**SANITATION SOP**

**[COMPANY NAME]**

[Street Address]

[City, State And Zip]

[Email Address]

**Version 0.0.0**

**[Date]**

**department responsible**

| VERSION HISTORY | | | | |
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| VERSION | APPROVED BY | REVISION DATE | DESCRIPTION OF CHANGE | AUTHOR |
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**REVIEW PROCEDURE**

List how often the SOP should be reviewed and updated and who is responsible.

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**SCOPE**

What building and equipment does the procedure cover. How often should the procedure be repeated?

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**PROCEDURE**

* Do employees inspect equipment for wear before cleaning?
* In what order should the facility be cleaned? For example, should the floor be cleaned first?
* When should cleaning be done? Before or after use?
* What are the procedures for labelling and storing cleaning and sanitizing chemicals?
* Describe what apparatus and components should be cleaned? What are the steps to properly clean items? What cleaning equipment should be used? What are the correct cleaning methods? What are the names and types of chemicals and concentrations? Describe mixing instructions, application steps, length of application time, and temperature, if necessary.
* Are direct food-contact surfaces cleaned differently than indirect food-contact surfaces? What is the schedule for cleaning each?
* How is pest control conducted?
* Does the facility or plant manager conduct inspections? How often?
* What sanitary practices must employees follow? Hand washing, clothing, gloves?
* How are visible contaminations dealt with?
* Is there a corrective-actions log for noting any deviations in procedure?

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| **PROCEDURE NAME** | **TASK** | **PERSON RESPONSIBLE** |
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**RESPONSIBILITY**

Must the document define who is responsible for tasks, managing the facility, or creating and maintaining the SOP?

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| **PROCEDURE NAME** | **TASK** | **PERSON RESPONSIBLE** |
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**RECORDKEEPING AND STORAGE**

Describe how you log when items are cleaned, the types of chemicals and concentrations used, and the dates of cleanings. Describe how you log inspections. Do you need to specify how long records are kept?

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**CORRECTIVE ACTION LOG**

Note the dates and details of any corrective actions.

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| **ENTRY NO.** | **DATE** | **ISSUE DESCRIPTION** | **MEASURES TAKEN TO FIX SITUATION** | **MEASURES TAKEN TO PREVENT RECURRENCE** | **LOCATION** | **INITIALS** |
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**STAFF SIGNATURES**

Obtain signatures from each staff member to confirm that they have read, understood, and accepted their assigned responsibilities.

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| **STAFF MEMBER NAME** | **SIGNATURE** | **DATE** |
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