



## 1.0 Purpose

- 1.1 To outline the procedure for maintaining compounding room in a clean and sanitary condition.

## 2.0 Scope


- 2.1 Applies to compounding personnel/sanitation personnel, plant managers, and designated quality control (QC) personnel.

## 3.0 Responsibility

- 3.1 Compounding personnel/sanitation personnel
  - 3.1.1 Clean compounding room and clean/sanitize used scoops at the end of day (after completing compounding).
  - 3.1.2 Keep the compounding room clean and organized.
  - 3.1.3 Complete SAN.FORM.001 Compounding Room Daily Cleaning Log.
- 3.2 Plant managers
  - 3.2.1 Ensure the compounding room is clean and organized.
  - 3.2.2 Visually inspect the compounding room.
  - 3.2.3 Notify sanitation personnel of any area that may need improvement.
  - 3.2.4 Provide compounding personnel with proper cleaning equipment.
- 3.3 QC personnel
  - 3.3.1 Ensure the compounding room is clean and organized.
  - 3.3.2 Visually inspect the compounding room.
  - 3.3.3 Verify that cleaning procedure in compounding room is being followed and completed.
  - 3.3.4 Notify sanitation personnel of any area that may need improvement.
  - 3.3.5 Sign SAN.FORM.001 verifying the compounding room clean.
  - 3.3.6 Collect and file the completed SAN.FORM.001.
  - 3.3.7 Provide blank SAN.FORM.001.

## 4.0 Procedure

- 4.1 Sanitation Personnel
  - 4.1.1 The compounding room is to be cleaned by compounding personnel at the end of each day following (SAN.FORM.001).
    - 4.1.1.1 Remove and store all materials used during the day.
    - 4.1.1.2 Mop the floors, clean the scale with towels, and/or vacuum removing all dust particles.
    - 4.1.1.3 Clean and sanitize scoops with IPA (Isopropyl Alcohol).
    - 4.1.1.4 After sanitizing the scoops, dry with clean towels.
    - 4.1.1.5 Fill out SAN.FORM.001.
  - 4.1.2 The compound room is cleaned on a deeper level when necessary. Compounding personnel conduct deep cleaning.
    - 4.1.2.1 Walls are cleaned using towels.

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4.1.2.2 Floors are washed and dried.

4.2 QC Personnel

- 4.2.1 Verify the cleanliness in compounding room and the completion of SAN.FORM.001 after cleaning compounding room.
- 4.2.2 Once the completion of SAN.FORM.001 confirmed, QC personnel collect the completed SAN.FORM.001 and file it in QC Office.
- 4.2.3 QC Director conducts regular and/or random audit to ensure whether this cleaning procedure is followed or not. If it is not followed, follow CAPA Program Procedure (SOP QC.PRO.003).

**SOP Title: Compounding Room Cleaning**

**SOP #: SAN.PRO.001**



**Effective: 03/22/2018**

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## 5.0 Document History

<b>Document ID</b>	<b>Effective Date</b>	<b>Description</b>	<b>Initiator</b>
SAN.PRO.001	06/03/2015	New	Hyoungill Lee Quality Control Manager
SAN.PRO.001	09/01/2015	Revised	Dong Chen, Quality Control Manager
SAN.PRO.001	03/22/2018	Revised	Aaron Choi, Quality Control Director



**1.0 Purpose**

- 1.1 To provide step-by-step instructions on how to clean and sanitize all barrels and buckets used in production.

**2.0 Scope**

- 2.1 Applies to sanitation personnel, plant managers, and quality control personnel.

**3.0 Responsibility**

- 3.1 Sanitation personnel in plant
  - 3.1.1 Collect and bring all used barrels and buckets to the barrel and bucket cleaning area.
  - 3.1.2 Clean all used barrels and buckets.
  - 3.1.3 Dry barrels and buckets.
  - 3.1.4 Sanitize and cover up all barrels.
  - 3.1.5 Ask QC to verify the cleanliness.
- 3.2 Plant managers
  - 3.2.1 Ensure the barrel and bucket cleaning area is cleaned and organized.
  - 3.2.2 Ensure the barrels and buckets are cleaned and sanitized.
  - 3.2.3 Visually inspect the barrels and buckets conditions.
  - 3.2.4 Notify sanitation personnel of any area that may need improvement.
  - 3.2.5 Provide sanitation personnel with the proper cleaning equipment.
- 3.3 QC personnel
  - 3.3.1 Ensure the barrel and bucket cleaning area is cleaned and organized.
  - 3.3.2 Ensure the barrels and buckets are cleaned and sanitized.
  - 3.3.3 Visually inspect the barrels and buckets conditions.
  - 3.3.4 Verify the barrel and bucket are cleaned and sanitized.
  - 3.3.5 Notify sanitation personnel of any area that may need improvement.
  - 3.3.6 Collect and file the Barrel/Bucket Cleaning Log.
  - 3.3.7 Verify that the cleaning procedure for barrels and buckets is being followed and completed.

