##### Farm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section/block\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Crew No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLEANING AND SANITIZING** | | | | | | | | |
| **Equipment, utensil, tool,**  **vehicle** | **M** | **T** | **W** | **Th** | **F** | **Sa** | **Su** | Performed by |
| Knives |  |  |  |  |  |  |  |  |
| Nets |  |  |  |  |  |  |  |  |
| Baskets/Boxes |  |  |  |  |  |  |  |  |
| Pallets |  |  |  |  |  |  |  |  |
| Tools |  |  |  |  |  |  |  |  |
| Sprayers |  |  |  |  |  |  |  |  |
| **INDICATE THE EQUIPMENT USED** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **CONCENTRATION OF CHLORINE** | | | | | | | | |
| Indicate the ppm |  |  |  |  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of supervisor/ food safety manager**