

MAINTENANCE: WEEKLY INSPECTION FORM

Name: _____ Date: _____

Urgency:

- 1- Manufacturing must cease until this maintenance issue is dealt with and resolved.
- 2- This needs to be addressed and resolved before the next week's inspection.
- 3- This needs to be completed within 3 months.
- 4- This needs to be completed within one year.

<u>Floor</u>	<u>Issue</u>	<u>Date</u>	<u>Urgency Level</u>
4 th			
3 rd			
2 nd			
1 st			

<u>Area</u>	<u>Issue</u>	<u>Date</u>	<u>Urgency Level</u>
Ingredient Storage/Drug Room:			
Outside Grounds:			