

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.

Date: _____

<u>Fourth Floor:</u>	<u>Urgency:</u>
<u>Third Floor:</u>	<u>Urgency:</u>

Date: _____

<u>Second Floor:</u>	<u>Urgency:</u>
<u>First Floor:</u>	<u>Urgency:</u>

Date: _____

<u>Ingredient Storage/Drug Room:</u>	<u>Urgency:</u>
<u>Outside Grounds:</u>	<u>Urgency:</u>