

Sanitation Schedule

Month: _____ Year: _____

Perform during first week of month:	Date Complete	Initial	Observations/follow-up		
Check parking lot and outside building perimeter for sources of contamination or insect infestation.					
Check all walls, floors, and ceilings for damage or other sources of contamination.					
Check water flow in all sinks to ensure sufficient pressure throughout the plant.					
Properly convey sewage and liquid disposable waste from the physical plant.					
Check for adequate floor drainage in all areas where floors might be subject to flooding.					
Check for backflow or cross connection between wastewater and cleaning/manufacturing water.					
Ensure that sewage flows into an adequate sewage system.					
Adequately drain areas that may contribute to contamination or provide breeding for pests.					
To be performed weekly:	Initial/Date	Initial/Date	Initial/Date	Initial/Date	Initial/Date
Ensure that bathrooms are clean and not a potential source of contamination.					
Remove from the building any trash that has developed an odor.					
Remove from the building any trash that has potential for to attract pests.					
Remove all litter and waste from the plant, including empty packaging containers.					
Ensure that water used for cleaning is safe and sanitary, at suitable temperature and pressure.					
Ensure that hand-washing facilities are clean and not a source of contamination.					
Cut weeds or grass within the immediate vicinity of the physical plant.					
Monitor the disposal of cigarette butts in areas including but not limited to flower beds on the front and sides of the plant and the picnic table at the back of the plant.					

Completed by: _____	Date: _____
QC checked by: _____	Date: _____