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|  | GILES CHEMICAL (All Facilities) / ESP | | |
| | COMPANY PROCEDURE | | |
| | Inventory Removal | Page : 1 of 4 | Revision : 00 Date : 07/1/2010 |
| | Author: Stacy Lindsey | | |

Safety: N/A

Purpose:

The purpose of this procedure is to ensure any material given to an employee by Giles Chemical for personal use is properly logged for inventory purposes. Material can include Epsom Salt, Scrap Metal, Pallets, Tools, etc.

Any employee who removes any material without approval from Giles Chemical shall be subject to disciplinary action, up to and including termination and notification to authorities.

Procedure:

1. Any employee who uses/or is given Giles Chemical property must have approval from Area Manager.
2. Area Manager must complete form/log book to record the following.
 - Name of employee
 - Description of Material
 - Quantity of the material
 - Date material was taken
 - If material is being used and then returned area Manager is responsible for recording the return date.
3. Area Manager must submit a copy of approval to their Direct Supervisor and Manager responsible for the inventory in question by email.


For Example:

Quality Technician requests 5lbs of Epsom Salt for personal use. Quality Technician must have approval from Quality Manager. Quality Manager will fill out Form/Log Book authorizing Quality Technician to remove salt from Giles Chemical premises. Quality Manager will then send email to Direct Supervisor, Director of Manufacturing, of the authorization of the material. An email must also be sent to Inventory Manager for inventory control purposes.

4. Area Manager and specific inventory manager is responsible for keeping the form/log book up to date.

Inventory Managers

- Main Plant Plant Manager
- Repack Plant Manager
- Greendale Plant Manager
- ESP Plant Manager

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Material Removal Request

Employee_____

Description of Material _____

Quantity_____

Date_____

Date of Return if Needed_____

Authorizing Signature_____



**GILES CHEMICAL (All Facilities) / ESP
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TRAINING DOCUMENTATION

| | EMPLOYEE | TITLE | SIGNATURE | DATE |
|----|----------|-------|-----------|------|
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