Date:_____

Operator:_____

Product: *Rougier Amber Vanilla 2kg (4.41#) 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 Vanilla 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 beige, clear, brown, white, green and blue

☐ **CPU#: 0 58739 97945 6**

☐ Dimensions of pouch: 11 3/8"H x 9"W x 3" Bottom Gusset

Pouch Machine Recipe:

☐ 15.00 grams of fragrance per pouch (0.75%)

☐ 45.00 grams for the three shot weight check.

☐ Fragrance: Arylessence Blue Barrel Deep Amber Vanilla #AC126890

☐ 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 SEL D'EPSOM-PARFUM AMBER VANILLE ROUGIER 2kg; F-ROVVN02k; 6x2kg; Item 32-972ROU;   Barcode 0 58739 97945 6

☐ Case dimensions: 6 1/4"H x 13 1/4"W x 12 1/4"D

☐ Requires a printed 4x2 label on one side of each case. Label should include 32-972 ROUGIER - VANILLA; Barcode (01)10058739979453(10)XXXX(30)00006

Packing Specification:

☐ 6 ct. pouches / case, packed horizontally into case

☐ Quantity of Pallets: _____

☐ Date Code on Pouch: _____YJJJ

☐ Date Code on Box: _____ _____YJJJ

Pallet Configuration:

☐ 9 cases per layer, column stacked 6 high = 54 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: _____