|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **GILES CHEMICAL ~ PREMIER MAGNESIA** | | | | | | | | | | | | | Main Giles Logo | | | |
| **Company Form** | | | | | | | | | | | | |
| Title: Blended Salt Inspection Form | | | | | | | | Number: R17-FM-100-204 | | | | |
| Owner: Anita Lopez | | | | | |  | | Revision: 00 | | | | |
|  | | | Effective Date: 9/25/17 | | | | | |  | | Page: 1 of 1 | | | | |  | | | |
| **INCOMING SALT INSPECTION FORM** | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | **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. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 2. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 3. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 4. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 5. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 6. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 7. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 8. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 9. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |
| 10. | |  |  | |  | AM/PM |  | |  | | | | | | |  | | |  |  | |  | | |

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