

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Equate 8# FFS pouch**Number: **R17-CO-100-204**Owner: **Monte Plott**Revision: **02**Effective Date: **06/12/2018**Page: **1 of 1**

Date: \_\_\_\_\_

Operator: \_\_\_\_\_

Line: \_\_\_\_\_

**Product: EQUATE 8# FFS 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:**

- ☐ Pouches or Cartons Removed    ☐ Corrugated Materials Removed    ☐ Labels Removed  
☐ Pack and Stack Area Cleared    ☐ All Paperwork Turned In

**Film Specifications:**

- ☐ Film is Turquoise and White  
☐ CPU#: **6 81131 15005 7** On opposite panel film has **PLD-C331E SE000276**.  
☐ Film is 19.625" wide.

**Case Specification:**

- ☐ Case is brown corrugated  
☐ Case has EQUATE 8lb EPSOM SALT; Item# ; UPC# ; Barcode  
☐ Case dimensions: 6.25"H x 13.375"W x 12.0"D  
☐ Case has printed EQUATE 8lb; Item #565232280 with Barcode 1 06 81131 15005 4.

**Packing Specification:**

- ☐ 4 ct. pouches / case, packed horizontally into case; 216 pouches per full pallet.  
☐ Quantity of Pallets: \_\_\_\_\_  
☐ Date Code on Pouch: \_\_\_\_\_ YYJJ EXP MMY  
☐ Date Code on Box: \_\_\_\_\_ YYJJ EXP MMY

**Pallet Configuration:**

- ☐ 9 cases per layer, 6 column stacked high = 54 cases per pallet  
☐ Product should be packed on a red PECO pallet.

**Film Waste:**

- ☐ Starting Inventory Balance: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
☐ Total Used in Production: \_\_\_\_\_  
☐ Pallet Markers: \_\_\_\_\_  
☐ Wasted Labels: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
☐ Compactor Form \_\_\_\_\_ Waste Percentage = \_\_\_\_\_  
☐ Calculated Ending Inventory Balance: \_\_\_\_\_

Actual Ending Inventory: \_\_\_\_\_

Percent Accounted for: \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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