
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: Pre-Shipping Checklist - Repackaging	Number: R14-FM-100-077	
	Owner: Eric Downs	Revision: 2	
	Date: 03/23/2017	Page: 1 of 1	

Shipment Inspection Checklist

BOL #: _____ Customer: _____

Condition of Pallets:	Please check one:	
Are all boards present?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are any boards splintered?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are any boards broken?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are pallets the correct ones for company- i.e.- Chep for Recochem and clubs?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are pallets shrink-wrapped correctly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are mixed-lot pallets labeled correctly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Pallets are free of mold?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Condition of Visible Cases:	Please check one:	
Are all cases stacked neatly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are any cases damaged?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are all cases free of dust and debris?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are any cases not taped correctly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do cases have correct barcode?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does each case have correct item #, lot #, and expiration date?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Condition of Trailer:	Please check one:	
Trailer is dry, clean, and free of trash	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Trailer is free of structural damage that could cause harm to the product	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other information:	Please check one:	
Has CoA for each lot been released?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does expiration date between shippers list and CoA match?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is there a packing list?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does packing list show item #, lot #, and quantity breakdown?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Pictures have been taken (before and after loading and of the completed BOL)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

*******A copy of this checklist MUST be attached to shipping packet*******

Loader: _____

Date: _____

QA/QC or Supervisor: _____

Date: _____

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