
	<b>GILES CHEMICAL ~ PREMIER MAGNESIA</b>		
	<b>Company FORM</b>		
	Title: <b>Daily Clean Up for Auto #3</b>	Number: <b>R12-PR-100-F017c</b>	
	Owner: <b>Lee Cagle</b>	Revision: <b>02</b>	
	Effective Date: <b>07/01/14</b>	Page: <b>1 of 1</b>	

## Auto #3 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 signing; you are verifying that the line is clean and ready for use. After cleaning is complete turn the sign off sheet in to your supervisor.

Shift #1 <input type="checkbox"/>	Shift #2 <input type="checkbox"/>	Shift #3 <input type="checkbox"/>
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### Non-critical Contact Points:

- ☐ Used compressed air to blow off all salt from the top of the machine starting at the top of the AMS.
- ☐ Used compressed air to blow out the scales.
- ☐ Used compressed air to blow salt off the machine from top to bottom.
- ☐ Wiped down the contact fingers and suction cups with a damp rag.
- ☐ Cleaned seal bars and changed seal tape (if needed).
- ☐ Wiped down doors, bottom of machine, conveyor belt, and pouch magazine feeder 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 pouches and disposed of salt following the *Rework and Reprocessing of Salt* procedure (*R12-PR-100-007*).
- ☐ Swept the area around the machine to clean up all debris.

### Critical Contact Points:

- ☐ Removed fill funnel and washed with diluted Dawn detergent, rinsed with hot water and sprayed with Isopropyl alcohol.
- ☐ Cleaned storage container with diluted Dawn detergent, rinsed with hot water and sprayed with Isopropyl alcohol.
- ☐ Put funnel into clean storage container.
- ☐ Blew out Hopper #1 with compressed air and sprayed it with Isopropyl alcohol while it was empty.
- ☐ Posted correct ID sign (RED-Not Clean, GREEN-Cleaned for USP, and BLUE-Cleaned for Tech Grade) stating the condition of the machine.

Comments:

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ I hereby verify that this line is clean, has the correct ID sign posted and is ready for use

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: QA Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Controlled Document

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**GILES CHEMICAL ~ PREMIER MAGNESIA****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  $\checkmark$  in the space provided.

OPERATOR \_\_\_\_\_ DATE \_\_\_\_\_ MACHINE# \_\_\_\_\_ START-UP TIME: \_\_\_\_\_

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**6:00AM or 6:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**7:00AM or 7:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**8:00AM or 8:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**9:00AM or 9:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**10:00AM or 10:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**11:00AM or 11:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**Controlled Document**

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**GILES CHEMICAL ~ PREMIER MAGNESIA****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 \_\_\_\_\_ (✓)

**Reviewed by Production:** \_\_\_\_\_**Reviewed by QA:** \_\_\_\_\_**Controlled Document**

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**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****INCOMING SALT INSPECTION FORM**

Salt Hanger: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Hopper #: \_\_\_\_\_

**\* DO NOT CUT SUPER SACK IF THE FLOW IS LESS THAN 4. ONLY CUT SACKS WITH A FLOW OF 4 OR 5 IF NECESSARY AND WITH SUPERVISOR APPROVAL \***

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									
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									

Supervisor: \_\_\_\_\_ Reviewed by Quality: \_\_\_\_\_

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[illegible]

Reviewed by QA (initials and time)

LIQUID LOT#'S	POUCH LOT#'S	POUCH LOT#'S	POUCH LOT#'S	POUCH LOT#'S		
					1.	4.
					2.	5.
					3.	6.

- NA only when product does not require Dry Additives

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