

Cleaning Verification Form

Reviewed by: _____ Date: _____

Objective of Test:
Protein Residue to verify adequate cleaning practices in place

Date	Time	Equipment	Test Result	Compliant x ✓	Corrective Action	Signed	Next Due
PRODUCTION KITCHEN							
		Bench Top 1 Preparation Bench					
		Bench 2 Sandwich Bench					
		Slicing Equipment					
		Chopping Board					
		Cool room 1 Shelf					
		Hot Box					