

Company FORM

Title: Daily Clean Up for Auto #1 Number: R12-PR-100-F017a

Owner: Thomas Evans Revision: 04
Effective Date: 6/8/18 Page: 1 of 1



Auto #1 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 | Shift #2 □ | Shift #3 |
|--------|---|--|---|
| Non-c | ritical Contact Points: | | |
| | Used compressed air to blow off | all salt inside and outside of the scales. | |
| | Emptied each bucket of the scale | | |
| | Used compressed air to blow salt | off the machine from top to bottom. | |
| | | 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 magazi | ne feeder with a damp rag. |
| | Used compressed air to blow off | the long conveyor and then wiped it dov | vn with a damp rag. |
| | Used compressed air to blow off | the taper, wiped it down with a damp rag | g 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 | e Rework and Reprocessing of Salt |
| | Swept the area around the machin | ne to clean up all debris. | |
| | Ensure Walking Finger Arm bolt | s/springs are in place | |
| Critic | al Contact Points: | | |
| | Removed fill funnel and washed | with diluted Dawn detergent, rinsed with | h hot water and sprayed with Isopropyl |
| | alcohol. | | |
| | Cleaned storage container with d | iluted Dawn detergent, rinsed with hot w | vater and sprayed with Isopropyl alcohol. |
| | Put funnel into clean storage con | tainer. | |
| | Blew out Hopper with compresse | ed air and sprayed it with Isopropyl alcol | nol while it was empty. |
| | Posted correct ID sign (RED-Not condition of the machine. | Clean, GREEN-Cleaned for USP, and I | BLUE-Cleaned for Tech Grade) stating the |
| | Comments: | | |
| | | | |
| | Operator Signature: | Ε | Date: |
| | ☐ I hereby verify that this line | is clean, has the correct ID sign posted a | and is ready for use |
| | | I | - |
| | Reviewed By: OA Initials: | I | Date: |

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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 | |
| obal bare, podeli obale | |
| | |
| 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 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 | |



Company Form

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

Owner: Cody Akins Revision: 06

Effective Date: 6/7/18 Page: 1 of 1



| Salt Hanger: | | Date: | | | | S | hift: | | Hopper #: | | | | | |
|---------------|---------------|-------|-----------------|-----------------|-------------------------|--------------|------------------|----------|---------------|----------------|--------------|--------------|----------------------------|--------------------------|
| | | | | | | NLY CUT SACK | S WITH A FLO | OW OF 4 | OR 5 IF | NECESSA | ARY AND WITI | H SUPERVISOR | APPROVA | 4 <i>L*</i> |
| Vendor G/O | Accept Y/N | Lot# | Time Dropped | Circle AM/PM | TIME MADE (Military) | SACK DATE | OPERATOR #1-4 | SACK# | TEMP (Dry) | TEMP (Cool) | Type of Salt | FLOW 1-5 | *CUT (Initials or N) | CLEAI Circle (Y/N) |
| 1. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 2. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 3. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 4. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 5. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 6. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 7. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 8. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 9. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| 10. G O | Y N | | | AM/PM | | | 1 2 3 4 N/A | | | | | 1 2 3 4 5 | | Y N |
| | | | | | | | | | | | | | | |
| Superv | risor: | | | | | | Reviewed b | y Qualit | t y: | | | | | |



Company Form

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

Owner: Eric Downs Revision: 09
Effective Date: 1/15/18 Page: 1 of 1



| Product Nan | ne: | | Pro | oduct require | s Dry Adds | C | CANADA PRODUCT MUST BE DECLARED LABEL WEIGHT: 2 Kg,= 4.41 LBS – SEE WEIGHT SHEET | | | | | |
|-------------------------------------|-----------------------------|-----------------|--------------------|---------------|-------------------|---------------------|---|----------------------------|-----------------------------------|----------------------|--|-------------------------------------|
| AUTO FRAGRANCE TEST Auto#: | | | OPERATOR: | | | | 1 Lb. 0.99 – 1.05 lbs. | | | | | |
| CHECK ALL AT LEAST EVERY 15 MINUTES | | | DATE: | | | | 2 lb. 1.98 | – 2.10 lbs. | | | | |
| Salt Lot #: Date Code: | | | | | 3 lb. 2.98 | – 3.12 lbs. | | | | | | |
| TIME | Lot Code Verified Y/N | POUCH WEIGHT | COUNTER SIGNAL | BOX PUMP | DISPERSION Y/N | DROP TEST P/F | REGULAR LIQUID CHECK | BARREL LIQUID WEIGHT | BARREL 500 COUNT CALC. # | SEAL VERIFICATION | | Dry Additives Present P/F/NA* |
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| | | | | | | | | | | | | |
| LIQUID LOT#'S POUCH LOT#'S | | LOT#'S | POUCH LOT#'S POUCH | | | LOT#'S POUCH LOT#'S | | | Review (initials | ed by QA and time | | |
| | | | | | | | | | | 1. | | 4. |
| | | | | | | | | | | 2. | | 5. |
| | | | | | | | | | | 3. | | 6. |

^{*} NA only when product does not require Dry Additives