

Assembly Line Cleaning Assurance Sheet

Line Name: _____

Date: _____

Shift: _____

Supervisor: _____

Cleaning Checklist

Area / Equipment	Cleaning Task	Cleaned By	Verified By Supervisor	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments / Issues Noted:

Supervisor Signature:

Date: _____