



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Procedure

Title: **Dr Teal's 6# BJ Club Pallet**

Number: **R16-CO-100-175**

Owner: **Monte Plott**

Revision: **01**

Effective Date: **10/05/16**

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Date: _____

Operator: _____

Line: _____

Product: Dr Teal's 6# BJ Club Pallet

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

Pouch Specifications:

- ☐ Pouch is navy, black, red, and white
- ☐ CPU#: **8 11068 01049 4**
- ☐ Dimensions of pouch: 12.25"H x 9.75"W x 3" Bottom Gusset

Case Specification:

- ☐ Case is blue, red, black and white
- ☐ Case has Dr. Teal's Therapeutic Solutions Epsom Salt Magnesium Sulfate U.S.P.; Barcode 8 11068 01035 7
- ☐ Case dimensions: 6.5"H x 9.5 W x 8"D

Packing Specification:

- ☐ 2 ct. pouches / case, packed horizontally into case; 192 pouches per pallet.
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____ YYJJJ
- ☐ Date Code on Box: _____ YYJJJ (Printed by VideoJet)

Pallet Configuration:

- ☐ 24 cases per layer, column stacked 4 high, 2 pallets high = 192 cases per double stack pallet
- ☐ **BJ WHOLESALE REQUIRES A NORMAL STANDARD PALLET**
- ☐ Finished pallet gets 24" corner boards

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: _____

Scale Information Breakdown:

Reject: _____

Over: _____

Average: _____

Std. Dev.: _____

Max: _____

Min: _____

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