Maintenance Work Order

* Always communicate with the production/packaging manager when doing a maintenance project.
* If service contracts are used for a maintenance project they need to be given a detailed outline of the services required.
* If service contractors need to enter the plant they have to be trained, provided with protective clothing and monitored.
* **Think safety!** Disconnect power before servicing equipment.
* Use only food grade lubricants in production area. Food grade lubricants are still a quality issue. Use food grade lubricants sparingly so that excess lubricants don’t contaminate product.
* Remove tools after maintenance. Clean tools after maintenance. Inspect area for missing or loose parts.
* Product has to be properly protected when doing maintenance. After doing maintenance on equipment in production areas the equipment needs to be cleaned and sanitized.

**Date:\_\_\_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Responsibility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

**Equipment/Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required Maintenance**

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**Maintenance Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Maintenance Check Off**

**Did you: Yes No N/A**

 **Train the contractor and provide protective clothing** **[ ]** **[ ]** **[ ]**

 **Remove all tools and parts after maintenance** **[ ]** **[ ]** **[ ]**

 **Clean and sanitize tools after maintenance** **[ ]** **[ ]** **[ ]**

 **Inspect the area for missing or loose parts** **[ ]** **[ ]** **[ ]**

 **Protect any exposed product** **[ ]** **[ ]** **[ ]**

**Required Sanitation**

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**Sanitation Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**