|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **GILES CHEMICAL ~ PREMIER MAGNESIA** | | | | | | | | | | | | | Main Giles Logo | | | |
| **Company Form** | | | | | | | | | | | | |
| Title: Blended Salt Inspection Form | | | | | | | | Number: R17-FM-100-204 | | | | |
| Owner: Anita Lopez | | | | |  | | | Revision: 01 | | | | |
|  | | | Effective Date: 6/19/18 | | | | |  | | | Page: 1 of 1 | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **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**  **G/O** | | **Accept Y/N** | **Lot #** | | **Time Dropped** | **Circle AM/PM** | **Sack Date** | | | **Pallet Number** | | | | | **Type of Salt** | | | **Flow 1-5** | | **\*CUT (Initials or N)** | | **CLEAN (Y-N)** | | |
| 1**. G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 2**. G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 3**. G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 4**. G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 5**. G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 6. **G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 7**. G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 8**. G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 9**. G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |
| 10**.G O** | | **Y N** |  | |  | **AM/PM** |  | | |  | | | | |  | | | **1 2 3 4 5** | |  | | **Y N** | | |

**Supervisor****: \_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by Quality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**