

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company FORM**Title: **Daily Clean Up for Auto #6**Number: **R12-PR-100-F017f**Owner: **Thomas Evans**Revision: **00**Effective Date: **5/1/17**Page: **1 of 1**

## Auto #6 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.
- ☐ Removed pull belts, washed with warm water in sink, blow dry before reinstalling.
- ☐ Cleaned seal bars and changed seal tape (if needed).
- ☐ Wiped down doors, forming tube, film rollers, zipper inserter rollers, date coder, and bag support table with a damp rag.
- ☐ Used compressed air to blow off all conveyors and then wiped them down with a damp rag.
- ☐ Used compressed air to blow off the metal detector, wiped it down with a damp rag.
- ☐ Used compressed air to blow off the Combi case erector, pack station, and sealer, wiped them down with a damp rag (changed tape rolls 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.
- ☐ Ensure zipper opener, bag blower, stretcher station and scale (above and below the buckets) bolts/springs are in place

**Critical Contact Points:**

- ☐ Blew out Hopper #8 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: \_\_\_\_\_

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**

Title: **Repackaging Daily Downtime Report** Number: **R13-FM-100-042**  
Owner: **Monte Plott** Revision: **02**  
Effective Date: **04/24/17** Page: **1 of 1**

**REPACKAGING DAILY DOWN TIME REPORT**

PLEASE FILL IN	
Date:	<p>This is a Daily Log for the machine; this log is meant for documenting issues occurring on the machine during a shift</p> <p>For example, if scales were one of the top three issues, please note this on the appropriate line (and you should be scanning appropriately in Vorne) and explain what happened with the scales, what work has been attempted on the scales and how they were working at the change of shift</p> <p>If there were no issues, the Notes for the Day section still needs to be filled out with any sort of communication helpful to the on-coming crew...example, "will be finishing up Product X an hour into the next shift...expect a changeover"</p>
Lot #:	
Line#:	
Operator:	
<b>Process/Mechanical Issues</b>	<b>Daily Issues (if no issues, use N/A)</b>
Gripper Arms	
Combi	
Scales	
Seal bars/pouch seals	
Date Coder	
Labeler	
Other	
Notes for the Day: <i>(anything that needs to be communicated to the on-coming shift about the machine or product)</i>	

*(Please use the back of this document if more space is needed for further documentation)*

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Expiry Date Sign Off**Number: **R12-FM-100-009**Owner: **Brook Vaughn**Revision: **05**Effective Date: **10/25/16**Page: **1 of 2****EXPIRY DATE / SIGN OFF SHEET**

1. Circle the time that applies on each line (AM or PM).
2. Each line employee must review expiration dates and confirm their review by initialing in space provided.
3. "N/A" each unused space; no blank spaces are allowed.
4. Line operator will confirm that pouch or carton is sealed properly and place a  $\checkmark$  in the space provided.

OPERATOR \_\_\_\_\_ DATE \_\_\_\_\_ MACHINE# \_\_\_\_\_ START-UP TIME: \_\_\_\_\_

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**6:00AM or 6:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**7:00AM or 7:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**8:00AM or 8:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**9:00AM or 9:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**10:00AM or 10:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**11:00AM or 11:00PM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ ( $\checkmark$ )**Controlled Document**

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Expiry Date Sign Off**Number: **R12-FM-100-009**Owner: **Brook Vaughn**Revision: **05**Effective Date: **10/25/16**Page: **2 of 2****12:00PM or 12:00AM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ (✓)

**1:00PM or 1:00AM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ (✓)

**2:00PM or 2:00AM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ (✓)

**3:00PM or 3:00AM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ (✓)

**4:00PM or 4:00AM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ (✓)

**5:00PM or 5:00AM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ (✓)

**6:00PM or 6:00AM**

Product \_\_\_\_\_ Expiry Date (Pouch/carton): \_\_\_\_\_ Expiry Date (Case/Box): \_\_\_\_\_

Initials: \_\_\_\_\_ Properly Sealed \_\_\_\_\_ (✓)

**Reviewed by Production:** \_\_\_\_\_**Reviewed by QA:** \_\_\_\_\_**Controlled Document**

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Incoming Salt Inspection Form**Number: **R12-FM-100-006**Owner: **Brook Vaughn**Revision: **05**Effective Date: **9/1/16**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)
1.				AM/PM		AM/PM									
2.				AM/PM		AM/PM									
3.				AM/PM		AM/PM									
4.				AM/PM		AM/PM									
5.				AM/PM		AM/PM									
6.				AM/PM		AM/PM									
7.				AM/PM		AM/PM									
8.				AM/PM		AM/PM									
9.				AM/PM		AM/PM									
10.				AM/PM		AM/PM									

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

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Incoming Salt Inspection Form**Number: **R12-FM-100-006**Owner: **Brook Vaughn**Revision: **05**Effective Date: **9/1/16**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)
1.				AM/PM		AM/PM									
2.				AM/PM		AM/PM									
3.				AM/PM		AM/PM									
4.				AM/PM		AM/PM									
5.				AM/PM		AM/PM									
6.				AM/PM		AM/PM									
7.				AM/PM		AM/PM									
8.				AM/PM		AM/PM									
9.				AM/PM		AM/PM									
10.				AM/PM		AM/PM									

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

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