**4.0 Definitions**

- 4.1 Barrel and bucket cleaning area: area in which all barrels, large buckets, and small buckets are properly clean and sanitized before reuse.

**5.0 Procedure**

- 5.1 Sanitation personnel
  - 5.1.1 Sanitation personnel collect and bring all used barrels and buckets to the barrel and bucket cleaning area.



- 5.1.2 The barrels and buckets are pressure washed with water and put upside down to drain them. (Use chemicals (cleaner, etc.) to clean the barrels and buckets as needed)
- 5.1.3 Barrels and buckets are dried (air/with towels, etc.). Sanitized with IPA (Isopropyl Alcohol).
- 5.1.4 All barrels and buckets are covered and stored.
- 5.1.5 Fill out Barrel/ Bucket Cleaning Area Log Daily
- 5.1.6 Ask QC personnel to verify the cleanliness.
- 5.2 The barrel/bucket cleaning area is cleaned on a deeper level when necessary.
  - 5.2.1 Walls are cleaned using towels. (Use chemicals (cleaner, etc.) to clean the walls as needed)
  - 5.2.2 Floors are washed and dried. (Use chemicals (cleaner, etc.) to clean the floors as needed)
  - 5.2.3 All tools are sanitized with IPA alcohol.
  - 5.2.4 After sanitizing the tools, dry them.
- 5.3 QC Personnel
  - 5.3.1 Verify the cleanliness in the barrel/bucket cleaning area, barrels/buckets, and the completion of SAN.FORM.044.
  - 5.3.2 QC personnel confirm, collect, and file the Barrel/Bucket Cleaning Log.
  - 5.3.3 QC Director (manager) conducts regular and/or random audit to ensure whether this cleaning procedure is followed or not. If it is not followed, follow CAPA Program Procedure (SOP QC.PRO.003).

**SOP Title: Barrel and Bucket Cleaning and Sanitizing**



**SOP #: SAN.PRO.002**

**Effective: 03/22/2018**

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**6.0 Document History**

<b>Document ID</b>	<b>Effective Date</b>	<b>Description</b>	<b>Initiator</b>
SAN.PRO.002	09/01/2015	New	Dong Chen, Quality Control Manager
SAN.PRO.002	03/22/2018	Revised	Aaron Choi, Quality Control Director



**1.0 Purpose**

- 1.1 To outline the procedure for maintaining capsule or tablet room in a clean and sanitary condition.

**2.0 Scope**

- 2.1 Applies to capsule or tablet machine operators/sanitation personnel, plant managers, and Quality Control (QC) personnel.

**3.0 Responsibility**

- 3.1 Capsule or tablet operators/sanitation personnel
  - 3.1.1 Clean capsule or tablet room at the end of day (after completing production).
  - 3.1.2 Keep the room clean and organized.
  - 3.1.3 Complete SAN.FORM.004 Capsule/Tablet Room Daily Cleaning Log.
- 3.2 Plant Managers
  - 3.2.1 Visually inspect the room.
  - 3.2.2 Ensure the capsule or tablet room is clean and organized.
  - 3.2.3 Provide capsule or tablet machine operator with proper cleaning equipment.
- 3.3 QC personnel
  - 3.3.1 Ensure the capsule or tablet room is clean and organized.
  - 3.3.2 Visually inspect the room.
  - 3.3.3 Verify that cleaning procedure in the room is being followed and completed.
  - 3.3.4 Sign SAN.FORM.004 verifying the room clean.
  - 3.3.5 QC personnel collect and file the completed SAN.FORM.004.
  - 3.3.6 QC personnel provide blank SAN.FORM.004.

**4.0 Procedure**

- 4.1 Capsule or tablet room
  - 4.1.1 The capsule or tablet room is to be cleaned by capsule or tablet machine operators at the end of each day following (SAN.FORM.004).
    - 4.1.1.1 Remove and store all materials used during the day.
    - 4.1.1.2 Capsule or tablet operators clean the floors with mop and/or vacuum removing all dust particles.
    - 4.1.1.3 Clean and sanitize capsule or tablet machine with IPA (Isopropyl Alcohol). After cleaning, sanitizing and drying, completely cover the machines with plastic cover.
    - 4.1.1.4 Capsule or tablet machine operators fill out SAN.FORM.004.
- 4.2 QC personnel

<b>SOP Title: Capsule/Tablet Room Cleaning</b>	<b>SOP #: SAN.PRO.005</b> <b>Effective: 03/23/2018</b> <b>Page 2 of 3</b>
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- 4.2.1 Verify cleanliness of capsule or tablet room and completion of SAN.FORM.004 after cleaning the room.
- 4.2.2 Once the completion of SAN.FORM.004 confirmed, collect the completed SAN.FORM.004 and file it in QC Office.
- 4.2.3 QC Director conducts regular and/or random audit to ensure whether this cleaning procedures is followed or not. If it is not followed, follow CAPA Program Procedure (SOP QC.PRO.003).

