

Company FORM

Title: Daily Clean Up for Auto #5 Number: R12-PR-100-F017e

Owner: Thomas Evans Revision: 01 Effective Date: 5/1/17 Page: 1 of 1



Auto #5 Cleaning Log

Auto lines are cleaned according to the *Repackaging Cleaning Procedure (R13-PR-100-034)*.

Check each block below as the line is being cleaned. Lead Operator must verify that the line is clean before signing. By

	Shift #1	Shift #2	Shift #3
Non-c	ritical Contact Points:		
	-	all salt inside and outside of the scales.	
	Emptied each bucket of the scale	s.	
	Used compressed air to blow salt	off the machine from top to bottom.	
	Wiped down the gripper arms, tu	rret and suction cups with a damp rag.	
	Cleaned seal bars and changed se	eal tape (if needed).	
	Wiped down doors, bottom of ma	achine, discharge belt and pouch magazin	ne feeder with a damp rag.
	Used compressed air to blow off	the long conveyor and then wiped it dow	n with a damp rag.
	Used compressed air to blow off	the taper, wiped it down with a damp rag	and changed the tape roll (if needed).
	Cleaned up all nonconforming poprocedure (<i>R12-PR-100-007</i>).	ouches and disposed of salt following the	Rework and Reprocessing of Salt
	Swept the area around the machi-	ne to clean up all debris.	
	Ensure Walking Finger Arm, cu	p filler, and zipper opener bolts/springs a	re in place
Critica	al Contact Points:		
	Removed fill funnel and washed alcohol.	with diluted Dawn detergent, rinsed with	hot water and sprayed with Isopropyl
	Cleaned storage container with d	iluted Dawn detergent, rinsed with hot wa	ater and sprayed with Isopropyl alcohol.
	Put funnel into clean storage con	tainer.	
	Blew out Hopper #7 with compre	essed air and sprayed it with Isopropyl alc	cohol while it was empty.
	Posted correct ID sign (RED-Not condition of the machine.	t Clean, GREEN-Cleaned for USP, and B	LUE-Cleaned for Tech Grade) stating the
	Comments:		
	Operator Signature:	D	ate:
	• •	is clean, has the correct ID sign posted ar	•
	Supervisor Signature:	D	Oate:
	Reviewed By: OA Initials:	Σ	Oate:

Controlled Document



Company Procedure

Title: Repackaging Daily Downtime Report Number: R13-FM-100-042

Owner: Monte Plott Revision: 02
Effective Date: 04/24/17 Page: 1 of 1



REPACKAGING DAILY DOWN TIME REPORT

PLEASE FILL IN	This is a Daily Log for the machine; this log is meant for documenting issues occurring on the machine during a shift
Date:	For example, if scales were one of the top three issues, please note this on the appropriate line (and you should be scanning appropriately in Vorne) and explain what happened with the scales, what work has been attempted on the scales and how they were working at the change of shift
Lot #:	If there were no issues, the Notes for the Day section still needs to be filled out with any sort of communication helpful to the on-coming crewexample, "will be finishing up Product X an hour into the next shiftexpect a changeover"
Line#:	
Operator:	
Process/Mechanical Issues	Daily Issues (if no issues, use N/A)
Gripper Arms	
Combi	
Scales	
Seal bars/pouch seals	
Date Coder	
Labeler	
Other	
Notes for the Day: (anything	that needs to be communicated to the on-coming shift about the machine or product)
, , ,	

(Please use the back of this document if more space is needed for further documentation)

Controlled Document



Company Form

Title: Expiry Date Sign Off Number: R12-FM-100-009

Owner: Brook Vaughn Revision: 05
Effective Date: 10/25/16 Page: 1 of 2



EXPIRY DATE / SIGN OFF SHEET

- 1. Circle the time that applies on each line (AM or PM).
- 2. Each line employee must review expiration dates and confirm their review by initialing in space provided.
- 3. "N/A" each unused space; no blank spaces are allowed.
- 4. Line operator will confirm that pouch or carton is sealed properly and place a $\sqrt{}$ in the space provided.

