



Title: Cleaning of Service Floor Area

SOP No.:		Revision No.:	00
Effective Date:		Supersedes No.	Nil
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1.0 OBJECTIVE:

To lay down a procedure for cleaning of service floor area.

2.0 SCOPE:

This SOP is applicable to cleaning of service floor area including ducts, AHU, pipelines etc.

3.0 RESPONSIBILITY:

Officer / Executive – Engineering

4.0 ACCOUNTABILITY:

Head – Engineering

5.0 ABBREVIATIONS:

AHU Air Handling Unit
SOP Standard Operating Procedure

6.0 PROCEDURE:

6.1 DAILY CLEANING PROCEDURE:

- 6.1.1 Clean the service floor area by using plastic brooms or vacuum cleaners.
- 6.1.2 Cleaning of floor shall be done by wet mopping.
- 6.1.3 Wet mopping of the floor shall be done with disinfected solution i.e. a mixture of TEEPOL & approved Disinfectant.

6.2 WEEKLY CLEANING PROCEDURE:

- 6.2.1 Clean the outer surface of AHUs, duct lines, pipe lines by cloth and by vacuum cleaner.
- 6.2.2 Clean the lighting fixtures & HEPA housing surfaces & surroundings by using vacuum cleaner.
- 6.2.3 Clean the Machine parts like Blowers, Vacuum pump & Dust collectors by vacuum cleaner.
- 6.2.4 Clean the Windows and Doors on weekly basis by wet mopping followed by dry mopping.
- 6.2.5 Method for preparation of disinfectant solution and Schedule for using Disinfectants solution should be followed as per SOP titled as “**SANITIZATION OF PREMISES**”.
- 6.2.6 Record the Cleaning details of Service Floor in **Annexure – 1 “Cleaning Record of Service Floor”**.



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7.0 ANNEXURES:

ANNEXURE No.	TITLE OF ANNEXURE	FORMAT No.
Annexure-I	Cleaning record of Service Floor Area	

ENCLOSURES: SOP training record

8.0 DISTRIBUTION:

- Controlled Copy No. 01 Quality Assurance
- Controlled Copy No. 02 Engineering
- Controlled Copy No. 03 Personnel & Administration
- Master Copy Quality Assurance

9.0 REFERENCES:

Revised Schedule 'M'

10.0 REVISION HISTORY:

CHANGE HISTORY LOG

Revision No.	Change Control No.	Details of Changes	Reason for Change	Effective Date	Updated By



PHARMA DEVILS

ENGINEERING DEPARTMENT

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ANNEXURE-I CLEANING RECORD OF SERVICE FLOOR AREA

Cleaning: 1. Daily () 2. Weekly () **Date:**

Shift A	Shift B	Shift C
Name of Supervisor:
Name of Cleaners:
Approved Disinfectant Used:		

SHIFT A

Service floor	Remark	Checked by Engineering

SHIFT B

Service floor	Remark	Checked by Engineering

SHIFT B

Service floor	Remark	Checked by Engineering