



## Ice Machine Cleaning & Maintenance Standard Operating Procedure

Establishment Information		
Estab. Name		
Estab. Owner		
<i>First</i>	<i>Last</i>	<i>M.I.</i>
Estab. Address:		
<i>Street Address</i>		<i>Unit #</i>
Phone:	Email	

Ice Machine Identification	
Ice Machine Make & Model #:	
Location:	Date of Last Cleaning:
Ice Machine Make & Model #:	
Location:	Date of Last Cleaning:
If more than 2 ice machines are used within the facility, list make, model and locations in lines below:	

Select Standard Operating Procedure Below	
1. We are using the manufacturer's recommended cleaning protocol and cleaning schedule. <i>Attach a copy of manufacturer's standard operating procedure.</i>	<input type="checkbox"/>
2. We are using a cleaning procedure that differs from the manufacturer's recommended cleaning protocol and cleaning schedule. <i>Attach a copy of in-house operating procedure, to be approved by Health Officer</i>	<input type="checkbox"/>
3. We are performing maintenance on ice machine(s) using an approved third-party vendor procedure.	<input type="checkbox"/>
<b>Name of third-party vendor:</b>	
4. A third-party manages the maintenance for our ice machine(s). They visit on a _____ basis. <i>Any interior cleaning between regularly scheduled maintenance requires a standard operating procedure.</i>	<input type="checkbox"/>

**UNDER NO CIRCUMSTANCES MAY A STANDARD OPERATING PROCEDURE REQUIRE CLEANING LESS FREQUENTLY THAN THE FREQUENCY RECOMMENDED BY THE MANUFACTURER.**

Establishment Agreement	
I, the manager, owner, or duly authorized representative of the establishment identified above, verify that the standard operating procedure selected above shall be followed by establishment staff, and any changes to the selected procedure shall be submitted to the Health Officer or duly appointed designee for review.	
Establishment Representative:	
<i>Print Name &amp; Title</i>	<i>Date</i>
Establishment Representative:	
<i>Signature</i>	<i>Date</i>

