

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Walgreen 3#**Number: **R12-CO-100-082**Owner: **Jeff Hill**Revision: **04**Effective Date: **12/12/2013**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: Walgreen 3# 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 day 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 and red
☐ CPU#: **3 11917 14391 0 Above Barcode ITEM# 157830**
☐ Dimensions of carton: 9"H x 3 3/4"W x 3 3/4"D

Case Specification:

- ☐ Case is brown corrugated with blue print
☐ Case has 6 EACH; W EPSOM SALT 3lb; Wic# 157830; Barcode 1 03 11917 14391 7
☐ Case dimensions: 10"H x 12"W x 8"D

Packing Specification:

- ☐ 6 ct. cartons / case, packed vertically into case
☐ Quantity of Pallets: _____
☐ Date Code on Carton: _____ YJJJ EXP MMY Y
☐ Date Code on Box: _____ YJJJ EXP MMY Y WG 3LB

Pallet Configuration:

- ☐ 20 cases per layer, column stacked 5 high = 100 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: _____

SHIFT ONE**SHIFT TWO**

Operator Signature/Date: _____ Operator Signature/Date: _____

Supervisor Signature/Date: _____ Supervisor Signature/Date: _____

Quality Signature/Date: _____ Quality Signature/Date: _____

Scale Information Breakdown:**Line #1:**

Reject: _____

Over: _____

Average: _____

Std. Dev.: _____

Min: _____

Max: _____

Line #2:

Reject: _____

Over: _____

Average: _____

Std. Dev.: _____

Min: _____

Max: _____

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