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| Main Giles Logo  *MAGNESIA, LLC* | | | | **GILES CHEMICAL ~ PREMIER MAGNESIA** | | | | | | | | | | | | | | | |  | | | | | |
| **Company Form** | | | | | | | | | | | | | | | |
| Title: Incoming Salt Inspection Form | | | | | | | | | Number: R12-FM-100-006 | | | | | | |
| Owner: Brook Vaughn | | | | | | |  | | Revision: 02 | | | | | | |
|  | | | | Effective Date: 6/20/14 | | | | | | |  | | Page: 1 of 1 | | | | | | |  | | | | | |
| **INCOMING SALT INSPECTION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Salt Hanger:** | | | |  | | | | | | **Date:** | | |  | | | |  | **Shift:** | |  | | | **Hopper #:** | |  | | |
|  | | | |  | | | | | |  | | |  | | | |  |  | |  | | | **\*\* If M4, see below** | | | | | | |
| ***\* 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)** | |
|  | |  |  | | |  | AM/PM |  | AM/PM | |  | | | |  |  | |  |  | | |  | |  | |  | | |  | |
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**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*If running jars, please record fragrance batch numbers here:**

**Reviewed by \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Quality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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