<b>SOP Title: Capsule/Tablet Room Cleaning</b>	<b>SOP #: SAN.PRO.005</b>  <b>Effective: 03/23/2018</b>  <b>Page 3 of 3</b>
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**5.0 Document History**

<b>Document ID</b>	<b>Effective Date</b>	<b>Description</b>	<b>Initiator</b>
SAN.PRO.005	09/01/2015	New	Dong Chen, Quality Control Manager
SAN.PRO.005	03/23/2018	Revised	Aaron Choi, Quality Control Director



**1.0 Purpose**

- 1.1 To provide step-by-step instructions on how to clean and sanitize powder mixer after compounding.

**2.0 Scope**

- 2.1 Applies to Mixing personnel/sanitation personnel, plant managers, and quality control (QC) personnel.

**3.0 Responsibility**

- 3.1 Mixing Personnel/Sanitation Personnel
  - 3.1.1 Clean and sanitize the powder mixer between product.
  - 3.1.2 Fill out SAN.FORM.005 Powder Mixer Cleaning and Sanitizing Log.
- 3.2 Plant Mangers
  - 1.1.1 Ensure the powder mixer and the area are clean and organized.
  - 1.1.2 Visually inspect the mixer and the area.
  - 1.1.3 Provide mixing personnel with proper cleaning and sanitizing materials.
  - 1.1.4 Notify sanitation personnel of any area that may need improvement.
- 3.3 QC Personnel
  - 3.3.1 Ensure the powder mixer and the area are clean and organized.
  - 3.3.2 Visually inspect the mixer and the area.
  - 3.3.3 Ensure SAN.FORM.005 completed.
  - 3.3.4 Collect and file the completed SAN.FORM.005.
  - 3.3.5 Provide blank SAN.FORM.005 forms.
  - 3.3.6 Verify that powder mixer cleaning/sanitizing procedure is being followed and completed.
  - 3.3.7 Notify sanitation personnel of any area that may need improvement.

**4.0 Procedure**

- 4.1 Mixing Personnel
  - 4.1.1 Remove powder residual inside of powder mixer by pressurized air and/or vacuum.
  - 4.1.2 Put a bucket of water in the mixer and run the mixer for 3-5 min. After water running, drain out all water. Confirm that all powder is cleaned inside of the mixer. If all powder is not cleaned, clean again with new water until all powder is completely cleaned inside of the mixer.
  - 4.1.3 Once cleaning completed, put a bucket of isopropyl alcohol (IPA) in the mixer, and run the mixer for 3-5 min for sanitizing. Once sanitizing completed, drain out IPA. Completely dry IPA for next mixing.
  - 4.1.4 Fill out SAN.FORM.005 with next batch information.
- 4.2 QC Personnel

**SOP Title: Powder Mixer Cleaning and Sanitation**



**SOP #: SAN.PRO.006**

**Effective: 03/26/2018**

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- 4.2.1 Ensure the powder mixer and the area are clean and organized.
- 4.2.2 Ensure the compliance with this procedure.
- 4.2.3 Ensure SAN.FORM.005 completed.
- 4.2.4 Verify that SAN.FORM.005 is completed. If it is not completed, request machine operators to complete SAN.FORM.005.
- 4.2.5 Once the completion of SAN.FORM.005 is confirmed, collect the completed SAN.FORM.005 and file it in QC Office.
- 4.2.6 QC director conduct regular and/or random audit to ensure whether this cleaning procedure is followed or not. If it is not followed, follow CAPA Program Procedure (SOP QC.PRO.003).

**SOP Title: Powder Mixer Cleaning and Sanitation**



**SOP #: SAN.PRO.006**

**Effective: 03/26/2018**

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## 5.0 Document History

Document ID	Effective Date	Description	Initiator
SAN.PRO.006	06/03/2015	New	Hyoungill Lee, Quality Control Manager
SAN.PRO.006	09/01/2015	Revised	Dong Chen, Quality Control Manager
SAN.PRO.006	03/26/2018	Revised	Aaron Choi, Quality Control Director



## **1.0 Purpose**

1.1 To outline the instructions for cleaning, sanitizing, and documenting the tables used for finished products.

## **2.0 Scope**

2.1 Plant workers, plant workers trained in Good Documentation Practices (QC.PRO.001), plant managers, and trained Quality Control (QC) personnel are required to follow this SOP when preparing the powder tables for production, when changing between products, and after production. Sanitation or QC Personnel are required to follow this SOP when collecting and replenishing forms.

## **3.0 Responsibility**

- 3.1 Plant workers must clean and sanitize the tables thoroughly with isopropyl alcohol (IPA) and a clean white towel before initial production begins, between products, and when production concludes.
- 3.2 Plant workers trained in Good Documentation Practices (GDP) will document each cleaning in the SAN.FORM.040 (Table Cleaning Log).
- 3.3 Plant managers ensure the cleanliness.
- 3.4 Trained QC must verify that the surface of the tables of each line, where the product is most likely to become contaminated, passes ATP testing per day and document the results on the Daily Table ATP Score (SAN.FORM.008).
- 3.5 Sanitation or QC Personnel are required to remove, sign, and file the Table Cleaning Log (SAN.FORM.040) as well as replenish the blank forms in the designated folder.