OPERATOR	DATE]	MACHINE#	START-UP	ГІМЕ:	
Product	Expiry Date (Pouch/carton):		_ Expiry Date (Case/Box):		
	6:00AM or 6	:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(√)
	7:00AM or 7	:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(\forall)
	8:00AM or 8	:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(\forall)
	9:00AM or 9	:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(√)
	10:00AM or 1	0:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(\forall)
	11:00AM or 1	1:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	()



Company Form

Title: Expiry Date Sign Off Number: R12-FM-100-009

Owner: Brook Vaughn Revision: 05
Effective Date: 10/25/16 Page: 2 of 2



12:00PM or 12:00AM

Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	(√)
	1:00PM or 1:00AM			
Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	(√)
	2:00PM or 2:00AM			
Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	()
	3:00PM or 3:00AM			
Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	(√)
	4:00PM or 4:00AM			
Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	(√)
	5:00PM or 5:00AM			
Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	()
	6:00PM or 6:00AM			
Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	(\sqrt)
Reviewed by Production:				
Reviewed by QA:				



Company Procedure

Title: Auto Line Summary Report Number: R13-FM-100-039

Owner: Monte Plott Revision: 1
Effective Date: 09/22/15 Page: 1of 1



AUTO LINE:	DATE:
Operator:	Shift:

#	DESCRIPTION	SUMMARY REPORT
1	RECIPE SELECT	
2	PRODUCT SPEED	
3	FRONT TEMP	
4	REAR TEMP	
5	DATE CODE TEMP	
6	INFEED BAGS	
7	SEALING BAGS	
8	EMPTY DROPPED BAGS	
9	PACKING EFFICIENCY	
10	GRIPPERWIDTH	
11	RUN TIME H:M:S	
12	TOTALH:M:S	
13	UCF BEARING	
14	CAM BEARING	



Salt Hanger:

GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: Incoming Salt Inspection Form Number: R12-FM-100-006

Owner: Brook Vaughn Revision: 05

Effective Date: 9/1/16 Page: 1 of 1



Hopper #:

Shift:

INCOMING SALT INSPECTION FORM

Date:

Vendor	Accept Y/N	Lot #	Time Dropped	Circle AM/PM	TIME MADE	Circle AM/PM	SACK DATE	OPER #	SACK #	TEMP	TEMP	Type of Salt	FLOW 1-5	*CUT (Initials or N)	CLEAN (Y-N)
1.				AM/PM		AM/PM									
2.				AM/PM		AM/PM									
3.				AM/PM		AM/PM									
4.				AM/PM		AM/PM									
5.				AM/PM		AM/PM									<u> </u>
6.				AM/PM		AM/PM									
7.				AM/PM		AM/PM									
8.				AM/PM		AM/PM									
9.				AM/PM		AM/PM									
10.				AM/PM		AM/PM									
Supervi	sor•						Poviowo	l by Or	ality						



Company Form

Title: Auto Scent and Weight Check Number: R12-PR-100-F005

Owner: Monte Plott Revision: 07
Effective Date: 03/28/17 Page: 1 of 1



Product Name:		Product requires Dry Adds Y N						0.50% Dose 7.2 – 7.8 0.75% Dose 11.00-11.75	CANADA PRODUCT MUST BE DECLARED LABEL WEIGHT: 2 Kg, 4.41 LBS – SEE WEIGHT SHEET 1 Lb: .99 – 1.05 lbs	
Floudet Name.				FIOUUCLI	equiles biy A		- 14	1% Dose	2 lb: 1.98 -	- 2.10 lbs
AUTO FRAGRANCE TEST	Auto #:	N/A	OPERATOR:			N/A		14.55-15.45	2 1.01 2.00	
CHECK ALL AT LEAST EVERY 15 MINUTES		N/A	DATE:		_				3 lb: 2.98	- 3.12 lbs
TIME	POUCH WEIGHT	COUNTER SIGNAL	BOX PUMP	DISPERSION Y/N	DROP TEST P/F	REGULAR LIQUID CHECK	BARREL LIQUID WEIGHT	COUNT	SEAL VERIFICATION	Dry Additives Present P/F/NA*
LIQUID LOT#'S	POUCH	LOT#'S	<u>POUCH</u>	LOT#'S	POUCH I	LOT#'S	POL	JCH LOT#'S	Reviewed by QA (init	tials and time)
									1.	4.
									2.	5.
									3.	6.

NA only when product does not require Dry Additives