DATE: ........................................... INSPECTOR................................................

RANDOM INSPECTIONS DURING CLEANING

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| **Name of Cleaner** | **Time** | **Membrane** | **Seeds** | **Rotten Leaves** | **Insects** | **Comments Actions** |
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Checked by: ………………………………… Date: ……………………….

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**INSPECTION AFTER CLEANING PRIOR TO WASHING**

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| **Name of Cleaner** | **Time** | **Membrane** | **Seeds** | **Rotten Leaves** | **Insects** | **Comments Actions** |
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Inspector’s Name: ..........................................

Signature: ........................................ Date: ……………………..

Checked by: ………………………………… Date: ………………………

Reviewed by: .................................... Date: ………………………