

# 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: \_\_\_\_\_

Date: \_\_\_\_\_

Checked By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_