



## GILES CHEMICAL ~ PREMIER MAGNESIA

## Company Form

Title: **Blended Salt Inspection Form**Number: **R17-FM-100-204**Owner: **Anita Lopez**Revision: **00**Effective Date: **9/25/17**Page: **1 of 1****INCOMING SALT INSPECTION FORM**

Salt Hanger: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Hopper #: \_\_\_\_\_

**\* DO NOT CUT SUPER SACK IF THE FLOW IS LESS THAN 4. ONLY CUT SACKS WITH A FLOW OF 4 OR 5 IF NECESSARY AND WITH SUPERVISOR APPROVAL \***

Vendor	Accept Y/N	Lot #	Time Dropped	Circle AM/PM	Sack Date	Pallet Number	Type of Salt	Flow 1-5	*CUT (Initials or N)	CLEAN (Y-N)
1.				AM/PM						
2.				AM/PM						
3.				AM/PM						
4.				AM/PM						
5.				AM/PM						
6.				AM/PM						
7.				AM/PM						
8.				AM/PM						
9.				AM/PM						
10.				AM/PM						

Supervisor: \_\_\_\_\_

Reviewed by Quality: \_\_\_\_\_

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