

# Equipment Cleaning Batch Record Form

## Batch & Equipment Details

Batch Number:

Equipment Name/ID:

Location:

Date:

Time Start:

Time End:

## Cleaning Details

| Step/Area Cleaned | Cleaning Agent | Method | Performed By | Date | Remarks |
|-------------------|----------------|--------|--------------|------|---------|
|                   |                |        |              |      |         |
|                   |                |        |              |      |         |
|                   |                |        |              |      |         |

## Inspection

| Item                    | Acceptability (Yes/No) | Checked By | Date | Remarks |
|-------------------------|------------------------|------------|------|---------|
| Visible Residue Absence |                        |            |      |         |
| Cleanliness Verified    |                        |            |      |         |
| Label/Status Updated    |                        |            |      |         |

Cleaned By:

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Date:

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Checked By:

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Date:

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Approved By:

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Date:

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