
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company FORM		
	Title: Daily Clean Up for Auto #5	Number: R12-PR-100-F017e	
	Owner: Brook Vaughn	Revision: 00	
	Effective Date: 03/23/16	Page: 1 of 1	

Auto #5 Cleaning Log

Auto 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.

Shift #1 <input type="checkbox"/>	Shift #2 <input type="checkbox"/>	Shift #3 <input type="checkbox"/>
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Non-critical Contact Points:

- ☐ Used compressed air to blow off all salt inside and outside of the scales.
- ☐ Emptied each bucket of the scales.
- ☐ Used compressed air to blow salt off the machine from top to bottom.
- ☐ Wiped down the gripper arms, turret and suction cups with a damp rag.
- ☐ Cleaned seal bars and changed seal tape (if needed).
- ☐ Wiped down doors, bottom of machine, discharge belt and pouch magazine feeder with a damp rag.
- ☐ Used compressed air to blow off the long conveyor and then wiped it down with a damp rag.
- ☐ Used compressed air to blow off the taper, wiped it down with a damp rag and changed the tape roll (if needed).
- ☐ 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:

- ☐ Removed fill funnel and washed 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 #7 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: _____

Controlled Document

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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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Title: Repackaging Daily Downtime Report	Number: R13-FM-100-042
Owner: Jeff Hill	Revision: 0
Effective Date: 02/06/13	Page: 1 of 1

**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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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Auto Line Summary Report**Number: **R13-FM-100-039**Owner: **Monte Plott**Revision: **1**Effective Date: **09/22/15**Page: **1 of 1****AUTO LINE:** _____**DATE:** _____**Operator:** _____**Shift:** _____

#	DESCRIPTION	SUMMARY REPORT
1	RECIPE SELECT	
2	PRODUCT SPEED	
3	FRONT TEMP	
4	REAR TEMP	
5	DATE CODE TEMP	
6	INFEED BAGS	
7	SEALING BAGS	
8	EMPTY DROPPED BAGS	
9	PACKING EFFICIENCY	
10	GRIPPERWIDTH	
11	RUN TIME H:M:S	
12	TOTALH:M:S	
13	UCF BEARING	
14	CAM BEARING	

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GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: Incoming Salt Inspection Form

Number: R12-FM-100-006

Owner: Brook Vaughn

Revision: 04

Effective Date: 9/21/15

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	TIME MADE	Circle AM/PM	SACK DATE	OPER #	SACK #	TEMP	TEMP	Type of Salt	FLOW 1-5	*CUT (Initials or N)	CLEAN (Y-N)
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
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				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									

Supervisor: _____

Reviewed by

Quality: _____

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