

In-Process Sanitation Audit Form

Dairy Processing Facility

Auditor Name:

Date:

Time:

Processing Area/Line:

Team/Personnel:

Checklist Item	Compliant (âœ“/âœ—)	Comments
All product contact surfaces are clean and residue free	<input type="text"/>	<input type="text"/>
Cleaning chemicals properly stored and labeled	<input type="text"/>	<input type="text"/>
Hand washing/sanitizing stations operational	<input type="text"/>	<input type="text"/>
Personnel hygiene (hairnets, gloves, etc.)	<input type="text"/>	<input type="text"/>
Utensils and tools clean and properly stored	<input type="text"/>	<input type="text"/>
Trash and waste disposed appropriately	<input type="text"/>	<input type="text"/>

Other Observations:

Corrective Actions Taken:

Auditor Signature:

Date of Review: