



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Procedure

Title: **Swab Test Auto Lines 1 & 2**

Number: **R12-PR-100-F015a**

Owner: **Charles Huggins**

Revision: **06**

Effective Date: **08/23/2017**

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Swab Test Auto Lines 1 & 2

Swab tests are to be performed any time a line is being switched from scented salt production to unscented production. When performing a swab test follow *Residual Fragrance Test using TLC (R12-PR-100-015)*.

- Label a zip lock bag for each of the following 24 points to be swabbed.
- Wearing latex gloves roll each end of the swab on the station being swabbed, place in the zip lock bag labeled for that station and close seal.
- Submit bags to the Quality Unit for testing and wait for results before starting production on the line being tested.

- | | |
|------------------------------------|--------------------------|
| 1. Bag Loader | <input type="checkbox"/> |
| 2. Zipper Opener | <input type="checkbox"/> |
| 3. Air Blast #1 | <input type="checkbox"/> |
| 4. Bag Bottom Opening Air Blast #2 | <input type="checkbox"/> |
| 5. Bag Top Open Air Blast | <input type="checkbox"/> |
| 6. Settling Table | <input type="checkbox"/> |
| 7. Bag Deflector | <input type="checkbox"/> |
| 8. Dust Remover Air Blast #4 | <input type="checkbox"/> |
| 9. Seal Bars | <input type="checkbox"/> |
| 10. Cooling Bars | <input type="checkbox"/> |
| 11. Discharge Deflector | <input type="checkbox"/> |
| 12. Discharge Belt | <input type="checkbox"/> |
| 13. Bed of Auto | <input type="checkbox"/> |
| 14. Arm #1 | <input type="checkbox"/> |
| 15. Arm #2 | <input type="checkbox"/> |
| 16. Arm #3 | <input type="checkbox"/> |
| 17. Arm #4 | <input type="checkbox"/> |
| 18. Arm #5 | <input type="checkbox"/> |
| 19. Arm #6 | <input type="checkbox"/> |
| 20. Arm #7 | <input type="checkbox"/> |
| 21. Arm #8 | <input type="checkbox"/> |
| 22. Funnel | <input type="checkbox"/> |
| 23. Green Conveyor | <input type="checkbox"/> |
| 24. Packing Table | <input type="checkbox"/> |

Start Date: _____ End Date: _____

Cleaned By: _____ Date: _____

Tested By: _____ Date: _____

Results: **Pass / Fail**

Reviewed By: _____ Date: _____

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