

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Western Family 1#**Number: **R13-CO-100-122**Owner: **Monte Plott**Revision: **05**Effective Date: **05/01/2017**Page: **1 of 1**

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

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

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

**Product: Western Family 1# Pouch**

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 blue, red and white  
☐ CPU#: **0 15400 02458 7 Above Barcode WF-02458A; 02458-A-AAI**  
☐ Dimensions of pouch: 8 1/2"H x 5 1/4"W x 2 1/2" Bottom Gusset

**Case Specification:**

- ☐ Case is brown corrugated with black print  
☐ Case has Epsom Salt USP; 12x1lb  
☐ Case dimensions: 7"H x 15"W x 7"D  
☐ Requires a 4x2 label on one side of each case. Label should include Western Family; Epsom Salt; 1lb./ 12pk; Barcode 10015400024584

**Packing Specification:**

- ☐ 12 ct. pouches / case, packed horizontally into case; 1080 pouches per full pallet.  
☐ Quantity of Pallets: \_\_\_\_\_  
☐ Date Code on Pouch: \_\_\_\_\_ YYJJ EXP MMY  
☐ Date Code on Box: \_\_\_\_\_ WF 1LB YYJJ EXP MMY WF 1LB

**Pallet Configuration:**

- ☐ 15 cases per layer, column stacked 6 high = 90 cases per pallet

**Carton and Pouch Waste:**

- ☐ Starting Inventory Balance: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
☐ Total Used in Production: \_\_\_\_\_  
☐ Pallet Markers: \_\_\_\_\_  
☐ Wasted Labels: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
☐ Compactor Form \_\_\_\_\_ Waste Percentage = \_\_\_\_\_  
☐ Calculated Ending Inventory Balance: \_\_\_\_\_

Actual Ending Inventory: \_\_\_\_\_

Percent Accounted for: \_\_\_\_\_

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

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

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

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