

Formular KD01207036
Cold Room Cleaning Log

Week	Cleaning Date	Work Surfaces/ Equipment Disinfected	Biosafety Waste Disposed	Cleaning Completed by (Name)	Signature	Weekly Inspection (✓)
1		☐	☐			
2		☐	☐			
3		☐	☐			
4		☐	☐			

Month:

Responsible Group:

Sub-BSO: