

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **The Healing Garden (THG) 3#**Number: **R16-CO-100-173**Owner: **Monte Plott**Revision: **02**Effective Date: **05/01/17**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: *The Healing Garden 3# Pouch*

Check each block below as the line is prepared for the run. Lead Operator also Supervisor and/or Quality are the only authorized signature. By signing; you are taking full responsibility for the product. Form should be turned into the Production Supervisor at the end of the shift or end of the product run.

Line Clearance:

- ☐ Pouches or Cartons Removed ☐ Corrugated Materials Removed ☐ Labels Removed
☐ Pack and Stack Area Cleared ☐ All Paperwork Turned In

Pouch Specifications:

- ☐ Pouch is beige with a green band at the bottom. Pouch has a matte finish.
☐ CPU#: **8 1589001802 4**
☐ Dimensions of pouch: 10 1/2"H x 7 3/8"W x 3" Bottom Gusset

Case Specification:

- ☐ Case is brown corrugated with black print
☐ Case has The Healing Garden Epsom Salt.
☐ Case dimensions: 6 3/8"H x 10 3/4"W x 6 7/8"D
☐ Label requirement: 2x4 label with Barcode number 20815890018028 and item number C815 4PK

Packing Specification:

- ☐ 4 ct. pouches / case, packed horizontally into case; 528 pouches per full pallet.
☐ Quantity of Pallets: _____
☐ Date Code on Pouch: _____ YYJJJ
☐ Date Code on Box or Label: _____ YYJJJ

Pallet Configuration:

- ☐ 22 cases per layer, column stacked 6 high = 132 cases per pallet

Carton and Pouch Waste:

- ☐ Starting Inventory Balance: _____ + _____ + _____ = _____
☐ Total Used in Production: _____
☐ Pallet Markers: _____
☐ Wasted Labels: _____ + _____ + _____ + _____ + _____ = _____
☐ Compactor Form _____ Waste Percentage = _____
☐ Calculated Ending Inventory Balance: _____

Actual Ending Inventory: _____

Percent Accounted for: _____

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Quality Signature: _____ Date: _____

Scale Information Breakdown:

Reject: _____

Over: _____

Average: _____

Std. Dev.: _____

Max: _____

Min: _____

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