

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Shipment Inspection Checklist**Number: **R14-FM-100-077**Owner: **Lisa Hefner**Revision: **0**Date: **10/20/2014**Page: **1 of 1****Shipment Inspection Checklist**

BOL #: _____

Date: _____

Condition of Pallets:		Please check one:	
	Are all boards present?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Are any boards splintered?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Are any boards broken?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Are pallets the correct ones for company- i.e.- Chep for Recochem and clubs?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Are pallets shrink-wrapped correctly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Are mixed-lot pallets labeled correctly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Condition of Visible Cases:		Please check one:	
	Are all cases stacked neatly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Are any cases damaged?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Are any cases not taped correctly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Do cases have correct barcode?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Does each case have item #, lot #, and expiration date?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other information:		Please check one:	
	Has CoA for each lot been released?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Does expiration date between shippers list and CoA match?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Is there a packing list?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Does packing list show item #, lot #, and quantity breakdown?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Is there a picture of loaded trailer?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

*******A copy of this checklist MUST be attached to shipping packet*******

Signatures:

Loader: _____

Date: _____

QA/QC or Supervisor: _____

Date: _____

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