



# Housekeeping Audit Check Sheet for Production Services

(Ref. SOP QMS-105)

Form-430

Issue Date

Area Audited					Comments
Audit Date					
Week	Wk1	Wk2	Wk3	Wk4	
GMP ITEMS	Comply ✓ Yes Or X No				
Area waste bins are not overflowing.					
Waste bins are used for appropriate materials only.					
Floor is clear of equipment not in use					
All equipment and tools not in use are stored in designated areas.					
Equipment stored on shelving is clean and tidy.					
All benches tidy when not in use.					
All containers clearly labelled.					
Computer terminals free of post-it notes					

ENVIRONMENTAL, HEALTH AND SAFETY	Comply ✓ Yes Or X No	Comments			
All fire/emergency exits are unimpeded.					
Safety clothing/equipment worn and used correctly for appropriate tasks.					



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Fire extinguishers and hose visible and accessible.					
All fire extinguishers in test (Tested 6 monthly).					
Emergency eye wash stations are unimpeded.					
Monthly Safety Shower test has been performed.					
Flammable cabinet capacity is not exceeded.					
Flammable liquids stored in flammable cabinet.					

<b>AREA(S) AUDITED</b>				
<b>Audit Date</b>				
<b>Week</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week3</b>	<b>Week 4</b>
<b>Shift</b>				
<b>Auditor (Please Print Name)</b>				
<b>Auditor Signature</b>				
<b>Date</b>				
<b>Manager Signature</b>				
<b>Date</b>				

**COMPLETED FORMS ARE TO BE SENT TO QA AT THE END OF THE MONTH**