**Auto #7 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.

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| --- | --- | --- |
| Shift #1 | Shift #2 | Shift #3 |

**Non-critical Contact Points:**

* Used compressed air to blow off all salt inside, outside, and underneath the scales.
* Emptied each bucket of the scales.
* Used compressed air to blow salt off the machine from top to bottom.
* Removed pull belts, washed with warm water in sink, blow dry before reinstalling.
* Cleaned seal bars and changed seal tape (if needed).
* Wiped down doors, forming tube, film rollers, zipper inserter rollers, date coder, and bag support table with a clean damp rag.
* Used compressed air to blow off all conveyors and then wiped them down with a clean damp rag.
* Used compressed air to blow off the metal detector, wiped it down with a clean damp rag.
* Used compressed air to blow off the Combi case erector, pack station, and sealer, wiped them down with a clean damp rag (changed tape rolls 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 scale (above and below the buckets) bolts/springs are in place.

**Critical Contact Points:**

* Blew out Hopper 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.

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| Comments: |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_