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

Equipment/ Accessories	Frequency	Responsible Person		Date											NC Found	САРА										
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	x	Y	Z	30	31		1
Tableting Machine	Everyday	Operator 1	 ✓ 	 Image: A start of the start of	 ✓ 	x	 Image: A start of the start of	-	x																4,7	
Ch ✓ = Cleaned	ecked by (initi	als) X = No	YY		YY	YY	YY	YY	YY			cy no														

Area to be cleaned Tableting Room Month MM-YYYY

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

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

REVISION HISTORY

Rev No:	Document Change Number:	Author	Effective Date	Remarks of Revision
001	XXX	YYY	DD-MMM-YYYY	New Document.

APPROVAL

Date Implemented:	By:
Date Reviewed:	Ву:
Date Revised:	By: