



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: **Repackaging Safety and Housekeeping
Weekly Audit**

Number: **R12-FM-100-005**

Owner: **Jeff Hill**

Revision: **01**

Effective Date: **04/15/13**

Page: **1 of 4**



Repackaging



Conducted by: _____ Date Conducted: _____

*Instructions: Check general items as **yes** or **no** - each **yes** counts as 5%. Address each **no** in Items to be Corrected section. Return completed copy of audit to Quality Department.*

General Scored Items	Yes	No	%
Hoses rolled up and/or hung			
Hand tools picked up and/or properly stored			
No trash on floor			
No pallet pieces on floor			
No salt accumulation on floor			
Safety chains properly hooked			
Brooms, shovels, and such properly stored			
Trash cans emptied			
Break room clean and neat			
Bathrooms clean and neat			
Outside smoking area clean			
Parking lot clean			
Electrical panels not blocked			
Recyclables properly stored (Super Sacks, Bags, Cardboard)			
Electrical hazards corrected and/or reported			
Eye wash stations clean and covered			
Eye wash stations inspected			
PPE properly donned			
Area around dumpsters clean			
Employees working safely and following all safety procedures			
TOTAL			

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Items To Be Corrected		Safety or Housekeeping	Department Responsible	Date Corrected	Initials
Front Lot					
Loading Dock					
Warehouse Specify:					
Warehouse Specify:					

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Production Area					
Maint. Shop					
Break Room					
Forklift					
Pest Station					

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Parking Area					
Rest Rooms					

Observed Items Not Corrected				
<i>Instructions: Quality Department will transfer items not corrected from previous audits to this section for management follow-up.</i>				
Items To Be Corrected (Include Location)	Date Orig. Observed	Manager Responsible	Date Corrected	Initials

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