

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Training Log – New Hire**Number: **Q13-FM-100-005**Owner: **Lee Cagle**Revision: **01**Effective Date: **06/10/13**Page: **1 of 1**

The following training must be completed within the first week of employment.

Employee: _____ Position: _____ Area: _____ Hire Date: _____

Section	Description	Initials	Date
Quality	<ul style="list-style-type: none">• Quality Manual - #Q12-PR-100-001• Current Good Manufacturing Practices - #Q12-PL-100-003; Spanish - #Q12-PL-100-004• Introduction to GMP – handout• Safety and Housekeeping – Audit Form – Manufacturing - #Q13-FM-100-004; Repackaging - #R12-FM-100-005• Quarantine of Product - #Q12-PR-100-012• Nonconforming Material - #Q12-PR-100-017• Deviation Reporting - #Q13-PR-100-024• Safe Feed/Safe Food-Policy - #Q13-PL-100-005	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
Safety	<ul style="list-style-type: none">• Safety First Handbook – #S12-PR-200-001• Safety Shoes/Glasses-Policy - #S12-PL-200-001• Reporting Accidents/Injuries-Procedure - #S12-PR-200-002• How to Handle Blood and Body Fluid Spill–Procedure - #S12-PR-200-006• Do Not Reach, Do Not Touch-Procedure - #S12-PR-200-007• Overhead Work-Safety – Procedure #S12-PR-200-010 and video• Labeling of Containers – #S12-PR-200-015• On-Site Visitor-Procedure - #S12-PR-200-005• Visitor Log / Safety Rules-Form - #S12-FM-200-001	_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
To Be Collected	<ul style="list-style-type: none">• Employee Signature Policy – #Q12-PL-100-002• Safety and Housekeeping Regulations-Policy – Manufacturing - #P12-PL-100-001; Repackaging - #R12-PL-100-001• Voices At Our House - #Q13-PL-100-006• cGMP – “Do It Right The First Time Every Time” - Quiz• Safety Orientation Video “Don’t be a Zombie” - Quiz	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Miscellaneous	<ul style="list-style-type: none">• Inventory Removal – #S12-PR-200-015• Plant Diagrams	_____ _____	_____ _____

Quality / Safety Coordinator: _____ Date: _____

Controlled Document

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