Form		
Cleaning Inspection Record		
Form No.: Form-XX3	Revision No.: 001	Effective Date DD-MMM-YYYY

Area Inspected Tableting Area

Date	Equipment/Accessories Inspected	Cleanliness Problems	Action taken	Signature

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: By:

Date Revised: By: