

Manufacturing Form

Date: _____

Reviewed By: _____

Name: _____

Mixer: _____

Formula Number	Feed Name	Tons Ordered	Actual Tons	- / + 3% Theoretical vs Actual	# Batches	Medicated	Flush	Start	Stop	Bin		Initials	Manually Batched		Lot Number	Pre-Loadout Truck/Tote Inspection
										To Pellet	To Load		Y/N	Ingredient/Lbs/Comments		

Total Tons: _____

Housekeeping Complete? Y/N _____

Micro Scale Cleaned? Y/N _____

Receiving Pit Checked? Y/N _____

Notes/Comments: (Document any deviations) _____

Magnets Cleaned:

1. Transfer elevator Y/N _____

2. Mash Leg Y/N _____

3. Hammer mill Y/N _____

4. Pellet mill Y/N _____