Date:_____

Operator:_____

Product: *Equate Citrus 2.72kg (6#) 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 day 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 Citrus 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 orange, blue, white and yellow
- ☐ **CPU#: 6 28915 01542 3**
- ☐ Dimensions of pouch: 12 1/4"H x 9 1/2"W x 3" Bottom Gusset

Pouch Machine Recipe:
- ☐ 20.43 grams of fragrance per pouch (0.75%)
- ☐ 61.30 grams for the three shot weight check.
- ☐ Fragrance: Arylessence Blue Barrel Grapefruit II #AC 122219
- ☐ 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 32-957EQ; EQUATE SCENTED EPSOM SALT; CITRUS; 3 x 2.72kg; Barcode 3 00 59934 90531 9
- ☐ Case dimensions: 7 1/2"H x 19 1/2"W x 9 1/4"D

Packing Specification:
- ☐ 3 ct. pouches / case, packed horizontally into case
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____YJJJ
- ☐ Date Code on Box: _____ _____YJJJ

Pallet Configuration:
- ☐ 15 cases per layer, column stacked 5 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:_____

SHIFT ONE   SHIFT TWO

Operator Signature/Date: _____   Operator Signature/Date: _____

Supervisor Signature/Date: _____   Supervisor Signature/Date: _____

Quality Signature/Date: _____   Quality Signature/Date: _____