



## Cleaning by farmer form IKB Kip

Dear participant,

Please complete this form (each time) if you perform cleaning activities yourself. Do not complete this form if you make full use of an IKB PSB approved cleaning company to perform cleaning activities.

Please complete this form and send it by email to the Certifying Authority.

Thank you for your cooperation.

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### General information

Company name .....

KIP number: .....

1. Who will help you clean the barn and equipment?
  - No one, I will perform cleaning entirely myself;
  - I will perform cleaning with the help of staff (demonstrable via the payroll);
  - I will perform cleaning with the help of family and friends;
  - I will perform cleaning partly myself and partly using an external party;
  - I will perform cleaning with the help of staff and an external party (demonstrable via the payroll);
2. Name of the self-employed professional without staff (n/a if no external party used).  
.....
3. How many people will perform the cleaning activities (n/a if no staff and no external party used)?  
*(You can demonstrate which people will participate in the cleaning activities. You have NEN 4400 accreditation. If staff are used, provide the payroll during the inspection).*  
.....

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4. What is the scope of the cleaning activities?  
*(cleaning the barn is understood to mean cleaning the barn and equipment (including emptying the barn))*

Start date of activities: .....(dd-mm-yyyy)

End date of activities: .....(dd-mm-yyyy)

Number of barns: .....

Surface area of barns (m<sup>2</sup>): .....

Time required (in man-hours): .....

5. What is the origin of the equipment used?  
*(During the IKB inspection, demonstrate the origin of equipment used, provide the work order or invoice during the inspection).*

- Own equipment;
- Hired equipment

6. Name of company/person equipment is hired from (n/a if only your own equipment is used).

7. What products will be used to clean the barn? For each product, state at least the name of the product, composition and application, the badge number and the authorisation number.

*(Ensure you have invoices or the work order(s) available during the IKB inspection to be able to demonstrate this).*

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8. Do you have a Risk Assessment & Evaluation (RI&E) with special attention for physical stress (physical risk) and exposure to hazardous substances (safety risk)?  
*(Ensure the RI&E is available during the IKB inspection).*

