
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company FORM		
	Title: Daily Clean Up for Auto #5	Number: R12-PR-100-F017e	
	Owner: Thomas Evans	Revision: 01	
	Effective Date: 5/1/17	Page: 1 of 1	

Auto #5 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.
- ☐ 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.
- ☐ Ensure Walking Finger Arm, cup filler, and zipper opener bolts/springs are in place

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 #7 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:	
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: <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 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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**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 #: _____

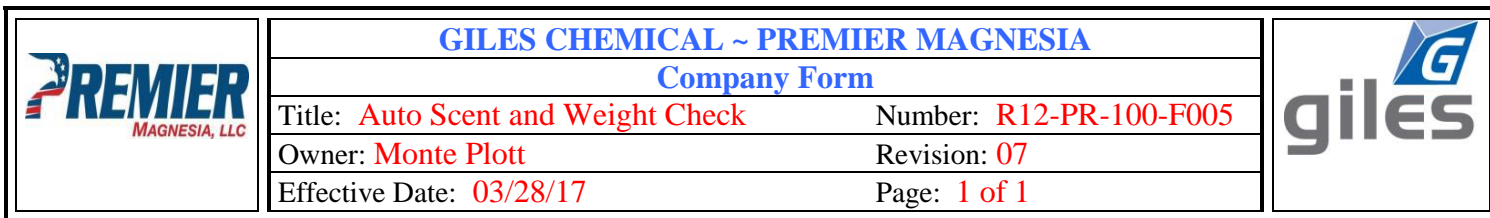
*** DO NOT CUT SUPER SACK IF THE FLOW IS LESS THAN 4. ONLY CUT SACKS WITH A FLOW OF 4 OR 5 IF NECESSARY AND WITH SUPERVISOR APPROVAL ***

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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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

[illegible]

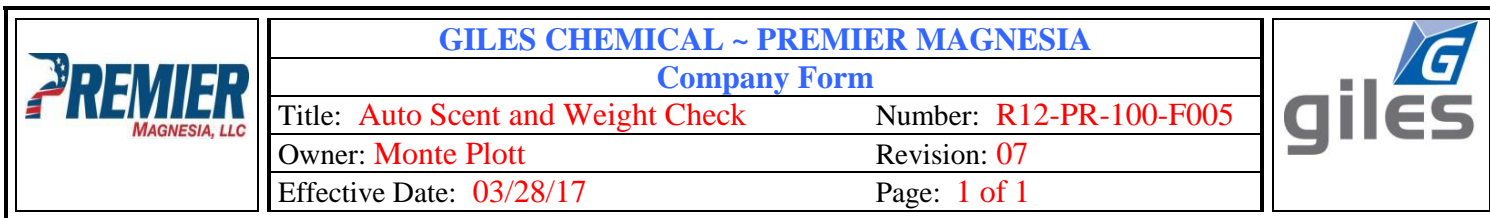
Reviewed by QA (initials and time)

LIQUID LOT#'S	POUCH LOT#'S	POUCH LOT#'S	POUCH LOT#'S	POUCH LOT#'S		
					1.	4.
					2.	5.
					3.	6.

- NA only when product does not require Dry Additives

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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

**CANADA PRODUCT MUST BE
DECLARED LABEL WEIGHT:
2 Kg, 4.41 LBS – SEE WEIGHT SHEET**

1% Dose
14.55-15.45

2 lb: 1.98 – 2.10 lbs

3 lb: 2.98 – 3.12 lbs

[illegible]

Reviewed by QA (initials and time)

LIQUID LOT#S	POUCH LOT#S	POUCH LOT#S	POUCH LOT#S	POUCH LOT#S		
					1.	4.
					2.	5.
					3.	6.

- NA only when product does not require Dry Additives

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