

Sterile Processing Line Clearance Form

Date

Shift

Line/Area

Product Name

Batch/Lot No.

Previous Product/Campaign

Previous Batch/Lot No.

Check Points	Yes	No	Remarks
All equipment cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Work surfaces cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Residues removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Labels/tags of previous batch removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Line emptied of previous material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Verification of cleaning records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Inspected by

Date

Approved by

Date