GILES CHEMICAL ~ PREMIER MAGNESIA
Company Form

Title: Incoming Salt Inspection Form   Number: R12-FM-100-006

Owner: Brook Vaughn   Revision: 02

Effective Date: 6/20/14   Page: 1 of 1

PREMIER
MAGNESIA, LLC

INCOMING SALT INSPECTION FORM

Salt Hanger: _____   **Date:** _____   **Shift:** _____   **Hopper #:** _____

** If M4, see below

* 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)
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
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				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									
				AM/PM		AM/PM									

Supervisor: _____

Reviewed by Quality: _____

**If running jars, please record fragrance batch numbers here:

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____