

Contract Clean Room Cleaning Services Checklist

Over the years customers have been requesting that I create a comprehensive check list that could also be a control document for the cleaning / disinfecting crews. Here it is. An editable format is available for any that may be interested in using this as a template and adjusting per circumstances. Please contact me at khordern@paragonint.net for a free copy of the raw Excel format.

Cleaning Personnel (print): _____

Solution Prepared By: _____ Solution Prep Verified By: _____

Cleaning Agent Used: Vesphene LpH Other: _____

Date: _____

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	NOTES
Sanitization to be performed:	D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/>	D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/>	D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/>	D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/>	D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/>	D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/>	Y=Cleaned, NA=Not Applicable for this area
New cleaning solution and clean bucket system & mop head between rooms	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Ceiling Light Lenses	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Ceilings	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Pass through Cabinets	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Door & Door Frames	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Locker, Benches	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Counter Tops, Tables, Benches	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Casework, Shelving	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Cabinets, Drawers, Bins	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Exterior of Hoods	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Tops of all horizontal surfaces (cabinets, shelving, ledge)	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Wall Mounted Accessories, Vent Returns	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Panels, Piping	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Chairs, Carts	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Walls (ceiling to floor)	<input type="checkbox"/> Y <input type="checkbox"/> NA						
Windows, Window Frames, & Ledges	<input type="checkbox"/> Y <input type="checkbox"/> NA						
HEPA Vacuum & Mop Floors	<input type="checkbox"/> Y <input type="checkbox"/> NA						

Signature of Cleaning Supervisor: _____

Date: _____

Laboratory Supervisor Review: _____

Date: _____



Prepared by: Ken Hordern

Paragon International Clean Room Specialist
20 Years Experience Clean Room Maintenance Protocol