



Processor Operations Checklist

Company: _____

Department: _____

Operation: _____

Crew/Shift: _____

Inspector: _____

Date: _____

	Condition at START of Shift			Condition at END of Shift		
	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
Silos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bag/Box Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extruder Hoppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Areas						
Spill Recovered:	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, why:					
Sweeping Properly Disposed of:	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, why:					
Samples Taken:	Number:					

Inspected By: _____

Inspection Date: _____

