



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Procedure

Title: **Swab Test Auto Line 3**

Number: **R12-PR-100-F015e**

Owner: **Lee Cagle**

Revision: **0**

Effective Date: **09/17/14**

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Swab Test Auto #3

Swab tests are to be performed any time a line is being switched from scented salt production to unscented production. When performing a swab test follow *Swabbing After Scented Salt (R12-PR-100-015)*.

- Label a zip lock bag for each of the following 23 points to be swabbed.
- Wearing latex gloves roll each end of the swab on the station being swabbed, place in the zip lock bag labeled for that station and close seal.
- Submit bags to the Quality Unit for testing and wait for results before starting production on the line being tested.

- | | |
|------------------------------------|--------------------------|
| 1. Bag Loader | <input type="checkbox"/> |
| 2. Zipper Opener | <input type="checkbox"/> |
| 3. Air Blast | <input type="checkbox"/> |
| 4. Bag Bottom Opening Suction Cups | <input type="checkbox"/> |
| 5. Settling Table | <input type="checkbox"/> |
| 6. Seal Bars | <input type="checkbox"/> |
| 7. Cooling Bars | <input type="checkbox"/> |
| 8. Discharge Belt | <input type="checkbox"/> |
| 9. Bed of Auto | <input type="checkbox"/> |
| 10. Contact Fingers #1 | <input type="checkbox"/> |
| 11. Contact Fingers #2 | <input type="checkbox"/> |
| 12. Contact Fingers #3 | <input type="checkbox"/> |
| 13. Contact Fingers #4 | <input type="checkbox"/> |
| 14. Contact Fingers #5 | <input type="checkbox"/> |
| 15. Contact Fingers #6 | <input type="checkbox"/> |
| 16. Contact Fingers #7 | <input type="checkbox"/> |
| 17. Contact Fingers #8 | <input type="checkbox"/> |
| 18. Contact Fingers #9 | <input type="checkbox"/> |
| 19. Contact Fingers #10 | <input type="checkbox"/> |
| 20. Funnel | <input type="checkbox"/> |
| 21. Dust Remover | <input type="checkbox"/> |
| 22. Collar | <input type="checkbox"/> |
| 23. Packing Table | <input type="checkbox"/> |

Start Date: _____ End Date: _____

Cleaned By: _____ Date: _____

Tested By: _____ Date: _____

Results: **Pass / Fail**

Reviewed By: _____ Date: _____

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