Date:_____

Operator:_____

Product: *Walgreen's Eucalyptus 3# 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 Eucalyptus 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 green, blue, red, white and clear

☐ **CPU#: 3 11917 14389 7 Above Barcode Item# 157828**

☐ Dimensions of pouch: 10 1/2"H x 7 1/4"W x 3" Bottom Gusset

Pouch Machine Recipe:

☐ 6.80 grams of fragrance per pouch (0.50%)

☐ 20.40 grams for the three shot weight check.

☐ Fragrance: Arylessence Blue Barrel Eucalyptus Mod #AG 166160

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

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

Case Specification:

☐ Case is brown corrugated with green print

☐ Case is Generic 3#; a label should read WGN 3# Pouch EUC; WIC# 157828; Barcode 1 03 11917 14389 4

☐ Case dimensions: 6 7/8"H x 11"W x 10"D

Packing Specification:

☐ 6 ct. pouches / case, packed horizontally into case; 576 pouches per full pallet

☐ Quantity of Pallets: _____

☐ Date Code on Pouch: _____YYJJJ

☐ Date Code on Box/Label: _____ _____YYJJJ

Pallet Configuration:

☐ 16 cases per layer, column stacked 6 high = 96 cases per pallet

☐ **Product require a red PECO 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:_____

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Quality Signature: _____ Date: _____