

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company FORM**Title: **Daily Clean Up for Auto #3**Number: **R12-PR-100-F017c**Owner: **Thomas Evans**Revision: **03**Effective Date: **5/1/17**Page: **1 of 1**

Auto #3 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 <input type="checkbox"/> | Shift #2 <input type="checkbox"/> | Shift #3 <input type="checkbox"/> |
|-----------------------------------|-----------------------------------|-----------------------------------|

Non-critical Contact Points:

- ☐ Used compressed air to blow off all salt from the top of the machine starting at the top of the AMS.
- ☐ Used compressed air to blow out the scales.
- ☐ Used compressed air to blow salt off the machine from top to bottom.
- ☐ Wiped down the contact fingers and suction cups with a damp rag.
- ☐ Cleaned seal bars and changed seal tape (if needed).
- ☐ Wiped down doors, bottom of machine, conveyor belt, and pouch magazine feeder with a damp rag.
- ☐ Used compressed air to blow off the taper, wiped it down with a damp rag and changed the tape roll (if needed).
- ☐ Cleaned up all nonconforming pouches and disposed of salt following the *Rework and Reprocessing of Salt* procedure (R12-PR-100-007).
- ☐ Swept the area around the machine to clean up all debris.
- ☐ Ensure zipper opener, bag blower, stretcher station and scale (above and below the buckets) bolts/springs are in place

Critical Contact Points:

- ☐ Removed fill funnel and washed with diluted Dawn detergent, rinsed with hot water and sprayed with Isopropyl alcohol.
- ☐ Cleaned storage container with diluted Dawn detergent, rinsed with hot water and sprayed with Isopropyl alcohol.
- ☐ Put funnel into clean storage container.
- ☐ Blew out Hopper #1 with compressed air and sprayed it with Isopropyl alcohol 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: _____ Date: _____

- ☐ I hereby verify that this line is clean, has the correct ID sign posted and is ready for use

Supervisor Signature: _____ Date: _____

Reviewed By: QA Initials: _____ Date: _____

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Repackaging Daily Downtime Report** Number: **R13-FM-100-042**Owner: **Monte Plott**Revision: **02**Effective Date: **04/24/17**Page: **1 of 1****REPACKAGING DAILY DOWN TIME REPORT**

| PLEASE FILL IN | |
|--|--|
| Date: | <p>This is a Daily Log for the machine; this log is meant for documenting issues occurring on the machine during a shift</p> <p>For example, if scales were one of the top three issues, please note this on the appropriate line (and you should be scanning appropriately in Vorne) and explain what happened with the scales, what work has been attempted on the scales and how they were working at the change of shift</p> <p>If there were no issues, the Notes for the Day section still needs to be filled out with any sort of communication helpful to the on-coming crew...example, "will be finishing up Product X an hour into the next shift...expect a changeover"</p> |
| Lot #: | |
| Line#: | |
| Operator: | |
| Process/Mechanical Issues | Daily Issues (if no issues, use N/A) |
| Gripper Arms | |
| | |
| | |
| Combi | |
| | |
| | |
| Scales | |
| | |
| | |
| Seal bars/pouch seals | |
| | |
| | |
| Date Coder | |
| | |
| | |
| Labeler | |
| | |
| | |
| Other | |
| | |
| | |
| Notes for the Day: <i>(anything that needs to be communicated to the on-coming shift about the machine or product)</i> | |
| | |
| | |
| | |
| | |

(Please use the back of this document if more space is needed for further documentation)

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Auto Line Summary Report**Number: **R13-FM-100-039**Owner: **Monte Plott**Revision: **1**Effective Date: **09/22/15**Page: **1 of 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 | |

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Incoming Salt Inspection Form**Number: **R12-FM-100-006**Owner: **Brook Vaughn**Revision: **05**Effective Date: **9/1/16**Page: **1 of 1****INCOMING SALT INSPECTION FORM**

Salt Hanger: _____ Date: _____ Shift: _____ Hopper #: _____

*** DO NOT CUT SUPER SACK IF THE FLOW IS LESS THAN 4. ONLY CUT SACKS WITH A FLOW OF 4 OR 5 IF NECESSARY AND WITH SUPERVISOR APPROVAL ***

| 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) |
|--------|---------------|-------|-----------------|-----------------|-----------|-----------------|-----------|-----------|-----------|------|------|-----------------|-------------|----------------------------|----------------|
| 1. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 2. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 3. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 4. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 5. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 6. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 7. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 8. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 9. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 10. | | | | AM/PM | | AM/PM | | | | | | | | | |

Supervisor: _____ Reviewed by Quality: _____

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**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **Incoming Salt Inspection Form**Number: **R12-FM-100-006**Owner: **Brook Vaughn**Revision: **05**Effective Date: **9/1/16**Page: **1 of 1****INCOMING SALT INSPECTION FORM**

Salt Hanger: _____ Date: _____ Shift: _____ Hopper #: _____

*** DO NOT CUT SUPER SACK IF THE FLOW IS LESS THAN 4. ONLY CUT SACKS WITH A FLOW OF 4 OR 5 IF NECESSARY AND WITH SUPERVISOR APPROVAL ***

| 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) |
|--------|---------------|-------|-----------------|-----------------|-----------|-----------------|-----------|-----------|-----------|------|------|-----------------|-------------|----------------------------|----------------|
| 1. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 2. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 3. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 4. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 5. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 6. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 7. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 8. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 9. | | | | AM/PM | | AM/PM | | | | | | | | | |
| 10. | | | | AM/PM | | AM/PM | | | | | | | | | |

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[illegible]

Reviewed by QA (initials and time)

| LIQUID LOT#'S | | POUCH LOT#'S | | POUCH LOT#'S | | POUCH LOT#'S | | POUCH LOT#'S | |
|---------------|--|--------------|--|--------------|--|--------------|--|--------------|--|
| | | | | | | 1. | | 4. | |
| | | | | | | 2. | | 5. | |
| | | | | | | 3. | | 6. | |

- NA only when product does not require Dry Additives

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Reviewed by QA (initials and time)

- NA only when product does not require Dry Additives

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