Date:_____
Operator:_____
Product: *Life Peppermint Foot Soak 1# (454 grams) Pouch*   Line:_____

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:

☐ *If this is a fragrance change; verify the line flush was completed and the fragrance is actually Peppermint 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 light blue, yellow, white, red, green and black

☐ **CPU#: 0 57800 00280 2**

☐ Dimensions of pouch: 8 1/2"H x 5 1/4"W x 2 1/2" Bottom Gusset

Pouch Machine Recipe:

☐ Add Baking Soda in the ribbon blender to feed in pouch. Set ribbon blender to 400.
   Start Weight_____   End Weight_____

☐ 3.41 grams of fragrance per pouch (0.75%)

☐ 10.22 grams for the three shot weight check.

☐ Fragrance: Arylessence Blue Barrel Peppermint #AD 133949

☐ 1st Barrel Weight: BEG._____LB END_____LB Barrel #_____

☐ 2nd Barrel Weight: BEG._____LB END_____LB Barrel #_____

Case Specification:

☐ Case is brown corrugated with black print

☐ Case has Life Brand Epsom Salt Peppermint Foot Soak; Product Code 32-910LIFE; 12x454 gram

☐ Case dimensions: 7 1/2"H x 15"W x 7"D

Packing Specification:

☐ 12 ct. pouches / case, packed horizontally into case; 1080 pouches per full pallet.

☐ Quantity of Pallets: _____

☐ Date Code on Pouch: _____YYJJJ

☐ Date Code on Box: _____ _____YYJJJ

Pallet Configuration:

☐ 15 cases per layer, column stacked 6 high = 90 cases per pallet

☐ Pallets must be blue Chep pallets

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:_____

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Quality Signature: _____ Date: _____