Field Sanitation Unit/Permanent Fixture Service Log (Form D)

Name of Operation:_____

Please see the food safety plan for overall field sanitation unit service procedures.

Unit #*	Date of Cleaning	Cleaned By (name)	Date of Servicing	Serviced By (name)	Supplies Stocked**

* See field map for locations of each unit in fields or location of permanent fixture.
** Sanitation supplies are single use towels, toilet paper, hand or anti-bacterial soap, potable water for hand washing.

If contracted with a sanitation company, attach service/cleaning receipt.

Reviewed by:_____

Title:_____ Date:_____