

Company FORM

Title: Daily Clean Up for Auto #1 Number: R12-PR-100-F017a

Owner: Lee Cagle Revision: 02

Effective Date: 06/19/14 Page: 1 of 1



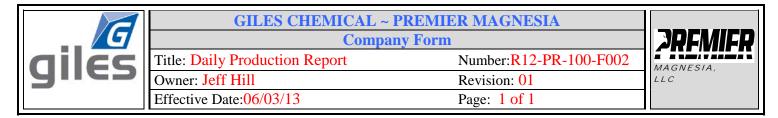
Auto #1 Cleaning Log

Auto lines are cleaned according to the *Repackaging Cleaning Procedure (R13-PR-100-034*).

Check each block below as the line is being cleaned. Lead Operator must verify that the line is clean before signing. By signing; you are verifying that the line is clean and ready for use. After cleaning is complete turn the sign off sheet in to your supervisor.

	Shift #1	Shift #2 □	Shift #3					
Non-c	ritical Contact Points:							
	<u> </u>	all salt inside and outside of the scales.						
	Emptied each bucket of the scale							
	Used compressed air to blow sal	t off the machine from top to bottom.						
	Wiped down the gripper arms, tu	irret and suction cups with a damp rag.						
	Cleaned seal bars and changed s	eal tape (if needed).						
	Wiped down doors, bottom of m	achine, discharge belt and pouch magazine	feeder with a damp rag.					
	Used compressed air to blow off	the long conveyor and then wiped it down	with a damp rag.					
	Used compressed air to blow off	the taper, wiped it down with a damp rag a	and changed the tape roll (if needed).					
	Cleaned up all nonconforming p procedure (<i>R12-PR-100-007</i>).	ouches and disposed of salt following the <i>F</i>	Rework and Reprocessing of Salt					
	Swept the area around the machi	ne to clean up all debris.						
Critic	al Contact Points:							
	Removed fill funnel and washed alcohol.	with diluted Dawn detergent, rinsed with h	not water and sprayed with Isopropyl					
	Cleaned storage container with d	liluted Dawn detergent, rinsed with hot wat	er and sprayed with Isopropyl alcohol.					
	Put funnel into clean storage con	tainer.						
	Blew out Hopper #2 with compr	essed air and sprayed it with Isopropyl alco	ohol while it was empty.					
	Posted correct ID sign (RED-Not Clean, GREEN-Cleaned for USP, and BLUE-Cleaned for Tech Grade) stating the							
	condition of the machine.							
	Comments:							
	Operator Signature:	Da	te:					
	☐ I hereby verify that this line	is clean, has the correct ID sign posted and	l is ready for use					
	Supervisor Signature:	Da	nte:					
	Reviewed By: QA Initials:	Da	nte:					

Controlled Document



Machine # Date:

Shift:	Circle	1	2	3						
Operator:		Product Nar	ne and Details:		Start Time	AM/PM	End Time	AM/PM	Pallet Count: Put line th	nrough completed pallet
						_		_		
						AM/PM		AM/PM	12345678910111	2 13 14 15 16 17 18 19 20 21
						_		-	22 23 24 25 26 27 28 29	30 31 32 33 34 35 36 37 38
						AM/PM		AM/PM	12345678910111	2 13 14 15 16 17 18 19 20 21
						_		_	22 23 24 25 26 27 28 29	30 31 32 33 34 35 36 37 38
						AM/PM		AM/PM	12345678910111	2 13 14 15 16 17 18 19 20 21
						_		-	22 23 24 25 26 27 28 29	30 31 32 33 34 35 36 37 38
						AM/PM		AM/PM	12345678910111	2 13 14 15 16 17 18 19 20 21
								-	22 23 24 25 26 27 28 29	30 31 32 33 34 35 36 37 38
						AM/PM		AM/PM	12345678910111	2 13 14 15 16 17 18 19 20 21
								-	22 23 24 25 26 27 28 29	30 31 32 33 34 35 36 37 38
						AM/PM		AM/PM	12345678910111	2 13 14 15 16 17 18 19 20 21
								-	22 23 24 25 26 27 28 29	30 31 32 33 34 35 36 37 38
						AM/PM		AM/PM	12345678910111	2 13 14 15 16 17 18 19 20 21
								-	22 23 24 25 26 27 28 29	30 31 32 33 34 35 36 37 38
						AM/PM		AM/PM	12345678910111	2 13 14 15 16 17 18 19 20 21
									22 23 24 25 26 27 28 29	30 31 32 33 34 35 36 37 38
ALL LINES: YO	U MUST	CLEAR ALL LIN	ES AT THE END C	F TH	E DAY AND DO	NOT LEAVE PA	ARTIALLY FILLE	D BOXES AT T	HE LINE!	
Comments:									Signature:	
									Supervisor:	
									Operator:	

