

GMP Housekeeping Checklist

Facility Name

Date

Inspector:

INSTRUCTIONS:

This checklist is designed to ensure adherence to Good Manufacturing Practices (GMP) regarding housekeeping and cleanliness. Carefully review each item and mark the corresponding checkbox for compliance or note any issues identified. Use the "Notes/Issues" section to provide additional details and actions required.

1. GENERAL HOUSEKEEPING

Floors are clean, dry, and free from debris.

Yes No NA

Aisles and walkways are clear of obstructions.

Yes No NA

Walls and ceilings are clean and in good condition.

Yes No NA

Workstations and equipment are organized and clutter-free.

Yes No NA

Waste containers are appropriately labeled and regularly emptied.

Yes No NA

Action required, if any

2. SANITATION AND CLEANING

Cleaning and sanitation procedures are documented and followed.

Yes No NA

Cleaning schedules are in place and regularly updated.

Yes No NA

Cleaning supplies and equipment are in good condition and readily available.

Yes No NA

Non-food contact surfaces are regularly cleaned and disinfected.

Yes No NA

Cleaning logs and records are maintained.

Yes No NA

Action required, if any

3. PEST CONTROL

Pest control measures are in place and followed.

Yes No NA

Pest entry points are sealed, and screens are in place where needed.

Yes No NA

Pest control devices (traps, baits) are properly installed and monitored.

Yes No NA

Regular inspections are conducted to identify and address pest issues.

Yes No NA

Pest control records are maintained.

Yes No NA

Action required, if any

4. STORAGE AND LABELING

Raw materials, ingredients, and finished products are properly labeled and identified. Yes No NA

Storage areas are clean, organized, and free from cross-contamination risks. Yes No NA

Products are stored at appropriate temperatures and humidity levels. Yes No NA

Expired or damaged items are removed from storage promptly. Yes No NA

Action required, if any

5. PERSONAL HYGIENE

Employees are trained in proper hygiene practices. Yes No NA

Handwashing stations are readily accessible and stocked. Yes No NA

Employees wear appropriate personal protective equipment (PPE) as required. Yes No NA

Uniforms and workwear are clean and in good condition. Yes No NA

Employees with symptoms of illness are excluded from handling food or products. Yes No NA

Action required, if any

6. EQUIPMENT AND UTENSIL CLEANING:

Food contact surfaces are cleaned and sanitized regularly. Yes No NA

Utensils and equipment are inspected before each use. Yes No NA

Cleaning procedures for specific equipment are followed. Yes No NA

Cross-contamination risks between different products are minimized. Yes No NA

Cleaning logs for equipment and utensils are maintained. Yes No NA

Action required, if any

7. AIR QUALITY AND VENTILATION:

Ventilation systems are properly maintained and functioning. Yes No NA

Air filters are regularly cleaned or replaced. Yes No NA

Indoor air quality is monitored and meets regulatory standards. Yes No NA

Smoke, dust, and fume extraction systems are effective. Yes No NA

Adequate air circulation is ensured in all areas. Yes No NA

Action required, if any

8. TRAINING AND RECORDS

Employees are trained in GMP housekeeping practices. Yes No NA

Training records are maintained for all employees. Yes No NA

Records of housekeeping inspections and corrective actions are documented. Yes No NA

Staff members responsible for housekeeping tasks are identified. Yes No NA

Housekeeping-related SOPs (Standard Operating Procedures) are available. Yes No NA

Action required, if any

NOTES/ISSUES:

[Insert any additional notes or issues identified during the inspection]

STATEMENT OF APPROVAL

I hereby certify that I have conducted the above inspection and that the information provided is accurate to the best of my knowledge.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :