

Form		
Cleaning Record		
Form No.: Form-XX2	Revision No.: 001	Effective Date DD-MMM-YYYY

Cleaning Non-conformity follow-up:

Equipment / Accessories	Date of NC	NC	ACTION By (DEPT / UNIT) AND PROPOSED COMPLETION DATE	ROOT CAUSE, Proposed CAPA	Status	Final verification (INDICATE COMPLETION DATE)
Tableting Machine	4-MM-YYYY	Product residue on turret				
Tableting Machine	7-MM-YYYY	Product residue on hopper				

