	t	Area	Da	ite		Time	
Dry clean								
	= 1							
Wat/Davidson	1	<u> </u>			_			
Wet/Dry clean (refer NSOP 16 D11	(/01)							
(lelel M2OL TO DIT	.,01)		1					
Wetclean	Di	7	Fluid Bec	S 1	L -1 -	2,	2115	
-1 14 1			1 1900 00			0.	0-11)	
	-							
	11/-		T					
	Kylie (Edgar tor	,					
Operators								
Operators								
	In	spection of are	a			Date	inspected	
Are the floor, wall	and ceiling	gs clean?	_	Yes	No	4-	1-21	
Are drains clean?	Smell? Po	nding? Are Tr	aps	Yes	No			
cleaned?						4-1	-21	
Are all doors well	sealed? Ex	clude pests?		Yes	No	4-	1-21	
Cleaning equipme	nt is clean	and in good re	epair? Used	Yes	No	4-1-21		
as designated?						4 -	1-21	
Is vacuum cleaner				Yes	No	4-1-21		
Any scaffolding in	area, is it i	n good condition? Yes		No	4 -	1-21		
Any Projects or Co	ontractor w	ork being conducted in Yes		No	14	-1-21		
area?						7 7		
Boot check – are b	poots clean	/tidy and in co	orrect zone	Yes	No	10	-1-21	
locations?						7	1 21	
Response actions		Comments (must be comple	ted)		Sign	Date	
Intensive clean of are	a completed	Sanitis	sed Hoe	er w	H	126	4-1-21	
State specific area of	nlant	70/30 ethasen						
equipment, and other								
surfaces cleaned. Con		from 12	E				Land to the second	
cleanliness level befo								
cleaning (e.g. powder								
water, biofilm, etc.) (I be taken before and a								
cleaning and attached								
Detail cleaning metho								
equipment, chemicals								
Specify if surfaces we	re dried and		***************************************					
sanitised.								
		Commen	its			Sign	Date	



Operator signature on				
completion of cleaning &			ILE	4-1-21
additional comments				
Supervisor verification that			01	
area is cleaned to acceptable			1	4-1-21
standard				7 1 6
Quality verification that area is				
cleaned to acceptable standard				
SUPERVISOR/NPL	SIGNATURE:	DATE /	TIME TR	RACEBACK
		COMP	LETED:	
NAME:		11	1 -	2.1
Groeme Boddy	Claim	4-	1-2	
COMPLETED TRACEBACK		(Circle)	YES/NO	
ATTACHED TO QIR				



Repeated Clean

	Plan	t	Area		Date		Time		
Dry clean									
	V.								
Wet/Dry clean			2						
(refer NSOP 16 D11/01	.)								
Wetclean	77		Airlock		4-1-	21	1810		
	(F)		TOTOCK		7				
6	lylie L	dearton							
Operators									
	Ins	spection of are	 ea			Date	inspected		
Are the floor, wall ar	d ceiling	gs clean?		Yes	No	4-	1-21		
Are drains clean? Sm	nell? Por	nding? Are T	raps	Yes	s No				
cleaned?					3	100	1-21		
Are all doors well sea				Yes		4-	1-21		
Cleaning equipment	is clean	and in good r	epair? Used	Yes	No	4	-1-21		
as designated?	2 14/1		+ -l 10	7/	- N.				
Is vacuum cleaner cl				Yes	_	No	No Vaccum 4 - 1-21		
Any scaffolding in arc				Yes		4 -	-1-21		
Any Projects or Contrarea?	actor w	ork being cor	iducted in	Yes	s No	4-	1-21		
Boot check – are boo	ts clean	/tidy and in c	orrect zone	Yes	s) No				
locations?	to creari	, tray aria iir c	01100020110	110.	3 140	4	-1-21		
Response actions		Comments	must be compl	 eted)		Sign	Date		
Intensive clean of area co	mpleted		1 1	1.th	topax		4-1-21		
G		then 1	insed w	ith	7				
State specific area of plane equipment, and other fix		Warm water.				-			
surfaces cleaned. Comme	ent on	De la de la							
cleanliness level before and after			Unie dry Smitised With						
cleaning (e.g. powder present, water, biofilm, etc.) (Photos may									
be taken before and afte	e taken before and after					eur e			
cleaning and attached to Detail cleaning methods,	QIR).								
equipment, chemicals us						-			
Specify if surfaces were capacitised.	lried and								
samuseu.									
		Comme	nts			Sign	Date		



Operator signature on					
completion of cleaning &			KE	4-1-21	
additional comments					
Supervisor verification that			1.1		
area is cleaned to acceptable			1/4	11 1-1	1
standard			CO	4-16	,[
Quality verification that area is					
cleaned to acceptable standard					
SUPERVISOR/NPL	SIGNATURE:	DATE /	TIMETR	RACEBACK	
		COMP	LETED:		
NAME:	11 11	11	,	21	
Lugerne Body	france !!	4	7/-	21	
COMPLETED TRACEBACK		(Circle)	YES/NO		
ATTACHED TO QIR					



