

GILES CHEMICAL ~ PREMIER MAGNESIA

Company Procedure

Title: Atoma Lavender 2kg Number: R14-CO-100-136

Date: _____
Operator:

Owner: Monte Plott Revision: 03
Effective Date: 05/01/17 Page: 1 of 1



** 4.41 # Pouch Weight Sheet Required

Produ	ct: Atoma Lavender 2kg (4.41#) Pouch Line:
signatui	each block below as the line is prepared for the run. Lead Operator also Supervisor and/or Quality are the only authorized re. By signing; you are taking full responsibility for the product. Form should be turned into the Production Supervisor at the shift or end of the product run.
Line C	learance:
	If this is a fragrance change; verify the line flush was completed and the fragrance is actually Lavender by smelling the first pouch. Verified by:
	Pouches or Cartons Removed Corrugated Materials Removed Labels Removed
	Pack and Stack Area Cleared All Paperwork Turned In Scent Barrel Removed and Weighed
Pouch	Specifications:
	Pouch is lavender, white, blue and clear
	CPU#: 7 77747 10220 4
	Dimensions of pouch: 11 3/8"H x 9"W x 3" Bottom Gusset
Pouch	Machine Recipe:
	10.00 grams of fragrance per pouch (0.50%)
	30.00 grams for the three shot weight check.
	Fragrance: Arylessence Blue Barrel Soothing Lavender #AC117874
	1st Barrel Weight: BEGLB ENDLB Barrel #
	2 nd Barrel Weight: BEGLB ENDLB Barrel #
Case S	pecification:
	Case is brown corrugated with black print
	Case has 2KG GENERIC
	Case dimensions: 6 1/4"H x 13 1/4"W x 12 1/4"D
	Requires a printed 4x6 label on one side of each case. Label should include ATOMA 2KG LAVENDER; Barcode (01)10777747102201; 6x2kg; Item 32-942ATOMA; Barcode 7 77747 10220 4
Packin	g Specification:
	Packed horizontally into case; pouches per case = 6; pouches per pallet =
	Quantity of Pallets:
	Date Code on Pouch: YYJJJ
	Date Code on Box:
Pallet	Configuration:
	9 cases per layer, column stacked 6 high = 54 cases per pallet
	Pallets must be blue Chep pallets
Cartor	and Pouch Waste:
	Starting Inventory Balance: + + =
	Total Used in Production:
	Pallet Markers:
	Wasted Labels: + + + =

Controlled Document

Compactor Form _____ _ _ _ _ _ _ Waste Percentage = ____

Operator Signature: ______ Date: _____

Supervisor Signature: ______ Date: _____

Calculated Ending Inventory Balance:_____

Quality Signature:

Actual Ending Inventory: ___

Date:

Percent Accounted for:_____