



Request for sampler authorization

Facility name and location:		CGC office:	
Type of elevator: <input type="checkbox"/> Terminal <input type="checkbox"/> Transfer <input type="checkbox"/> Primary <input type="checkbox"/> Process <input type="checkbox"/> Other			
Approval requested for: <input type="checkbox"/> All grains <input type="checkbox"/> Restricted to: _____			
Sampler type: _____ for: <input type="checkbox"/> Loading trucks <input type="checkbox"/> Loading railcars <input type="checkbox"/> Loading barges <input type="checkbox"/> Loading vessels <input type="checkbox"/> Unloading trucks <input type="checkbox"/> Unloading railcars <input type="checkbox"/> Unloading barges <input type="checkbox"/> Unloading vessels			
Sampler manufacturer:		Model:	Serial No.:
Sampler installed in: <input type="checkbox"/> Spout – cross-section dimensions _____ x _____ <input type="checkbox"/> Belt end – width & height _____ x _____			
Sampler location:		Sampler powered: <input type="checkbox"/> Electrically <input type="checkbox"/> Pneumatically <input type="checkbox"/> Hydraulically	
<input type="checkbox"/> Rate of flow to sampler: _____ bph or tph. <input type="checkbox"/> Belt flow to sampler: _____ bph or tph.			
Height and width of sample cutter opening _____ x _____ Sample cutter transverse speed _____ cm/min or in/min.			
Timer: <input type="checkbox"/> Analog <input type="checkbox"/> Digital <input type="checkbox"/> Internal		Timer minimum interval _____ Seconds.	Normal sampler interval _____ Seconds.
Inspection access doors sealable:			
Divider manufacturer:		Model:	Serial No.:
Divider located:		Divider reduction ration:	
How and where is excess sample returned?			
Scale draft size: _____ tonnes		Weighing system approved by weights and measures:	
Sample delivery system: <input type="checkbox"/> Gravity drop from divider <input type="checkbox"/> Pneumatic delivery			
Where is the final sample collected?			
In railcar or truck loading, how is the sample integrity preserved through the system?			
Shipping bins: <input type="checkbox"/> Bin identifications		Bin capacities:	
Inspection facility and equipment			
Grading area located:		Colour of interior walls _____ bench _____	
Height of grading bench:		Light source from _____ bulb fixture.	
Bulbs manufactured by:		Lux measured at grading bench:	
Dockage tester:		Sample divider:	
Protein machine:		Model:	Serial No.:
Modem:			
Pearler:			
Facility health and safety			
Fall arrest available:		Mandatory hard hat and safety boots:	
Muster station:		Alarms:	
Washroom locations:		Smoking restrictions:	
Special instructions:			
_____ Signed facility manager		_____ Signed CGC	