
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company FORM		
	Title: Daily Clean Up for Carton Lines	Number: R12-PR-100-F019	
	Owner: Lee Cagle	Revision: 02	
	Effective Date: 06/19/14	Page: 1 of 1	

Carton Line Cleaning Log

Carton 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.

Carton Machine #1 <input type="checkbox"/>	Carton Machine #2 <input type="checkbox"/>
Shift #1 <input type="checkbox"/>	Shift #2 <input type="checkbox"/>
	Shift #3 <input type="checkbox"/>

Non-critical Contact Points:

- ☐ Cleaned out all bad cartons from magazine area.
- ☐ Sprayed down carton magazine, mandrels, chain conveyor and bed with water hose.
- ☐ Wiped down all sheet metal with a damp rag.
- ☐ Used compressed air to blow off the Alpha Check Weigher and then wiped it down with a damp rag.
- ☐ 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:

- ☐ Ensured the AMS filler was empty.
- ☐ Removed fill funnel, small auger and collar. Washed each 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 #4 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: _____

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	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: Daily Production Report	Number: R12-PR-100-F002	
	Owner: Jeff Hill	Revision: 01	
	Effective Date: 06/03/13	Page: 1 of 1	

Machine #

Date:

Shift:	Circle	1	2	3							
Operator:		Product Name and Details:			Start Time	AM/PM	End Time	AM/PM	Pallet Count: Put line through completed pallet		
						AM/PM		AM/PM	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		
						AM/PM		AM/PM	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		
						AM/PM		AM/PM	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		
						AM/PM		AM/PM	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		
						AM/PM		AM/PM	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		
						AM/PM		AM/PM	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		
						AM/PM		AM/PM	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		
						AM/PM		AM/PM	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		

ALL LINES: YOU MUST CLEAR ALL LINES AT THE END OF THE DAY AND DO NOT LEAVE PARTIALLY FILLED BOXES AT THE LINE!

Comments:		Signature:	
		Supervisor:	
		Operator:	

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REPACKAGING DAILY DOWN TIME REPORT

[illegible]

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Expiry Date Sign Off**Number: **R12-FM-100-009**Owner: **Tony Turner**Revision: **04**Effective Date: **06/29/16**Page: **1 of 1****EXPIRY DATE / SIGN-OFF SHEET****OPERATOR** _____ **DATE** _____ **MACHINE#** _____**Circle the time that applies:**

Start-Up Time:

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

6:00AM or 6:00PM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

7:00AM or 7:00PM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

8:00AM or 8:00PM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

9:00AM or 9:00PM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

10:00AM or 10:00PM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

11:00AM or 11:00PM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

12:00PM or 12:00AM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

1:00PM or 1:00AM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

2:00PM or 2:00AM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

3:00PM or 3:00AM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

4:00PM or 4:00AM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

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