

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Family Wellness 2#**Number: **R12-CO-100-079**Owner: **Monte Plott**Revision: **08**Effective Date: **05/01/17**Page: **1 of 1**

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

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

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

**Product: Family Wellness 2# Carton**

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

**Carton Specifications:**

- ☐ Carton is blue, white, red and yellow  
☐ CPU#: **0 32251 00517 6 Above Barcode SKU0909223**  
☐ Dimensions of carton: 9"H x 2 3/4"W x 2 3/4"D

**Case Specification:**

- ☐ Case is brown corrugated with black print  
☐ Case has EPSOM SALT; MAGNESIUM SULFATE USP; FAMILY WELLNESS 2LB; ITEM# 0909223; SIX-2LB CARTONS  
☐ Case dimensions: 9 1/2"H x 9"W x 6"D

**Packing Specification:**

- ☐ 6 ct. cartons / case, packed vertically into case; 768 cartons per full pallet  
☐ Quantity of Pallets: \_\_\_\_\_  
☐ Date Code on Carton: \_\_\_\_\_ YYJJ EXP MMY  
☐ Date Code on Box: \_\_\_\_\_ YYJJ EXP MMY FW 2LB

**Pallet Configuration:**

- ☐ 32 cases per layer, column stacked 4 high = 128 cases per pallet  
☐ **Product requires a red PECO pallet.**

**Carton and Pouch 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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