**DAILY HYGIENE CHECKLIST**

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DATE** | **TIME** | **Condition** | **Work Conducted** | **SIGNED** |
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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_