## **4.0 Definitions**

4.1 Isopropyl alcohol: A substance used in dry manufacturing areas for cleaning and sanitizing.

## **5.0 Procedure**

5.1 Cleaning and Sanitizing

5.1.1 All of the tables on the line are required to be sprayed with IPA and towel dried before production, between products, and after production by plant workers.

5.1.1.1 Tables used must be of appropriate design, construction, and workmanship suitable for producing bottled and loose powder, can be adequately cleaned and properly maintained, and does not promote contamination of components and dietary supplements.



**5.2 Verifying**

- 5.2.1 Trained QC Personnel must follow standard operating procedure for ATP testing (QC.PRO.018) and record the results on SAN.FORM.008 once in the morning.
- 5.2.2 If the ATP results are between 0 and 49 RLUs then the results pass, 50 and 100 RLUs and the results are classified as a caution and must be checked again between products, over 100 RLUs the workers have to clean and sanitize again. After a retest if the results are still over 100 RLUs then another ATP machine must be tried in case the problem is with the ATP machine itself. Work cannot begin until the ATP results are between 0 and 100 RLUs.
- 5.2.3 Actions to try if the results cannot get lower than 100 RLUs:
  - 5.2.3.1 Switch out the table, clean and sanitize the new table
  - 5.2.3.2 Switch out the ATP machine
  - 5.2.3.3 Have someone else clean and sanitize the table
  - 5.2.3.4 Have another trained QC member use the ATP machine
  - 5.2.3.5 Check the calibration certificate of the ATP machine in the sanitation office.
    - 5.2.3.5.1 The unit should be calibrated annually per the manufacturer's instructions.

**5.3 Documentation**

- 5.3.1 Daily Table ATP Score (SAN.FORM.008)
  - 5.3.1.1 The surface ATP lot# is found on the bag containing the swabs.
  - 5.3.1.2 The ATP Reader Serial # is found on the Clear Trace NG machine.
  - 5.3.1.3 For the lines that are running, swab the table, as directed in QC.PRO.018, where the work begins and write the result in the box.
  - 5.3.1.4 Swab the table next to the first one for "Table #2" and write the result in the box.
  - 5.3.1.5 If a retest is necessary then write the result in the "retest" box.
  - 5.3.1.6 The person that performed the swabbing signs on the "Performed By" line.
  - 5.3.1.7 The person that verified the swabbing result signs on the "Verified By" line.
  - 5.3.1.8 Keep the form SAN. FORM.008 in a folder named "Table ATP Score" at QC Room.
- 5.3.2 Sanitation / QC Personnel
  - 5.3.2.1.1 Initial the form, indicating verified.
  - 5.3.2.1.2 Collect the form.
  - 5.3.2.1.3 File the form in the Sanitation office.
  - 5.3.2.1.4 Replenish the folder with new forms.

**SOP Title: Finished Product Tables Cleaning,  
Sanitizing, and Documenting**




**SOP #: SAN.PRO.010**

**Effective: 03/26/2018**

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## 6.0 Document History

<b>Document ID</b>	<b>Effective Date</b>	<b>Description</b>	<b>Initiator</b>
SAN.PRO.010	08/25/2015	New	Dong Chen, Quality Control Manager
SAN.PRO.010	03/26/2018	Revised	Aaron Choi, Quality Control Director

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Capsule Inspection Room</b>
<b>Control Date : 6/20/2023</b>	

- 1.0 **Allergens:** This form is not intended for use after an allergen containing product.
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation:**
- 3.1 **Dry clean-** Vacuum or blow off -> saniquat (no rinse needed) -> sanitize-> dry
- 3.2 **Wet clean-** Vacuum or blow off -> Saniquat -> wet cloth towels (rinse with water if possible) -> sanitize-> dry

4.0 **Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_

5.0 **Checklist**

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Scoop
	Clean & Sanitize Capsule Screen Inspection Table
	Clean & Sanitize in Washroom- Capsule Shoot
	Clean & Sanitize in Washroom- Capsule Hopper
	Clean & Sanitize Barrel (Liner)

6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)

7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

8.0 **Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous excipients (capsules)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Control Date : 6/20/2023</b>
<b>Title: SSOP Compounding Room</b>	

**1.0 Allergens:** This form is not intended for use after an allergen containing product.

**2.0 CCP check**

2.1 Check the screen (Mesh)

Name:

Date:

Screen Intact (Y-yes, N-No)	Free of foreign material (Y-yes, N- No)

Corrective Action- If the screen is broken, or you find foreign material notify your supervisors and the QC Technician. Product may be put on hold to the last good check.

