**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** |
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| **FREQUENCY OF SANITATION** |
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| **EQUIPMENT LOCATION** |
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