

Quality Control Cleaning Inspection Log

Date: _____

Inspector Name: _____

Location/Area: _____

Shift/Time: _____

| Line No. | Item / Area Inspected | Standard Criteria | Status (Pass/Fail) | Comments/Issues | Corrective Action |
|----------|-----------------------|-------------------|--------------------|-----------------|-------------------|
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| | | | | | |
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| | | | | | |
| | | | | | |

Inspector Signature: _____

Date: _____

Supervisor Review: _____

Date: _____