

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION

DAILY REPORT OF LAUNDRY PROCESSED

_____ FACILITY _____

Washer No. _____ Date _____

Washer Capacity _____

Machine Operator _____

Name _____

LOAD NO.	TYPE OF WORK	POUNDS
1		
2		
3		
4		
5		
6		
7		
8		
9		
TOTAL POUNDS PROCESSED		

Abbreviations – Type of Work

- WW** Wash and Wear
- FW** Flatwork
- WC** Work clothes
- MISC.** Miscellaneous
- BW** Bulk White (towels, etc.)
- BL** Blankets
- NB** Net Bags

Remarks:

Laundry Supervisor:
Please Retain This Worksheet