

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Blended Salt Inspection Form**Number: **R17-FM-100-204**Owner: **Anita Lopez**Revision: **01**Effective Date: **6/19/18**Page: **1 of 1**

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 G/O	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. G O	Y N			AM/PM				1 2 3 4 5		Y N
2. G O	Y N			AM/PM				1 2 3 4 5		Y N
3. G O	Y N			AM/PM				1 2 3 4 5		Y N
4. G O	Y N			AM/PM				1 2 3 4 5		Y N
5. G O	Y N			AM/PM				1 2 3 4 5		Y N
6. G O	Y N			AM/PM				1 2 3 4 5		Y N
7. G O	Y N			AM/PM				1 2 3 4 5		Y N
8. G O	Y N			AM/PM				1 2 3 4 5		Y N
9. G O	Y N			AM/PM				1 2 3 4 5		Y N
10. G O	Y N			AM/PM				1 2 3 4 5		Y N

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

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

**Controlled Document**

Only those quality documents viewed through the Giles Chemical electronic Documentation System are officially controlled. All other copies, whether viewed through another computer program or a printed version, are not controlled and, therefore, the Quality Unit at Giles assumes no responsibility for accuracy of the document