

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company FORM**Title: **Daily Clean Up for Auto #4**Number: **R12-PR-100-F017d**Owner: **Brook Vaughn**Revision: **00**Effective Date: **03/27/15**Page: **1 of 1**

Auto #4 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 ☐Shift #2 ☐Shift #3 ☐**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 #5 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:

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| |
| |

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 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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**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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