



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: **Manufacturing Safety and Housekeeping Audit**

Number: **Q13-FM-100-004**

Owner: **Lee Cagle**

Revision: **0**

Effective Date: **05/18/18**

Page: **1 of 5**



Safety and Housekeeping Audit

Conducted by: _____ Date Conducted: _____ Main Plant / External Warehouse

Instructions: Check general items as **yes** or **no** - each **yes** counts as 5%. Address each **no** in **Items to be Corrected** section. Return completed copy of audit to Quality Department.

General Scored Items	Comments	Yes	No	%
Hoses rolled up and/or hung				
Hand tools picked up and/or properly stored				
No trash on floor				
No pallet pieces on floor				
No salt accumulation on floor				
Safety chains properly hooked				
Brooms, shovels, and such properly stored				
Trash cans emptied				
Break Room clean and neat				
Bathrooms clean and neat				
Outside smoking area clean				
Parking lot clean				
Electrical panels not blocked				
Recyclables properly stored (Super Sacks, Bags, Cardboard)				
Electrical hazards corrected and/or reported				
Eye wash stations clean and covered				
Eye wash stations inspected				
PPE properly donned				
Area around dumpsters clean				
Employees working safely and following all safety procedures				
TOTAL				

Reviewed By: _____ Posted Date: _____

Controlled Document

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Items To Be Corrected		Safety or Housekeeping	Department Responsible	Date Corrected	Initials
Front Lot					
Loading Dock					
Lower Warehouse					
Production Area					

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Items to Be Corrected		Safety or Housekeeping	Department Responsible	Date Corrected	Initials
Digester Area					
Rail Site					
Forklift					
Press Area					
Upper Warehouse					

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	Items To Be Corrected	Safety or Housekeeping	Department Responsible	Date Corrected	Initials
Maint. Shop					
Back Lot (Main Plant Section)					
Boiler Room					
Pest Station					

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Manufacturing Safety and Housekeeping Audit**Number: **Q13-FM-100-004**Owner: **Lee Cagle**Revision: **0**Effective Date: **05/18/18**Page: **5 of 5****Observed Items Not Corrected***Instructions: Quality Department will transfer items not corrected from previous audits to this section for management follow-up.*

Items To Be Corrected (Include Location)	Date Orig. Observed	Manager Responsible	Date Corrected	Initials

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