

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Western Family 4#**Number: **R13-CO-100-123**Owner: **Jeff Hill**Revision: **02**Effective Date: **10/22/2013**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: Western Family 4# 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 day 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 blue, white and red
☐ CPU#: **0 15400 02459 4 Above Barcode WF-02459A; 02459-A-AAI**
☐ Dimensions of pouch: 11"H x 8 1/4"W x 3" Bottom Gusset

Case Specification:

- ☐ Case is brown corrugated with black print
☐ Case has MAGNESIUM SULFATE U.S.P.; EPSOM SALT
☐ Case dimensions: 5 5/8"H x 16 3/4"W x 11 1/8"D
☐ Requires a 4x2 label on one side of each case. Label should include Western Family; Epsom Salt; 4lb/6pk; Barcode 10015400024591

Packing Specification:

- ☐ 6 ct. pouches / case, packed horizontally into case
☐ Quantity of Pallets: _____
☐ Date Code on Pouch: _____ YJJJ EXP MMY
☐ Date Code on Box: _____ WF 4LB YJJJ EXP MMY WF 4LB

Pallet Configuration:

- ☐ 9 cases per layer, column stacked 7 high = 63 cases per pallet

Carton and Pouch Waste:

- ☐ Starting Inventory Balance: _____
☐ Total Used in Production: _____
☐ Pallet Markers: _____
☐ Ending Inventory Balance: _____
☐ Number of cases not making up a full pallet: _____
☐ Number of containers not making a full case: _____

SHIFT ONE**SHIFT TWO**

Operator Signature/Date: _____

Operator Signature/Date: _____

Supervisor Signature/Date: _____

Supervisor Signature/Date: _____

Quality Signature/Date: _____

Quality Signature/Date: _____

Scale Information Breakdown:

Reject: _____

Over: _____

Average: _____

Std. Dev.: _____

Max: _____

Min: _____

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