Pharmacy Name: ________________________________

Date: _________________ to _________________
# EQUIPMENT CLEANING LOG

Equipment Type/ID: ____________________________ Location: ____________________________

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<th>Pre-Use Cleaning Performed By</th>
<th>Date/Time</th>
<th>Post-Use Cleaning Performed By</th>
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Total Pharmacy Supply is a One-Stop Shop for all your needs! Check out our other product lines:

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• Equipment / Devices
• Chemical / Ingredient / Base Selection / Inventory Control

Workflow / Equipment Layout
• Supplies / Tools
• Equipment / Devices
• Prescription Packaging
• Data Entry

Training
• Equipment / Device Usage
• Software Setup & Usage
• Prescription Packaging
• Compounding Techniques
• Logs
• SOP’s
• Compliance Guidance
• Billing Procedures
• Resources

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- Controlled Substance Periodic Inventory Log
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