

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Life Lavender 2kg**Number: **R12-CO-100-045**Owner: **Lee Cagle**Revision: **03**Effective Date: **08/01/2014**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: Life Lavender 2kg (4.41#) Pouch

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 Lavender 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 lavender, white and red
- ☐ CPU#: **0 57800 19614 3**
- ☐ Dimensions of pouch: 11 3/8"H x 9"W x 3" Bottom Gusset

Pouch Machine Recipe:

- ☐ 10.00 grams of fragrance per pouch (0.50%)
- ☐ 30.00 grams for the three shot weight check.
- ☐ Fragrance: Arylessence Blue Barrel Soothing Lavender #AC117874
- ☐ 1st Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____
- ☐ 2nd Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____

Case Specification:

- ☐ Case is brown corrugated with purple print
- ☐ Case has SEL D'EPSOM LIFE EPSOM SALTS LAVENDER/LAVANDE
- ☐ Case dimensions: 6 1/4"H x 13 1/4"W x 12 1/4"D

Packing Specification:

- ☐ 6 ct. pouches / case, packed horizontally into case
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____ YYJJJ
- ☐ Date Code on Box: _____ YYJJJ

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: _____

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Quality Signature: _____ Date: _____

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