Repeated Clean

	Plan	t	Area		Dat	te		Time	
Dry clean									
1 \3									
Wet/Dry clean									
(refer NSOP 16 D11/01)									
Wetclean			Facineers		e e			1800	
vvetclean	7		Francers		4	-1-21		1000	
			room						
		1							
Ky	lie Eo	lgarton							
Operators									
	line	wastian of an					Doto	incocctod	
Another floor well are		spection of are	ea .	W		B.II.		inspected	
Are the floor, wall and				Ye		No	4-	1-21	
Are drains clean? Smo	ell? Por	nding? Are T	raps	Ye	. S	No	N	o Drains	
Are all doors well seal	ed? Ex	clude pests?		Ye	25	No	4-	O Drains	
Cleaning equipment is	clean	and in good r	epair? Used	Ye	S	No		A CONTRACTOR OF THE PROPERTY O	
as designated?							4	1-21	
Is vacuum cleaner cle				Ye	_	No	No Vaccoum 4-1-21		
Any scaffolding in area	a, is it ir	n good condit	ion?	Ye	es	No	4	-1-21	
Any Projects or Contra	ctor w	ork being con	iducted in	Ye	es	No	(4	-1-21	
area?							4	21	
Boot check – are boot	s clean	tidy and in c	orrect zone	Ye	es	No	U	-1-21	
locations?							7	21	
Response actions		Comments (must be comp	leted)		-	Sign	Date	
Intensive clean of area cor	npleted	1 1	floor u		100	ax	KE	4-1-21	
		then re	rsed w	74	WO	YM			
State specific area of plant		water.							
equipment, and other fixtors surfaces cleaned. Commer									
cleanliness level before an		Once de	y Sonitis	td	Wi	th			
cleaning (e.g. powder pres		ethasan	70/30						
water, biofilm, etc.) (Photo									
be taken before and after									
cleaning and attached to C	UR).								
Detail cleaning methods,									
equipment, chemicals use									
Specify if surfaces were dr sanitised.	iea ana								
Januaca.									
		Commer	nts				Sign	Date	



	Operator signature on					
	completion of cleaning &			NE	4-1-21	
	additional comments					
	Supervisor verification that			11		
	area is cleaned to acceptable			//oll	11-1-1	71
	standard			en	4-10	\sim $^{\prime}$
	Quality verification that area is				•	
	cleaned to acceptable standard					
	SUPERVISOR/NPL	SIGNATURE:	DATE /	TIME TR	ACEBACK	
			COMP	LETED:		
	NAME:		1	1	21	
(waeme Body	Mount	4	-/-	4	
	COMPLETED TRACEBACK		(Circle)	YES/NO		
	ATTACHED TO QIR					



Repeated Clean

	Plant		Area	Da	te		Time	
Dry clean								
13-1-1	N							
Wet/Dry clean (refer NSOP 16 D11/01)								
Wetclean	D7		Cejclone.	4	-1-21		1730	
Kyl	ie Ec	olganton			COMP MODILS A			
Operators								
	Ins	pection of are	a				inspected	
Are the floor, wall and o	ceiling	s clean?		Yes	No	4-1	- 21	
Are drains clean? Smel cleaned?	l? Pon	ding? Are Ti	aps	Yes	No	4-1-	21	
Are all doors well sealed	d? Exc	lude pests?		Yes	No	4-1	-21	
Cleaning equipment is o	lean a	nd in good re	epair? Used	Yes	No	4-1-21		
as designated?						4	41	
Is vacuum cleaner clear				Yes	No	4-1-21		
Any scaffolding in area,	is it in			No	4-1	-21		
Any Projects or Contrac area?	tor wo	ork being con	ducted in	Yes	No	4-1-21		
Boot check – are boots locations?	clean/	tidy and in co	orrect zone	Yes	No	4-	1-21	
Response actions	112	Comments (must be comple	eted)		Sign	Date	
Intensive clean of area comp	leted	Mogred	floor W	The	,	KE	4-1-21	
State specific area of plant, equipment, and other fixture surfaces cleaned. Comment cleanliness level before and cleaning (e.g. powder preservater, biofilm, etc.) (Photos be taken before and after cleaning and attached to QIF Detail cleaning methods, equipment, chemicals used. Specify if surfaces were drie sanitised.	on - after - nt, _ may _	One dry Sanitised with 70/30 ethasan			4			
		Commer	nts			Sign	Date	



	Operator signature on					
	completion of cleaning &			KE	4-1-21	
	additional comments				4-1 21	
	Supervisor verification that			20		
	area is cleaned to acceptable			115	11-1-1	1/
	standard			ew	7 1 2	-/
	Quality verification that area is					
	cleaned to acceptable standard					
	SUPERVISOR/NPL	SIGNATURE:			RACEBACK	
		1	COMP	LETED:		
	NAME:		/	1	71	
9	waeme Body	1 ment	6	1-1		
	COMPLETED TRACEBACK		(Circle)	YES/NO		
	ATTACHED TO QIR					