

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **U2000SO (HT)**Number: **P15-SCR-100-423**Owner: **Quality Assurance**Revision: **05**Effective Date: **01/13/2016**Page: **1 of 1****#423**

Product Description:		Product Film Type:	
Product Generic ID#:	U2000SO (HT)		
Product Grade:	USP		
Product Screen:	OVERS		
Packaging Weight:	2000lb		
Pallet Configuration:	1 per pallet		
Other:	Heat Treated Pallets		
<b>Quality:</b>			
<input type="checkbox"/> - Samples to be taken      Retained for: _____			
<input type="checkbox"/> - Testing Required      Testing for: _____			
<input type="checkbox"/> - Quality Release      Criteria Needed: _____			
<b>Production/Packaging:</b>			
<input checked="" type="checkbox"/> - Shrink Wrap <input checked="" type="checkbox"/> - Liners Required <input checked="" type="checkbox"/> - Heat Treated Pallets <input type="checkbox"/> - Stickers Required			
<input checked="" type="checkbox"/> - Extra Placard or Tag Required:      Description: <u>1 tag attached to strap - "SCREENED OVERS" placards</u>			
<input checked="" type="checkbox"/> - Other Requirements:      Description: <u>Must be on Heat Treated Pallets</u>			
<b>Shipping:</b>			
<input checked="" type="checkbox"/> - General <input type="checkbox"/> - Air Bags <input type="checkbox"/> - Double Wrap <input type="checkbox"/> - Corner Boards <input type="checkbox"/> - Block & Brace			
<input checked="" type="checkbox"/> - Must have Quality Approval signature before loading:      Reason: <u>Requires 100% quality approval for flowability.</u>			
_____ Signature: _____ Date: _____			
<input type="checkbox"/> - Must have Management Approval signature before loading:      Reason: _____			
_____ Signature: _____ Date: _____			
<input type="checkbox"/> - Other: _____			
<b>Change Information:</b> <u>Added shrink wrapping each super sack. 1/13/16</u>			

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