Date:_____

Operator:_____

Product: *Dr Teal's Lavender 3# Pouch 04196-4PK*   Line:_____

Walmart Sleep Mod

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 day 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 Lavender 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 navy, purple, black, green and red

☐ **CPU#: 8 11068 01196 5**

☐ Dimensions of pouch: 10 3/4"H x 6 3/4"W x 3" Bottom Gusset

Pouch Machine Recipe:

☐ 13.60 grams of fragrance per pouch (1.0%)

☐ 40.80 grams for the three shot weight check.

☐ Fragrance: Mane Black Barrel Lavender B MF# 157362

☐ 1st Barrel Weight: BEG._____LB END_____LB Barrel #_____

☐ 2nd Barrel Weight: BEG._____LB END_____LB Barrel #_____

Case Specification:

☐ Case is brown corrugated with black print

☐ Case has Dr Teal's Epsom Salt Soaking Solution; 4- Net Wt. 3lbs (1.36kg) Bags

☐ Requires a printed 4x2 label on one side of each case or for the label to be printed on by a VideoJet. Label should include ID# 04196-4PK, Lot# AXXXXAE and UPC# 10811068011962

☐ Case dimensions: 6 5/8"H x 11 7/8"W x 6 7/8"D

Packing Specification:

☐ 4 ct. pouches / case, packed horizontally into case

☐ Quantity of Pallets: _____

☐ Date Code on Pouch: _____AYMDDAE

☐ Date Code on Box: _____Label or Printed on barcode

Pallet Configuration:

☐ 23 cases per layer, column stacked 7 high = 161 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: _____

Controlled Document