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|--|--|---------------------------------|---|
|  | GILES CHEMICAL ~ PREMIER MAGNESIA | |  |
| | Company FORM | | |
| | Title: Daily Clean Up for Auto #3 | Number: R12-PR-100-F017c | |
| | Owner: Lee Cagle | Revision: 02 | |
| | Effective Date: 07/01/14 | Page: 1 of 1 | |

Auto #3 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"/> |
|-----------------------------------|-----------------------------------|-----------------------------------|

Non-critical Contact Points:

- ☐ Used compressed air to blow off all salt from the top of the machine starting at the top of the AMS.
- ☐ Used compressed air to blow out the scales.
- ☐ Used compressed air to blow salt off the machine from top to bottom.
- ☐ Wiped down the contact fingers and suction cups with a damp rag.
- ☐ Cleaned seal bars and changed seal tape (if needed).
- ☐ Wiped down doors, bottom of machine, conveyor belt, and pouch magazine feeder 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 #1 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: _____

Controlled Document

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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: _____

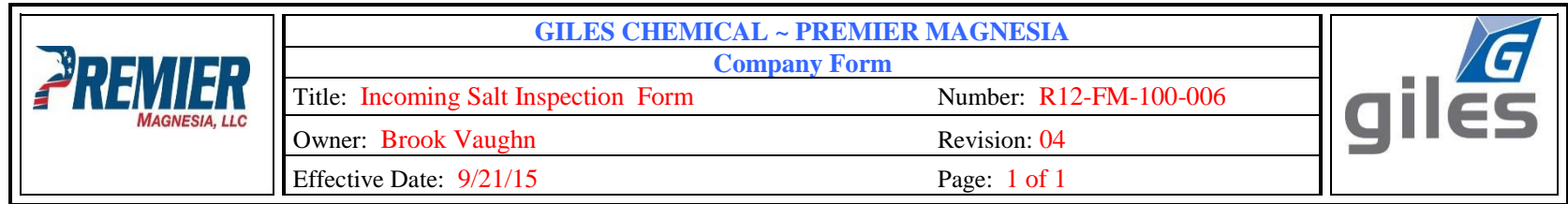
4:00PM or 4:00AM

Product _____ Expiry Date: _____ Properly Sealed _____

Initials: _____

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GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: Incoming Salt Inspection Form

Number: R12-FM-100-006

Owner: Brook Vaughn

Revision: 04

Effective Date: 9/21/15

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 ***

[illegible]

Supervisor: _____

Reviewed by _____
Quality: _____

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