



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Procedure

Title: **Swab Test Auto Lines 4 & 5**

Number: **R12-PR-100-F015f**

Owner: **Charles Huggins**

Revision: **01**

Effective Date: **11/03/2017**

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Swab Test Auto Lines 4 & 5

Swab tests are to be performed any time a line is being switched from scented salt production to unscented production. When performing a swab test follow *Residual Fragrance Test using TLC (R12-PR-100-015)*.

- Label a zip lock bag for each of the following 24 points to be swabbed.
- Wearing latex gloves roll each end of the swab on the station being swabbed, place in the zip lock bag labeled for that station and close seal.
- Submit bags to the Quality Unit for testing and wait for results before starting production on the line being tested.
(*Not Applicable to A4)

- | | |
|---------------------------------|--------------------------|
| 1. Bag Magazine | <input type="checkbox"/> |
| 2. Bag Loading Suction Cups | <input type="checkbox"/> |
| 3. Nipper Arm | <input type="checkbox"/> |
| 4. Zipper Opener | <input type="checkbox"/> |
| 5. Air Blast #1 | <input type="checkbox"/> |
| 6. Bag Opener Suction Cups | <input type="checkbox"/> |
| 7. Walking Fingers | <input type="checkbox"/> |
| 8. Bag Deflector | <input type="checkbox"/> |
| 9. Settling Table | <input type="checkbox"/> |
| 10. Seal Bars | <input type="checkbox"/> |
| 11. Cooling Bars | <input type="checkbox"/> |
| 12. Discharge Deflector* | <input type="checkbox"/> |
| 13. Discharge Belt* | <input type="checkbox"/> |
| 14. Bed of Auto | <input type="checkbox"/> |
| 15. Arm #1 | <input type="checkbox"/> |
| 16. Arm #2 | <input type="checkbox"/> |
| 17. Arm #3 | <input type="checkbox"/> |
| 18. Arm #4 | <input type="checkbox"/> |
| 19. Arm #5 | <input type="checkbox"/> |
| 20. Arm #6 | <input type="checkbox"/> |
| 21. Funnel | <input type="checkbox"/> |
| 22. Green Conveyor | <input type="checkbox"/> |
| 23. Combi Product Conveyor | <input type="checkbox"/> |
| 24. Combi Box Conveyor | <input type="checkbox"/> |
| 25. Call for Case Finger Switch | <input type="checkbox"/> |

Start Date: _____ End Date: _____

Cleaned By: _____ Date: _____

Tested By: _____ Date: _____

Results: **Pass / Fail**

Reviewed By: _____ Date: _____

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