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|  | | | | **GILES CHEMICAL ~ PREMIER MAGNESIA** | | | | | | | | | | | | | | | | Main Giles Logo | | | |
| **Company Form** | | | | | | | | | | | | | | | |
| Title: Incoming Salt Inspection Form | | | | | | | | | Number: R12-FM-100-006 | | | | | | |
| Owner: Cody Akins | | | | | |  | | | Revision: 06 | | | | | | |
| Effective Date: 6/7/18 | | | | | |  | | | 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** | **TIME MADE (Military)** | **SACK DATE** | | | | **OPERATOR #1-4** | | **SACK #** | **TEMP (Dry)** | | **TEMP (Cool)** | | **Type of Salt** | **FLOW 1-5** | | **\*CUT (Initials or N)** | **CLEAN Circle**  **(Y/N)** | |
| 1.  G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 2. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 3. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 4. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 5. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 6. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 7. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 8. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 9. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |
| 10. G O | Y N | |  | |  | AM/PM |  |  | | | | 1 2 3 4  N/A | |  |  | |  | |  | 1 2 3 4 5 | |  | Y N | |

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