**DOCUMENTATION OF SANITATION PROCEDURES**

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| --- | --- | --- | --- |
| Principal Investigator: |  | Form Completed By: |  |
| Date: |  |  | |
| Protocol Number: |  | Email:  Phone: |  |

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| **LIST EQUIPMENT CLEANED BY HAND** |
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| **DESCRIBE SANITATION PROCEDURE** |
|  |
| **FREQUENCY OF SANITATION** |
|  |
| **EQUIPMENT LOCATION** |
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