

Equipment Sanitation Service Log (Form L)

Name of Operation: _____

Please see the food safety plan for overall equipment sanitation service procedures.

Equipment Description	Date of Cleaning	Cleaned By (name)	Description of Cleaning Process	Supplies Used*

* Sanitation supplies used, name of disinfectants, detergents, hot water, etc.

If contracted with cleaning company, attach service/cleaning receipt.

Reviewed by: _____

Title: _____ Date: _____