**Cleaning Checklist**

Name:

Date:

	Vacuum/Sweep Scale & Floor
	Mop Scale & Floor
	Clean & Sanitize Screen
	Clean & Sanitize Scissors/Knife
	Clean & Sanitize Scoop
	Clean & Sanitize Barrel (Liner)
	Clean & Sanitize Hammer

**Cleaning Verification:** If any of the seven checks fail, institute a reclean, and complete the corrective action

**Line Clearance**

Name:

Date:

Labels from the previous production have been removed? (Y-yes, N-No)	Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)

**Line Clearance:**

Name:

Date:


Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous labels
	Previous records

**Corrective Action**

2.2 Name:

Date:

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Control Date : 6/20/2023</b>
<b>Title: SSOP Encapsulating Room</b>	

**1.0 Allergens:** This form is not intended for use after an allergen containing product.

**PO#** \_\_\_\_\_ **MACHINE#** \_\_\_\_\_

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

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Spatula
	Clean & Sanitize Brush
	Clean & Sanitize in Washroom- Powder Container
	Clean & Sanitize in Washroom- Capsule Press
	Clean & Sanitize in Washroom- Capsule Chute
	Clean & Sanitize in Washroom- Capsule Mold Rings
	Clean & Sanitize in Washroom- Encapsulating Machine
	Clean & Sanitize Barrel (Liner)

**Cleaning Verification:** If any of the ten checks fail, institute a reclean, and complete the corrective action

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

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)

**Corrective Action**


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

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

**Line Clearance:** Check that work station is clean of past item and spillage at stake zone is suitably cleaned and cleared. Check and guarantee all the materials (utensil, instruments, compartment, records and so forth.) are expelled from region, which were utilized as a part of past item.

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

Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous excipients (capsules)
	Previous labels
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Grinding Rework</b>

- 1.0 Allergens:** This form is not intended for use after an allergen containing product.
- 2.0 Documents:** File this completed document with the job jacket of the next product.
- 3.0 Sanitation:**
- 3.1 **Dry clean-** Vacuum or blow off -> saniquat (no rinse needed) -> sanitize-> dry
- 3.2 **Wet clean-** Vacuum or blow off -> Saniquat -> wet cloth towels (rinse with water if possible) -> sanitize-> dry

**4.0 Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_

**5.0 Checklist**

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Grinding Machine
	Clean & Sanitize Barrel (Liner)

**6.0 Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)

**7.0 Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

**8.0 Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous encapsulated products (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Control Date : 6/20/2023</b>
<b>Title: SSOP Mixing</b>	

**1.0 Allergens:** This form is not intended for use after an allergen containing product.

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

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Blender
	Clean & Sanitize Scoop
	Clean & Sanitize Paddle
	Clean & Sanitize Barrel (Liner)
	Clean & Sanitize Hammer

**Cleaning Verification:** If any of the seven checks fail, institute a reclean, and complete the corrective action.

**Cleaning Verification;**

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

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)

**Corrective Action**


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

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

**Line Clearance:** Check that work station is clean of past item and spillage at stake zone is suitably cleaned and cleared. Check and guarantee all the materials (utensil, instruments, compartment, records and so forth.) are expelled from region, which were utilized as a part of past item.

1.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous excipients (capsules)
	Previous labels
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Packaging Room (Line)</b>
<b>Control Date : 6/20/2023</b>	

**1.0 Allergens:** This form is not intended for use after an allergen containing product.

**2.0 Sanitation:**

2.1 **Dry clean-** Vacuum or blow off -> saniquat (no rinse needed) -> sanitize-> dry

2.2 **Wet clean-** Vacuum or blow off -> Saniquat -> wet cloth towels (rinse with water if possible) -> sanitize-> dry

**3.0 Po#:** \_\_\_\_\_ **Line#:** \_\_\_\_\_

**4.0 Checklist**

4.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Scoop
	Clean & Sanitize Scale
	Clean & Sanitize Table
	Clean & Sanitize Metal Detector
	Clean & Sanitize Capsule Counter

**5.0 Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)

**6.0 Corrective Action**


6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

**7.0 Line Clearance:** Check that work station is clean of past item and spillage at stake zone is suitably cleaned and cleared. Check and guarantee all the materials (utensil, instruments, compartment, records and so forth.) are expelled from region, which were utilized as a part of past item.

