

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Weekly Clean Day Log**Number: **P12-FM-100-017**Owner: **Jason Bumgarner**Revision: **02**Effective Date: **05/20/16**Page: **1 of 1****Weekly Clean Day**

Time Down _____:_____ - Time Up _____:_____

Area	Responsibility	Instructions	Problems or Comments	Opr Intls
When shutting down the plant, all plant shutdown procedures must be followed.				
Brine	Lead Oper.	Are Digesters Running		
	Lead Oper.	Is Press Running		
	Clean day should also be used to catch up on Brine. If digesters or Press cannot be run, note why...			
Centrifuge Area	Lead Oper.	Wash out centrifuge (Big)		
	Lead Oper.	Wash out centrifuge (Small)		
	Lead Oper.	Wash down screw to dryer		
	Lead Oper.	Check Dust Collector - psi	(Must be over 30 psi) _____	
	Lead Oper.	Clean sink and equipment		
Dryer Area	Lead Oper.	"Full Dryer Washout"		
	Lead Oper.	"Full Cooler Washout"		
	Lead Oper.	Tops off and wash all salt screws		
	Lead Oper.	Hose off from front to back		
Bagger and Palletizer	Salt Oper.	Clear chutes feeding hoppers		
	Salt Oper.	Empty all Hoppers		
	Salt Oper.	Check inside Hoppers for clods		
	Salt Oper.	Remove "Dust" on top of bagger		
	Salt Oper.	Air blow scale and inner bucket		
	Salt Oper.	Air blow inside bagger		
	Salt Oper.	Clean monitors		
	Salt Oper.	Wash down all glass surfaces		
	Salt Oper.	Zero and Calibrate Scale		
	Salt Oper.	All salt - Top to bottom (Palletizer)		
	Salt Oper.	Clean Area fully		
	Salt Oper.	Change Lot # before start up	Supervisors Signature _____	
Digester Area	Mat. Handler	Clean out Main Drain Pans		
	Mat. Handler	Clean and/or check Brine lines (Note GPM through each)	#1_____ #2_____ #3_____ #4_____ #5_____	
			Supervisors Signature _____	
	Mat. Handler	Clean Vacuum Filters		
	Mat. Handler	Clean ML Filter		
	Mat. Handler	Clean under ML Pot		
	Mat. Handler	Blow out all Hoses & lines		
	Mat. Handler	Clean out Drainage Ditches		
	Mat. Handler	Check All pipe/valves		
	Mat. Handler	Wash Down Mud pan		
Mat. Handler	Wash down Floors			

Manager Signature: _____

Date: _____

Quality Signature: _____

Date: _____

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