

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Whole Foods 6# Pouch**Number: **R17-CO-100-190**Owner: **Monte Plott**Revision: **01**Effective Date: **02/16/17**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: Whole Foods 6# 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 White, Purple, with black lettering.
☐ CPU#: **0 99482 46413 4 Above Barcode PLD-A331D SE000278**
☐ Dimensions of pouch: 12 1/4"H x 9 5/8"W x 3" Bottom Gusset

Case Specification:

- ☐ Case is brown corrugated with black print
☐ Requires a printed 4x2 label on one side of each case. Label should include 365 6LB EPSOM SALT; 6lb/6pk; Barcode 10099482464131; FG-003049. Lot code can be on label or rolled onto shipper.
☐ Case dimensions: 7 1/2"H x 19 3/8"W x 9 1/4"D

Packing Specification:

- ☐ 6 ct. pouches / case, packed horizontally into case; 300 pouches per full pallet.
☐ Quantity of Pallets: _____
☐ Date Code on Pouch: _____ **YYJJ EXP MMY**
☐ Date Code on Box/Label: _____ **YYJJ EXP MMY**

Pallet Configuration:

- ☐ 10 cases per layer, column stacked 5 high = 50 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: _____

Scale Information Breakdown:

Reject: _____

Over: _____

Average: _____

Std. Dev.: _____

Max: _____

Min: _____

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