



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Form

Title: **Repackaging Safety and Housekeeping
Weekly Audit**

Number: **R12-FM-100-005**

Owner: **Jeff Hill**

Revision: **01**

Effective Date: **04/15/13**

Page: **1 of 4**



Repackaging



Conducted by: _____ Date Conducted: _____

*Instructions: Check general items as **yes** or **no** - each **yes** counts as 5%. Address each **no** in Items to be Corrected section. Return completed copy of audit to Quality Department.*

| General Scored Items | Yes | No | % |
|--|-----|----|---|
| Hoses rolled up and/or hung | | | |
| Hand tools picked up and/or properly stored | | | |
| No trash on floor | | | |
| No pallet pieces on floor | | | |
| No salt accumulation on floor | | | |
| Safety chains properly hooked | | | |
| Brooms, shovels, and such properly stored | | | |
| Trash cans emptied | | | |
| Break room clean and neat | | | |
| Bathrooms clean and neat | | | |
| Outside smoking area clean | | | |
| Parking lot clean | | | |
| Electrical panels not blocked | | | |
| Recyclables properly stored (Super Sacks, Bags, Cardboard) | | | |
| Electrical hazards corrected and/or reported | | | |
| Eye wash stations clean and covered | | | |
| Eye wash stations inspected | | | |
| PPE properly donned | | | |
| Area around dumpsters clean | | | |
| Employees working safely and following all safety procedures | | | |
| TOTAL | | | |

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| Items To Be Corrected | | Safety or Housekeeping | Department Responsible | Date Corrected | Initials |
|-----------------------|--|------------------------|------------------------|----------------|----------|
| Front Lot | | | | | |
| | | | | | |
| | | | | | |
| Loading Dock | | | | | |
| | | | | | |
| | | | | | |
| Warehouse Specify: | | | | | |
| | | | | | |
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| Warehouse Specify: | | | | | |
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| | | | | | |
|-----------------|--|--|--|--|--|
| Production Area | | | | | |
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| | | | | | |
| | | | | | |
| Maint. Shop | | | | | |
| | | | | | |
| | | | | | |
| Break Room | | | | | |
| | | | | | |
| | | | | | |
| Forklift | | | | | |
| | | | | | |
| | | | | | |
| Pest Station | | | | | |
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| | | | | | |

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| | | | | | |
|--------------|--|--|--|--|--|
| Parking Area | | | | | |
| | | | | | |
| | | | | | |
| Rest Rooms | | | | | |
| | | | | | |
| | | | | | |

| Observed Items Not Corrected | | | | |
|--|---------------------|---------------------|----------------|----------|
| <i>Instructions: Quality Department will transfer items not corrected from previous audits to this section for management follow-up.</i> | | | | |
| Items To Be Corrected (Include Location) | Date Orig. Observed | Manager Responsible | Date Corrected | Initials |
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