INDOFARMA

FORMULIR



## Catatan Sanitasi Ruangan Dispensing

| No. : FDP03 | Revisi : 00 | Berlaku : 141010 | Paraf : |
|---|---|---|---|

| | | |
|---|---|---|
| Bulan : | Nama : | Penanggungjawab : |
| Tahun : | No. Ruang : | |

| No. | Kegiatan | Tanggal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | Paraf Petugas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **I. Sanitasi Harian** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Lantai | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Meja / Lemari | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Pintu dan Kaca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | **II. Sanitasi Mingguan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Dinding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Langit – langit dan Lampu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Saluran Udara (*Diffuser*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Dispensing *Booth* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Keterangan :

Untuk ruang proses, pembersihan *difusser* dilakukan setiap hari apabila ruangan tersebut digunakan.

Dispensing