|  |  |  |
| --- | --- | --- |
| **Food Processing Facility**  **Operating Procedures** | **Department:**  **Quality** | **DOC#: 01**  **REV: 2** |
| **Effective Date: 3/24/2020** | **Supersedes: new** | **Subject: Cleaning and Sanitizing Frequently Touched Surfaces and Equipment in response to CoVID-19** |
| **Issued by: QA Lab** | | **Approved by: QC Manager** |
| **Plant Number: XX-XXXX** | |  |

1. **PURPOSE**

The purpose of this SSOP is to detail the proper procedures and technique(s) to clean and sanitize frequently touched surfaces and equipment in processing facility \_\_\_\_\_\_\_\_\_\_\_\_ in response to CoVID-19.

1. **SCOPE**

This SSOP applies to anyone who is actively processing and preparing the processing plant for production pre-operational.

**3.0 SAFETY & ENVIRONMENTAL CONSIDERATIONS**

COVID-19 is spreading mainly through person-to-person contact including through respiratory droplets produced when an infected person coughs or sneezes. Practice proper social distancing of at least 6 feet between employees.

Because COVID-19 cannot survive outside of the host for long the only possible alternative route is through Frequently Touched Surfaces.

As a safety precaution Frequently Touched Surfaces need to be cleaned with increased frequency during production day.

Use gloves to protect hands when cleaning and sanitizing the Frequently Touched Surfaces.

Use googles when adding chemical.

**4.0 REQUIRED TOOLS / EQUIPMENT**

* 1. Color coded Brush/ Bucket (tagged with appropriate chemical identification placard), as it applies to carts and racks for color coded sanitation equipment.
  2. Bucket (tagged with appropriate chemical identification placard), as it applies to sanitizers for color coded sanitation equipment
  3. Spray Bottle designated for Sanitizer and labeled with chemical identification sticker.
  4. Chlorinated Alkaline Cleaner.
  5. 2% Chlorine Sanitizer Solution. If Chlorine Sanitizer is not available, see NYS Department of Environmental Conservation list of products registered in NYS to be effective against CoVID-19.
  6. Titration kits for the cleaning and sanitizing solutions.
  7. pH test strips
  8. Disposable Sanitizing Wipes, use wipes that contain sanitizer approved by NYS Department of Environmental Conservation to be effective against CoVID-19.

**5.0 FREQUENCY**

A list of frequently touched surfaces must be assembled for the facility; surfaces should be classified into two categories including (i) surfaces that are cleaned with bucket and brush, followed by sanitation with Sanitizing Spray: every 3h (these are surfaces that are in the processing area and are likely to become soiled) and (ii) surfaces that are sanitized with disposable Sanitizing Wipe every 1h (these are surfaces that are unlikely to become soiled but are frequently touched, e.g., light switches).

5.1 Frequently Touched Surfaces to be cleaned with Bucket and Brush and sanitized with Sanitizing Spray: pre-op and Every 3h during operation.

5.2 Frequently Touched surfaces that are sanitized with disposable Sanitizing Wipe: pre-op and Every 1h during operation.

5.3 If any of the Frequently Touched Surfaces become soiled they should be cleaned and sanitized immediately regardless of the frequency above.

1. **RESPONSIBILTY**

* **TASK:** Assignedoperator is responsible for performing the cleaning and sanitizing procedures according to this SSOP. Assigned operator has to fill out the Daily Check List of Frequently Touched Surfaces each cleaning and sanitizing cycle during the day (See attached).
* **VERIFICATION:** QC Manager will review Daily List of Frequently Touched Surfaces document each day and indicate by date and initial that task has been performed.

1. **PROCEDURE**
   1. Use the document with the list of Frequently Touched Surfaces (attached in section 8.0).
      1. The list is organized into two columns by types of surfaces.
         1. First column-**Bucket and Brush/ Sanitizing Spray**: Surfaces that can withstand direct water and chemical with a brush and bucket (i.e. stainless prep tables, hose handles, step ladder rails, cart handles).
         2. Second column **Disposable Sanitizing Wipe**: Surfaces that are more sensitive to water and cleaning chemicals (i.e. machine controls, light switches, phone screens, HMI screens).
   2. Based on the type of surface, there are two procedures
      1. Procedure for surfaces in the first column of the Frequently Touched Surfaces (**Bucket and Brush/ Sanitizing Spray**):
         1. Using proper color-coded brush/bucket, generate a recommended concentration of chlorinated alkaline cleaner.
         2. Titrate solution and record on daily processing record in QA lab. Adjust accordingly to ensure a proper concentration.
         3. Brush the surface vigorously, followed by a rinse with warm domestic water.
         4. Prepare a 2% solution of Chlorine Bleach. Use pH test strips to confirm pH of the final solution is between 6.5 and 7.5. If alternative product from the NYS Department of Environmental Conservation list is used; follow manufacturer’s instructions. Prepare fresh solution each day.
         5. Titrate solution and record on daily processing record in QA lab. Transfer a portion of this solution to a spray bottle designated and labeled for sanitizer.
         6. Spray area generously and allow for 5 min contact time before wiping it dry with a paper towel.
      2. Procedure for surfaces in the second column of the Frequently Touched Surfaces (**Disposable Sanitizing Wipe**):
         1. Using an approved Disposable Sanitizing Wipes wipe entire surface making sure to apply proper pressure and contact. Leave sanitizer to air dry.
         2. If frequently touch surface from the second column are visible soiled, extra attention must be given before sanitizing. Using a mild dish soap and a moist sponge, carefully clean the affected area, rinse with water and dry with a cloth. Continue with the sanitizing procedure.
2. **ATTACHMENT/DOCUMENTATION**
3. **SIGNATURES AND APPROVALS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name and Title** | **Signature** | **Date** |
| ***Cornell Dairy QA Manager*** |  |  |  |
| ***SQF Practitioner*** |  |  |  |