

# SOP Template: Opening and Pre-Cleaning Checklist

This SOP details the **opening and pre-cleaning checklist** procedures designed to ensure a safe and efficient start to daily operations. It includes tasks such as inspecting equipment and work areas, verifying cleanliness standards, checking safety gear, and preparing cleaning supplies. The objective is to maintain a hygienic environment, prevent contamination, and ensure all necessary preparations are completed before commencing work.

## 1. Objective

To maintain a hygienic environment, prevent contamination, and ensure all necessary preparations are completed before commencing work.

## 2. Scope

This checklist applies to all personnel responsible for opening and preparing work areas in the facility.

## 3. Responsibilities

- Opening staff: Execute the checklist and report any issues immediately.
- Supervisors/Managers: Verify checklist completion and address non-conformances.

## 4. Checklist Procedure

- 1. Personal Preparation**
  - Arrive at designated time.
  - Wear required uniform and personal protective equipment (PPE).
  - Perform hand hygiene before entering operational areas.
- 2. Work Area Inspection**
  - Visually inspect all work areas for cleanliness and readiness.
  - Check for spills, debris, or hazards.
  - Ensure all work surfaces are clean and disinfected.
- 3. Equipment Check**
  - Inspect equipment (e.g., machines, tools) for cleanliness and functionality.
  - Verify that all required equipment is present and in working condition.
  - Report any damaged or unclean equipment to supervisor.
- 4. Cleaning Supplies Preparation**
  - Confirm adequate stock of cleaning agents, disinfectants, and disposable materials.
  - Prepare cleaning stations as required.
  - Check expiration dates and labeling of chemicals.
- 5. Safety Check**
  - Ensure all safety equipment (e.g., eyewash stations, fire extinguishers) is accessible and in good condition.
  - Check emergency exits for obstruction.
  - Verify first aid supplies are fully stocked.

## 5. Documentation

Complete and sign the checklist below at the start of each day/shift.

Checklist Item	Completed (Yes/No)	Comments/Issues Found	Initials
Personal Preparation Completed			
Work Area Inspected			
Equipment Checked			
Cleaning Supplies Prepared			
Safety Check Performed			

## 6. Review and Sign Off

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_