

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **White Mountain 1# for Walmart**Number: **R14-CO-100-143**Owner: **Lee Cagle**Revision: **0**Effective Date: **03/06/2014**Page: **1 of 1**

Date: \_\_\_\_\_

Operator: \_\_\_\_\_

Line: \_\_\_\_\_

**Product: White Mountain 1# Carton for WALMART**

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 green, blue, white and black  
☐ CPU#: **0 76275 00001 4**  
☐ Dimensions of carton: 5 1/4"H x 2 3/4"W x 2 3/4"D

**Case Specification:**

- ☐ Case is brown corrugated know 8-1carton  
☐ Case has Epsom Salt; 8 – 11b Cartons  
☐ Case dimensions: 6"H x 12"W x 6"D  
☐ \*WALMART orders require a 4x2 label with WHT MTN EPSOM SALT 11b; 11b Carton 8pk;  
Barcode 40076275000012

**Packing Specification:**

- ☐ 8 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 WM 1LB

**Pallet Configuration:**

- ☐ 21 cases per layer, column stacked 9 high = 189 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:**

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Shift Two:**

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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