Date:_____

Operator:_____

Product: *Dr Teal's Rosemary and Mint 3# Pouch 04267-4PK*   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 Rosemary Mint 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 navy, black, green, white and teal
- ☐ **CPU#: 8 11068 01267 2**
- ☐ Dimensions of pouch: 10 3/4"H x 6 3/4"W x 3" Bottom Gusset

Pouch Machine Recipe:
- ☐ 10.20 grams of fragrance per pouch (0.75%)
- ☐ 30.60 grams for the three shot weight check.
- ☐ Fragrance: Mane Black Barrel Rosemary Mint MF# 167895
- ☐ 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 Dr Teal's Epsom Salt Soaking Solution; 4- Net Wt. 3lbs (1.36kg) Bags
- ☐ Requires a printed 4x2 label on one side of each case or for the label to be printed on by a VideoJet. Label should include ID# 04267-4PK, Lot# YYJJJ and UPC# 10811068012679
- ☐ Case dimensions: 6 5/8"H x 11 7/8"W x 6 7/8"D

Packing Specification:
- ☐ 4 ct. pouches / case, packed horizontally into case
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____YYJJJ
- ☐ Date Code on Box: _____Label or Printed on barcode

Pallet Configuration:
- ☐ 23 cases per layer, column stacked 7 high = 161 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:_____

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Quality Signature: _____ Date: _____