7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (Capsules, tablets, softgels, gummies, powders)
	Previous excipients (Caps, bottles, silica, etc.)
	Previous records
	Previous Labels

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Tablet Polishing Room</b>
<b>Control Date : 6/20/2023</b>	

- 1.0 Allergens:** This form is not intended for use after an allergen containing product.
- 2.0 Documents:** File this completed document with the job jacket of the next product.
- 3.0 Sanitation:**
- 3.1 **Dry clean-** Vacuum or blow off -> saniquat (no rinse needed) -> sanitize-> dry
- 3.2 **Wet clean-** Vacuum or blow off -> Saniquat -> wet cloth towels (rinse with water if possible) -> sanitize-> dry

**4.0 Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_

**5.0 Checklist**

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Polishing Machine
	Clean & Sanitize Barrel (Liner)

**6.0 Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)

**7.0 Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

**8.0 Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous encapsulated products (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Tableting Room</b>
<b>Control Date : 6/20/2023</b>	

- 1.0 **Allergens:** This form is not intended for use after an allergen containing product.
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation:**
- 3.1 **Dry clean-** Vacuum or blow off -> saniquat (no rinse needed) -> sanitize-> dry
- 3.2 **Wet clean-** Vacuum or blow off -> Saniquat -> wet cloth towels (rinse with water if possible) -> sanitize-> dry

4.0 **Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_

5.0 **Checklist**

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Spatula
	Clean & Sanitize Brush
	Clean & Sanitize in Washroom- Powder Feeder
	Clean & Sanitize in Washroom- Tablet Press
	Clean & Sanitize in Washroom- Tablet Shoot
	Clean & Sanitize Barrel (Liner)

6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3

8.0 **Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous excipients (capsules)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Capsule Polishing Room</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is intended for use after an allergen containing product.
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation:Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize-> dry
- 4.0 **Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_
- 5.0 **Checklist**
- 5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize in Washroom- Polisher Brush
	Clean & Sanitize Polishing Machine
	Clean & Sanitize Capsule Hopper
	Clean & Sanitize Capsule Shoot
	Clean & Sanitize Barrel (Liner)

- 6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

- 7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

- 8.0 **Line Clearance:** Check that work station is clean of past items

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous encapsulated products (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Compounding Room</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is intended for use after an allergen containing product.  
2.0 **Documents:** File this completed document with the job jacket of the next product.  
3.0 **Sanitation: Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize-> dry

4.0 **PO#:** **Location#:**

4.1 **CCP check** Check the screen (Mesh)

Name: Date:

Screen Intact (Y-yes, N-No)	Free of foreign material (Y-yes, N- No)

Corrective Action- If the screen is broken, or you find foreign material notify your supervisors and the QC Technician.

5.0 **Checklist**

5.1 Name: Date:

	Vacuum/Sweep Scale & Floor
	Mop Scale & Floor (Wet clean)
	Clean & Sanitize Screen & Scissors/Knife (Wet clean) (Wet clean)
	Clean & Sanitize Scoop (Wet clean)
	Clean & Sanitize Barrel & Hammer (Wet clean)

6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: Date:

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

7.0 **Corrective Action**


7.1 Name: Date:

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

8.0 **Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: Date:

Check and guarantee all the materials including:	
	Previous incoming raw materials (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Encapsulating Room</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is intended for use after an allergen containing product.
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation:Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize-> dry
- 4.0 **Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_
- 5.0 **Checklist**
- 5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Spatula & Brush
	Clean & Sanitize in Washroom- Powder Container
	Clean & Sanitize in Washroom- Capsule Press
	Clean & Sanitize in Washroom- Capsule Shoot
	Clean & Sanitize in Washroom- Capsule Mold Rings
	Clean & Sanitize in Washroom- Encapsulating Machine
	Clean & Sanitize Barrel (Liner)

- 6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

8.0 **Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous excipients (capsules)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Checklist Grinding / Rework</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is intended for use after an allergen containing product.
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation:Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize-> dry
- 4.0 **Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_
- 5.0 **Checklist**
- 5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Grinder

- 6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

- 7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

- 8.0 **Line Clearance:** Check that work station is clean of past items

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous encapsulated products (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Allergen Checklist Mixing Room</b>

- 1.0 **Allergens:** This form is intended for use after an allergen containing product.
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation:Wet clean-** Vacuum or blow off -> dawn (soap)& water (pressure washer) /green scrub pad -> Always rinse with **pressure washer** -> sanitize-> dry
- 4.0 **Po#:** \_\_\_\_\_ **Blender#:** \_\_\_\_\_
- 5.0 **Checklist**
- 5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor (Wet clean)
	Clean & Sanitize Blender & Scoop & Paddle (Wet clean)
	Clean & Sanitize Barrel (Liner)
	Clean & Sanitize Hammer (Wet clean)
	Clean & Sanitize outside surface of blender (Wet clean)
	Clean & Sanitize lid & clamp(Wet clean)
	Clean & Sanitize gasket (Wet clean)
	Clean & Sanitize legs (Wet clean)
	Clean & Sanitize power button and switch areas (Dry clean)

- 6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

- 8.0 **Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous mixed materials
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Allergen Checklist Packaging Room (Line)</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is intended for use after an allergen containing product.
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation:Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize-> dry
- 4.0 **Po#:** \_\_\_\_\_ **Line#:** \_\_\_\_\_
- 5.0 **Checklist**
- 5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor (Deep)
	Mop Floor (Deep)
	Clean & Sanitize Scoop (Deep)
	Clean & Sanitize Scale (Deep)
	Clean & Sanitize Table (Deep)
	Clean & Sanitize Metal Detector
	Clean & Sanitize Capsule Counter (conveyer) (Deep)
	Clean & Sanitize Hopper (Deep)

