

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Health Mart 1#**Number: **R12-CO-100-061**Owner: **Monte Plott**Revision: **05**Effective Date: **05/01/2017**Page: **1 of 1**

Date: \_\_\_\_\_

Operator: \_\_\_\_\_

Line: \_\_\_\_\_

**Product: Health Mart 1# Carton**

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

**Carton Specifications:**

- ☐ Carton is white, blue, green and gray  
☐ CPU#: **0 52569 13486 3 Above Barcode HM-13486A**  
☐ Dimensions of carton: 5 1/4"H x 2 3/4"W x 2 3/4"D

**Case Specification:**

- ☐ Case is brown corrugated with red print  
☐ Case has Epsom Salt; 12 – 1lb Cartons  
☐ Case dimensions: 6"H x 10 1/4"W x 8 3/4"D

**Packing Specification:**

- ☐ 12 ct. cartons / case, packed horizontally into case ; 1,200 cartons per full pallet  
☐ Quantity of Pallets: \_\_\_\_\_  
☐ Date Code on Carton: \_\_\_\_\_ **YYJJ EXP MMY**  
☐ Date Code on Box: \_\_\_\_\_ **YYJJ EXP MMY HLTM 1LB**

**Pallet Configuration:**

- ☐ 20 cases per layer, column stacked 5 high = 100 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: \_\_\_\_\_

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