



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: Incoming Salt Inspection Form

Number: R12-FM-100-006

Owner: Cody Akins

Revision: 06

Effective Date: 6/7/18

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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	TIME MADE (Military)	SACK DATE	OPERATOR #1-4	SACK #	TEMP (Dry)	TEMP (Cool)	Type of Salt	FLOW 1-5	*CUT (Initials or N)	CLEAN Circle (Y/N)
1. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
2. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
3. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
4. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
5. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
6. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
7. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
8. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
9. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N
10. G O	Y N			AM/PM			1 2 3 4 N/A					1 2 3 4 5		Y N

Supervisor: _____ Reviewed by Quality: _____

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