



Company Form

Title: Incoming Salt Inspection Form

Number: R12-FM-100-006

Owner: Brook Vaughn

Revision: 04

Effective Date: 9/21/15

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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 ***

[illegible]

Supervisor: _____

Reviewed by _____
Quality: _____

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