

Cleanroom Line Clearance Checklist

Area / Room:

Batch No.:

Date:

Time:

Checklist Items

| No. | Checklist Item | Checked | Remarks |
|-----|----------------|--------------------------|---------|
| 1 | | <input type="checkbox"/> | |
| 2 | | <input type="checkbox"/> | |
| 3 | | <input type="checkbox"/> | |
| 4 | | <input type="checkbox"/> | |
| 5 | | <input type="checkbox"/> | |

Additional Notes

Name (Person Responsible):

Signature: