**Monitoring Form – Cleaning of Equipment and Utensils**

**Establishment:** **Date:**

**Checked by (Manager):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment/Utensil** | **Time\*** | **Status** | **Corrective Action** | |
| **1** |  |  |  |  |
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| **2** |  |  |  |  |
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| **3** |  |  |  |  |
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|  |  |  |  |  |
| **4** |  |  |  |  |
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**\* Must be checked at least once every 4 hours**.