

Processor Operations

Company: _____

Department: _____

Operation _____

Crew/Shift _____

Inspector _____

Date _____

	Condition at START of shift			Condition at END of shift		
	Excellent _____	Good _____	Unacceptable _____	Excellent _____	Good _____	Unacceptable _____
Silos						
Transfer lines						
Bag/Box feeding						
Dryer						
Extruder Hoppers						

Problem areas: _____

Spills recovered: Yes ___ No ___
If not, why _____

Sweepings properly disposed of? Yes ___ No ___
If not, why _____

Samples Taken Number _____

Inspected by: _____

Inspection Date: ____/____/____