Date:_____

Operator:_____

**Product: *Equate Milk and Honey 2.72kg (6#) Pouch***      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 Milk and Honey 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 Yellow, Gold and White
- ☐ **CPU#:  6 28915 09510 4**
- ☐ Dimensions of pouch:  12 1/4"H x 9 1/2"W x 3" Bottom Gusset

**Pouch Machine Recipe:**
- ☐ 20.43 grams of fragrance per pouch (0.75%)
- ☐ 61.30 grams for the three shot weight check.
- ☐ Fragrance: Arylessence Blue Barrel Milk and Honey #AG170107
- ☐ 1$^{st}$ Barrel Weight: BEG._____LB END_____LB Barrel #_____
- ☐ 2$^{nd}$ Barrel Weight: BEG._____LB END_____LB Barrel #_____

**Case Specification:**
- ☐ Case is brown corrugated with black print
- ☐ Case has 32-997EQ;  EQUATE SCENTED EPSOM SALT;  Milk and Honey;  3 x2.72kg; Barcode 3 00 59934 905258
- ☐ Case dimensions:  7 1/2"H x 19 1/2"W x 9 1/4"D

**Packing Specification:**
- ☐ 3 ct. pouches / case, packed horizontally into case
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____YYJJJ
- ☐ Date Code on Box: _____ _____YYJJJ

**Pallet Configuration:**
- ☐ 15 cases per layer, column stacked 6 high = 90  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: _____