

Company FORM

Title: Daily Clean Up for Auto #1 Number: R12-PR-100-F017a

Owner: Thomas Evans Revision: 03
Effective Date: 5/1/17 Page: 1 of 1



Auto #1 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-ci	ritical Contact	Points.			
			all salt inside and outsid	e of the scales.	
	-	oucket of the scale			
	-		off the machine from to	p to bottom.	
	-		rret and suction cups wit	•	
	•		eal tape (if needed).	1 0	
	Wiped down do	oors, bottom of ma	achine, discharge belt an	d pouch magazine	feeder with a damp rag.
	Used compress	sed air to blow off	the long conveyor and the	nen wiped it down	with a damp rag.
	_			=	and changed the tape roll (if needed).
	_	nonconforming po 2-PR-100-007).	ouches and disposed of s	alt following the R	Rework and Reprocessing of Salt
	Swept the area	around the machin	ne to clean up all debris.		
	Ensure Walkin	g Finger Arm bolt	s/springs are in place		
<u>Critica</u>	al Contact Poi	nts:			
	Removed fill for	unnel and washed	with diluted Dawn deter	gent, rinsed with h	not water and sprayed with Isopropyl
	alcohol.				
	_		=	insed with hot wat	er and sprayed with Isopropyl alcohol.
		clean storage con			
			essed air and sprayed it v		
	Posted correct condition of the		t Clean, GREEN-Cleane	d for USP, and BL	UE-Cleaned for Tech Grade) stating the
	Comments	s:			
	Operator S	ignature:		Da	te:
	☐ I hereby ve	erify that this line	is clean, has the correct l	D sign posted and	l is ready for use
	•	•		0 1	nte:
	Daviowed D	v: OA Initials:		Da	nte:

Controlled Document



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	This is a Daily Log for the machine; this log is meant for documenting issues occurring on the machine during a shift
Date:	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
Lot #:	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 crewexample, "will be finishing up Product X an hour into the next shiftexpect a changeover"
Line#:	
Operator:	
Process/Mechanical Issues	Daily Issues (if no issues, use N/A)
Gripper Arms	
Combi	
Scales	
Seal bars/pouch seals	
Date Coder	
Labeler	
Other	
Notes for the Day: (anything	that needs to be communicated to the on-coming shift about the machine or product)
, , ,	

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

Controlled Document



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 $\sqrt{}$ in the space provided.

OPERATOR	DATE]	MACHINE#	START-UP	ГІМЕ:	
Product	Expiry Date (Pouch/carton):		_ Expiry Date (Case/Box):		
	6:00AM or 6	:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(√)
	7:00AM or 7	:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(\forall)
	8:00AM or 8	:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(\sqrt)
	9:00AM or 9	:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(√)
	10:00AM or 1	0:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	(\forall)
	11:00AM or 1	1:00PM			
Product	Expiry Date (Pouch/carton):		Expiry Date (Case/Box):		
Initials:				Properly Sealed	()



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	(\sqrt)
	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	(\forall)
	5:00PM or 5:00AM			
Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	(\sqrt)
	6:00PM or 6:00AM			
Product	Expiry Date (Pouch/carton):	Expiry Date (Case/Box):		
Initials:			Properly Sealed	(√)
Reviewed by Production:				
Reviewed by QA:				



Company Procedure

Title: Auto Line Summary Report Number: R13-FM-100-039

Owner: Monte Plott Revision: 1
Effective Date: 09/22/15 Page: 1of 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	



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

Sal	t Hanger:						Date:			Shift:			Hopper #:		
* DO	NOT CUT S	UPER SACK	IF THE FLO	N IS LESS	THAN 4. ON	ILY CUT S	SACKS WITH A	FLOW O	F 4 OR 5	IF NECE	SSARY AN	D WITH SUI	PERVISOR	APPROVA	1 <i>L</i> *
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									
Supervi	sor:						Reviewe	d by Qu	ıality: _						
Supervi	sor:						_ Reviewe	d by Qu	ıality: _						



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	t Hanger:						Date:			Shift:			Hopper #:		
							ACKS WITH A	FLOW O	F 4 OR 5	IF NECE	SSARY AN	D WITH SUI	PERVISOR	APPROVA	\L*
Vendor	Accept Y/N	Lot #	Time Dropped	Circle AM/PM	TIME MADE	Circle	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									
	, ,		•					•	•				,		•
Supervi	sor:						_ Reviewe	d by Qu	ıality: _						



Company Form

Title: Auto Scent and Weight Check Number: R12-PR-100-F005

Owner: Monte Plott Revision: 07
Effective Date: 03/28/17 Page: 1 of 1



Product Name:				Product r	equires Dry A	dds V	N	0.50% Dose 7.2 – 7.8 0.75% Dose 11.00-11.75	CANADA PRODUC DECLARED LABEL V 2 Kg, 4.41 LBS – SE 1 Lb: .99 -	<mark>WEIGHT:</mark> E WEIGHT SHEET
Floudet Name.				FIOUUCLI	equiles biy A		- 14	1% Dose	2 lb: 1.98 -	- 2.10 lbs
AUTO FRAGRANCE TEST	Auto #:	N/A	OPERATOR:			N/A		14.55-15.45	2 1.01 2.00	
CHECK ALL AT LEAST EVERY 15 MINUTES		N/A	DATE:		_				3 lb: 2.98	- 3.12 lbs
TIME	POUCH WEIGHT	COUNTER SIGNAL	BOX PUMP	DISPERSION Y/N	DROP TEST P/F	REGULAR LIQUID CHECK	BARREL LIQUID WEIGHT	COUNT	SEAL VERIFICATION	Dry Additives Present P/F/NA*
LIQUID LOT#'S	POUCH	LOT#'S	<u>POUCH</u>	LOT#'S	POUCH I	LOT#'S	POL	JCH LOT#'S	Reviewed by QA (init	tials and time)
									1.	4.
									2.	5.
									3.	6.

NA only when product does not require Dry Additives



Company Form

Title: Auto Scent and Weight Check Number: R12-PR-100-F005

Owner: Monte Plott Revision: 07
Effective Date: 03/28/17 Page: 1 of 1



3.

CANADA PRODUCT MUST BE 0.50% Dose **DECLARED LABEL WEIGHT:** 7.2 - 7.82 Kg, 4.41 LBS – SEE WEIGHT SHEET 0.75% Dose 1 Lb: .99 - 1.05 lbs **Product Name: Product requires Dry Adds** Υ Ν 11.00-11.75 2 lb: 1.98 - 2.10 lbs 1% Dose 14.55-15.45 **AUTO FRAGRANCE TEST** Auto #: N/A **OPERATOR:** N/A **CHECK ALL AT LEAST EVERY** 3 lb: 2.98 - 3.12 lbs **15 MINUTES** N/A DATE: **BARREL** 500 SEAL **Dry Additives** REGULAR **BARREL DROP TEST** COUNT VERIFICATION Present POUCH COUNTER BOX DISPERSION LIQUID LIQUID WEIGHT **SIGNAL PUMP** Y/N P/F CALC.# P/F/NA* TIME CHECK WEIGHT Reviewed by QA (initials and time) LIQUID LOT#'S POUCH LOT#'S POUCH LOT#'S POUCH LOT#'S POUCH LOT#'S 2.

NA only when product does not require Dry Additives