

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Family Wellness 2#**Number: **R12-CO-100-079**Owner: **Lee Cagle**Revision: **04**Effective Date: **08/01/2014**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 DOLLAR 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
☐ 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

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: _____

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