Date:_____

Operator:_____

Product: *Exact Eucalyptus 2kg (4.41#) 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 Eucalyptus 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 light green, green, blue and white
- ☐ **CPU#: 0 60383 82880 6**
- ☐ Dimensions of pouch: 11 3/8"H x 9"W x 3" Bottom Gusset

Pouch Machine Recipe:
- ☐ 20.00 grams of fragrance per pouch (1.0%)
- ☐ 60.00 grams for the three shot weight check.
- ☐ Fragrance: Arylessence Blue Barrel Eucalyptus Mint #AC 115307
- ☐ 1st Barrel Weight: BEG._____LB END_____LB Barrel #_____
- ☐ 2nd Barrel Weight: BEG._____LB END_____LB Barrel #_____

Case Specification:
- ☐ Case is brown corrugated with green print
- ☐ Case has EXACT EPSOM SALT EUCALYPTUS 2kg; F-EXVEN02K; 6x2kg; 32-932EXACT; Barcode 0 60383 82880 6
- ☐ Case dimensions: 6 1/4"H x 13 1/4"W x 12 1/4"D

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

Pallet Configuration:
- ☐ 9 cases per layer, column stacked 6 high = 54 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: _____