- 6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

8.0 **Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials
	Previous excipients (Caps, bottles, silica, etc.)
	Previous records
	Previous Labels

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Allergen Checklist Tablet Polishing Room</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is intended for use after an allergen containing product.
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation: Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize-> dry
- 4.0 **Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_
- 5.0 **Checklist**
- 5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor (Deep)
	Mop Floor (Deep)
	Clean & Sanitize Polishing Machine (Deep)
	Clean & Sanitize Barrel (Liner)

- 6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

- 7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

- 8.0 **Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous encapsulated products (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Allergen Checklist Tableting Room</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is intended for use **After each allergenic batch,**
- 2.0 **Documents:** File this completed document with the job jacket of the next product.
- 3.0 **Sanitation: Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize-> dry
- 4.0 **Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_
- 5.0 **Checklist**
- 5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor (Deep)
	Mop Floor (Deep)
	Clean & Sanitize Spatula (Deep)
	Clean & Sanitize Brush (Deep)
	Clean & Sanitize in Washroom- Powder Feeder (Deep)
	Clean & Sanitize in Washroom- Tablet Press (Deep)
	Clean & Sanitize in Washroom- Tablet Shoot (Deep)
	Clean & Sanitize Barrel (Liner)

- 6.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Allersnap swab 1 (Green is a pass)	Allersnap swab 2 (Green is a pass)	Allersnap Swab 3 (Green is a pass)

8.0 **Line Clearance:** Check that work station is clean of past item and spillage.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous excipients (capsules)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Organic Checklist Capsule Polishing Room</b>

**1.0 Organics:** This form is **NOT** intended for use after an allergen containing product.

**2.0 Sanitation:**

2.1 **Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize (IPA)-> dry

**3.0 Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_

**4.0 Checklist**

4.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize in Washroom- Polisher Brush
	Clean & Sanitize Polishing Machine
	Clean & Sanitize Capsule Hopper
	Clean & Sanitize Capsule Shoot
	Clean & Sanitize Barrel (Liner)

**5.0 Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**6.0 Corrective Action**


6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**7.0 Line Clearance:** Check that work station is clean of past item and spillage at stake zone is suitably cleaned and cleared. Check and guarantee all the materials (utensil, instruments, compartment, records and so forth.) are expelled from region, which were utilized as a part of past item.

7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous encapsulated products (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Organic Checklist Compounding Room</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is **NOT** intended for use after an allergen containing product.  
2.0 **Sanitation:Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize (IPA)-> dry

3.0 **PO#:** \_\_\_\_\_ **Location#:** \_\_\_\_\_

4.0 **CCP check**

4.1 Check the screen (Mesh)

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

Screen Intact (Y-yes, N-No)	Free of foreign material (Y-yes, N- No)

Corrective Action- If the screen is broken, or you find foreign material notify your supervisors and the QC Technician.

5.0 **Checklist**

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Scale & Floor
	Mop Scale & Floor (Wet clean)
	Clean & Sanitize Screen & Scissors/Knife (Wet clean)
	Clean & Sanitize Scoop (Wet clean)
	Clean & Sanitize Barrel & Hammer (Wet clean)

6.0 **Cleaning Verification:** If any of the checks fail, reclean, and corrective action

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

7.0 **Corrective Action**


7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

8.0 **Line Clearance:** Check that work station is clean of past item and spillage at is cleaned.

8.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous incoming raw materials (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
<b>Title: SSOP Organic Checklist Encapsulating Room</b>	<b>Control Date: 6/20/2023</b>

- 1.0 Allergens:** This form is **NOT** intended for use after an allergen containing product.
- 2.0 Sanitation: Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize-> dry
- 3.0 Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_
- 4.0 Checklist**
- 4.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Spatula & Brush
	Clean & Sanitize in Washroom- Powder Container
	Clean & Sanitize in Washroom- Capsule Press & Chute
	Clean & Sanitize in Washroom- Capsule Mold Rings
	Clean & Sanitize in Washroom- Encapsulating Machine
	Clean & Sanitize Barrel (Liner)

- 5.0 Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**6.0 Corrective Action**


6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

- 7.0 Line Clearance:** Check that work station is clean of past item and spillage at stake zone is suitably cleaned and cleared.

7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous excipients (capsules)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Control Date: 6/20/2023</b>
<b>Title: SSOP Organic Checklist Grinding Rework</b>	

**1.0 Organics:** This form is **NOT** intended for use after an allergen containing product.

**2.0 Sanitation:**

2.1 **Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize (IPA)-> dry

**3.0 Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_

**4.0 Checklist**

4.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor
	Clean & Sanitize Grinder
	Clean & Sanitize Barrel (Liner)

**5.0 Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**6.0 Corrective Action**


6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**7.0 Line Clearance:** Check that work station is clean of past item and spillage.

