

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**

Title: Dr. Teal's Peppermint Foot Soak 2#	Number: R12-CO-100-022
Owner: Ron Hall	Revision: 0
Effective Date: 06/01/2012	Page: 1 of 1



Change Over Sheet

Product: *Dr Teal Peppermint Foot Soak 2# Pouch-04089-4PK*

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. After the order is complete turn the change over sheet to your supervisor.

- ☐ **Line cleared of all prior product components and fragrance. 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: _____**

Pouch Specifications:

- ☐ Pouch is blue, white, green, black and purple
- ☐ **CPU#: 8 11068 01089 0**
- ☐ Dimensions of pouch: 9 1/4"H x 6 5/8"W x 2 1/4" Bottom Gusset

Pouch Machine Recipe:

- ☐ Add Baking Soda in the ribbon blender to feed in pouch. Set ribbon blender to 500.
- ☐ 6.80 grams of fragrance per pouch (0.75%)
- ☐ 20.40 grams for the three shot weight check.
- ☐ Fragrance: Mane Black Barrel Cooling Peppermint MF# 174153
- ☐ 1st Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____
- ☐ 2nd Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____
- ☐ 3rd Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____
- ☐ 4th Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____

Case Specification:

- ☐ Case is brown corrugated with black print
- ☐ Case has Dr Teal's Peppermint Foot Soak 2lb; Item#: 04089-4PK Pack: 4; Barcode 1 08 11068 01089 7
- ☐ Case dimensions: 4 1/2"H x 9"W x 8 1/4"D

Packing Specification:

- ☐ 4 ct. pouches / case, packed horizontally into case
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____ A(Y)(M)(DD)AE
- ☐ Date Code on Box: _____ A(Y)(M)(DD)AE

Pallet Configuration:

- ☐ 20 cases per layer, column stacked 12 high = 240 cases per pallet
- ☐ Finished pallet gets 48" corner boards

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Quality Signature: _____ Date: _____

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