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Company Procedure

Title: Repackaging Daily Downtime Report Number: R13-FM-100-042

Owner: Jeff Hill Revision: 0
Effective Date: 02/06/13 Page: 1 of 1



REPACKAGING DAILY DOWN TIME REPORT

PLEASE									
FILL IN		I NEED TO KNOW THE REASON YOU ARE DOWN							
DATE		WHAT WAS DONE TO FIX PROBLEM AND IF YOU							
LOT#		DON'T KNOW ASK SOMEONE THAT KNOWS							
LINE#		ANY TIME YOU HAVE TO STOP WRITE IT DOWN!!!!!							
		EVERY TIME LINE IS NOT RUNNING WRITE IT DOWN NO							
TIME	DAOK	EXCUSES!!!!!							
TIME DOWN	BACK UP	REASON FOR DOWN TIME							

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Company Form

Title: Expiry Date Sign Off Number: R12-FM-100-009

Owner: Tony Turner Revision: 04

Effective Date: 06/29/16 Page: 1 of 1



EXPIRY DATE / SIGN-OFF SHEET

OPERATOR	DATE	MACHINE#
Circle the time that applies:	Start-Up Time:	:
Product	Expiry Date:	Properly Sealed
Initials:		
	6:00AM or 6:00PM	
Product	Expiry Date:	Properly Sealed
Initials:		
	7:00AM or 7:00PM	
Product	Expiry Date:	Properly Sealed
Initials:		
	8:00AM or 8:00PM	
Product	Expiry Date:	Properly Sealed
Initials:		
	9:00AM or 9:00PM	
Product	Expiry Date:	Properly Sealed
Initials:		
	10:00AM or 10:00PM	
		Properly Sealed
Initials:		
	11:00AM or 11:00PM	
		Properly Sealed
Initials:		
	12:00PM or 12:00AM	
		Properly Sealed
Initials:		
	1:00PM or 1:00AM	
		Properly Sealed
Initials:		
	2:00PM or 2:00AM	
	* *	Properly Sealed
Initials:	2.00PM 2.00AM	
P. 1	3:00PM or 3:00AM	D 1011
		Properly Sealed
Initials:		
5.1	4:00PM or 4:00AM	.
	Expiry Date:	Properly Sealed
Initials:		



Company Procedure

Title: Auto Line Summary Report Number: R13-FM-100-039

Owner: Monte Plott Revision: 1
Effective Date: 09/22/15 Page: 1of 1



AUTO LINE:	DATE:
Operator:	Shift:

#	DESCRIPTION	SUMMARY REPORT
1	RECIPE SELECT	
2	PRODUCT SPEED	
3	FRONT TEMP	
4	REAR TEMP	
5	DATE CODE TEMP	
6	INFEED BAGS	
7	SEALING BAGS	
8	EMPTY DROPPED BAGS	
9	PACKING EFFICIENCY	
10	GRIPPERWIDTH	
11	RUN TIME H:M:S	
12	TOTALH:M:S	
13	UCF BEARING	
14	CAM BEARING	



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

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

Owner: Brook Vaughn Revision: 04

Effective Date: 9/21/15 Page: 1 of 1



INCOMING SALT INSPECTION FORM

Salt	t Hanger:						Date:			Shift:		H	opper #:		
* DO I	NOT CUT S	UPER SACK I	F THE FLOW	' IS LESS	THAN 4. ONL	Y CUT SA	CKS WITH A FL	OW OF 4	1 OR 5 IF	NECESSA	RY AND V	VITH SUPE	RVISOR	APPROVA	4 <i>L*</i>
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								Í	, ,
				AM/PM		AM/PM									
				AM/PM		AM/PM									
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				AM/PM		AM/PM									
				AM/PM		AM/PM									
Supervi	ed by						-								
Quality	:						-								



Company Form

Title: Auto Scent and Weight Check Number: R12-PR-100-F005

Owner: Tony Turner Revision: 05

Effective Date: 2/10/16 Page: 1 of 1



								0.50% Dose 7.2 – 7.8	
Product Name:								0.75% Dose 11.00-11.75	
AUTO FRAGRANCE TEST	AGRANCE TEST Auto #: N/A OPERATOR N/A						1% Dose 14.55-15.45		
EVERY 5 MINUTES CHECK ALL		N/A	DATE	DATE RE			BARREL	BARREL	
	POUCH	COUNTER	вох	N/Y		LIQUID	LIQUID	500 COUNT	Seal Verification
TIME	WEIGHT	SIGNAL	PUMP	DISPERSION	DROP P/F	CHECK	WEIGHT	CALC. #	
LIQUID LOT#'S			POUCH LOT #S						