

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Kura Eucalypto 1lb**Number: **R13-CO-100-124**Owner: **Jeff Hill**Revision: **0**Effective Date: **09/10/2013**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: Kura Eucalypto 1lb Pouch

Ensure each item listed is completed before running the line. Two of the following people must sign-off on this document before packing product; Lead Operator, Supervisor, or Quality. 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 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, white, purple and lavender

CPU#: 7 502269 680038

Dimensions of pouch: 8 1/2"H x 5 1/4"W x 2 1/2" Bottom Gusset

Pouch Machine Recipe:

2.27 grams of fragrance per pouch (0.5%)

6.81 grams for the three shot weight check.

Fragrance: Arylessence Blue Barrel Eucalyptus Private Label #AE148694

1st Barrel Weight: BEG. _____ LB Barrel # _____2nd Barrel Weight: BEG. _____ LB Barrel # _____**Case Specification:**

Case is brown corrugated with black print

Case has Epsom Salt; 12x11lb

Case dimensions: 7"H x 15"W x 7"D

Packing Specification:

12 ct. pouches / case, packed horizontally into case

Quantity of Pallets: _____

Date Code on Pouch: _____ JJJY

Date Code on Box: _____ KURA EUC JJJY KURA EUC

Pallet Configuration:

15 cases per layer, column stacked 6 high = 90 cases per 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: _____

SHIFT ONE**SHIFT TWO**

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

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

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

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