

## Housekeeping Audit Check Sheet for Electrical & Mechanical Workshop

(Ref. SOP QMS-105)

| Area Audited  |                         |                         |                         |                         | Comments |
|---|-------------------------|-------------------------|-------------------------|-------------------------|----------|
| Audit Date  |                         |                         |                         |                         |          |
| Week  | Wk1                     | Wk2                     | Wk3                     | Wk4                     |          |
| GMP ITEMS   | Comply<br>✓ Yes Or X No |          |
| Area waste bins are not over flowing.   |                         |                         |                         |                         |          |
| Waste bins are used for appropriate materials only.                                     |                         |                         |                         |                         |          |
| All equipment and spare parts<br>not in use are stored in<br>designated cabinets.       |                         |                         |                         |                         |          |
| Equipment stored on shelving,<br>and racking is clean, neat and<br>tidy (no overhangs). |                         |                         |                         |                         |          |
| All equipment stored on shelving is clean and tidy.                                     |                         |                         |                         |                         |          |
| All benches tidy when not in use.   |                         |                         |                         |                         |          |
| Folder/catalogues and manuals stored neatly on shelves.                                 |                         |                         |                         |                         |          |
| All equipment is within calibration and tagged appropriately.                           |                         |                         |                         |                         |          |



## Housekeeping Audit Check Sheet for Electrical & Mechanical Workshop

(Ref. SOP QMS-105)

| Hair is covered, sleeves covering arm, no jewellery other than small sleepers. |  |  |
|--|--|--|
| Laptop computers locked in cupboard in the storage room.                       |  |  |
| Communal tools stored in designated areas.                                     |  |  |

| ENVIRONMENT, HEALTH<br>AND SAFETY   | Comply<br>✓ Yes Or X No | Comments |
|---|-------------------------|-------------------------|-------------------------|-------------------------|----------|
| All fire/emergency exits are unimpeded.   |                         |                         |                         |                         |          |
| Safety clothing/equipment worn<br>and used correctly for<br>appropriate tasks.      |                         |                         |                         |                         |          |
| Fire extinguishers and hoses visible and accessible.                                |                         |                         |                         |                         |          |
| All fire extinguishers in test (Tested 6 monthly).                                  |                         |                         |                         |                         |          |
| Floors are clear of equipment or spare parts not in use. Clear of waste and spills. |                         |                         |                         |                         |          |
| Danger tags available for use.  |                         |                         |                         |                         |          |



| AREA(S) AUDITED                |        |        |       |        |
|--------------------------------|--------|--------|-------|--------|
| Audit Date                     |        |        |       |        |
| Week                           | Week 1 | Week 2 | Week3 | Week 4 |
| Shift                          |        |        |       |        |
| Auditor<br>(Please Print Name) |        |        |       |        |
| Auditor Signature              |        |        |       |        |
| Date                           |        |        |       |        |
| Manager Signature              |        |        |       |        |
| Date                           |        |        |       |        |

## COMPLETED FORMS ARE TO BE SENT TO QA AT THE END OF THE MONTH