7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous encapsulated products (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Organic Checklist Mixing Room</b>
<b>Control Date: 6/20/2023</b>	

**1.0 Allergens:** This form is **NOT** intended for use after an allergen containing product.

**2.0 Sanitation:**

2.1 **Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize (IPA)-> dry

**3.0 Po#:** **Blender#:**

**4.0 Checklist**

4.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor
	Mop Floor (Wet clean)
	Clean & Sanitize Blender& Scoop (Wet clean)
	Clean & Sanitize Paddle & Barrel & Hammer
	Clean & Sanitize outside surface of blender (Wet clean)
	Clean & Sanitize clamp & lid & gasket & legs(Wet clean)
	Clean & Sanitize power button and switch areas (Dry clean)

**5.0 Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**6.0 Corrective Action**


6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**7.0 Line Clearance:** Check that work station is clean of past item and spillage at stake zone is suitably cleaned and cleared. Check and guarantee all the materials (utensil, instruments, compartment, records and so forth.) are expelled from region, which were utilized as a part of past item.

7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous mixed materials
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Organic Checklist Packaging Room (Line)</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form **NOT** is intended for use after an allergen containing product.  
2.0 **Sanitation:Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize (IPA)-> dry

3.0 **Po#:** \_\_\_\_\_ **Line#:** \_\_\_\_\_

4.0 **Checklist**

4.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor (Deep)
	Mop Floor (Deep)
	Clean & Sanitize Scoop & Scale
	Clean & Sanitize Table (Deep)
	Clean & Sanitize Metal Detector
	Clean & Sanitize Capsule Counter (conveyer) (Deep)
	Clean & Sanitize Hopper (Deep)

5.0 **Cleaning Verification:** If any of the checks fail, reclean, and corrective action

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y=yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

6.0 **Corrective Action**


6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y=yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

- 7.0 **Line Clearance:** Check that work station is clean of past item and spillage at stake zone is suitably cleaned and cleared. Check and guarantee all the materials (utensil, instruments, compartment, records and so forth.) are expelled from region, which were utilized as a part of past item.

7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (Capsules, tablets, softgels, gummies, powders)
	Previous excipients (Caps, bottles, silica, etc.)
	Previous records
	Previous Labels

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Organic Checklist Tablet Polishing Room</b>

**1.0 Allergens:** This form is **NOT** intended for use after an allergen containing product.

**2.0 Sanitation:**

2.1 **Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize (IPA) -> dry

**3.0 Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_

**4.0 Checklist**

4.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor (Deep)
	Mop Floor (Deep)
	Clean & Sanitize Polishing Machine (Deep)
	Clean & Sanitize Barrel (Liner)

**5.0 Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y=yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**6.0 Corrective Action**


6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y=yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y=yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

**7.0 Line Clearance:** Check that work station is clean of past item and spillage at stake zone is suitably cleaned and cleared. Check and guarantee all the materials (utensil, instruments, compartment, records and so forth.) are expelled from region, which were utilized as a part of past item.

7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous encapsulated products (with white stickers)
	Previous records

	<b>Norax Supplements</b> <b>655 10<sup>th</sup> St.</b> <b>Cedartown, GA 30125</b>
	<b>Title: SSOP Organic Checklist Tableting Room</b>
<b>Control Date: 6/20/2023</b>	

- 1.0 **Allergens:** This form is **NOT** intended for use after an allergen containing product.  
2.0 **Sanitation:Wet clean-** Vacuum or blow off -> dawn (soap)& water /green scrub pad -> wet cloth towels (rinse with water if possible) -> sanitize (IPA)-> dry

3.0 **Po#:** \_\_\_\_\_ **Machine#:** \_\_\_\_\_

4.0 **Checklist**

4.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Vacuum/Sweep Floor (Deep)
	Mop Floor (Deep)
	Clean & Sanitize Spatula (Deep)
	Clean & Sanitize Brush (Deep)
	Clean & Sanitize in Washroom- Powder Feeder (Deep)
	Clean & Sanitize in Washroom- Tablet Press (Deep)
	Clean & Sanitize in Washroom- Tablet Shoot (Deep)
	Clean & Sanitize Barrel (Liner)

- 5.0 **Cleaning Verification:** If any of the checks fail, institute a reclean, and complete the corrective action

5.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	XXXX	XXXX
		XXXX	XXXX
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

6.0 **Corrective Action**

6.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area is visually clean (Y-yes, N-No)	ATP swab 1 (<30 is a pass)	ATP swab 2	ATP Swab 3
Area is visually clean (Y-yes, N-No)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)	Lo Ion Quat (0 is a pass)

- 7.0 **Line Clearance:** Check that work station is clean of past item and spillage is suitably clean.

7.1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check and guarantee all the materials including:	
	Previous product materials (with white stickers)
	Previous excipients (capsules)
	Previous records