

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **GNP 4#**Number: **R17-CO-100-225**Owner: **Monte Plott**Revision: **01**Effective Date: **03/28/18**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: Good Neighbor Pharmacy 4# FFS

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 Removed ☐ Corrugated Materials Removed ☐ Labels Removed
☐ Pack and Stack Area Cleared ☐ All Paperwork Turned In

Film Specifications:

- ☐ Pouch is blue, white, black, green and red
☐ CPU#: **0 87701 43018 3 Above Barcode ABC# 10183022 Below Barcode PLD-A331F SE000342**
☐ Dimensions of pouch: 12.25"H x 5"W x 3.25"D

Case Specification:

- ☐ Case is brown corrugated with black print
☐ Case has 6-1/2 DOZ; EPSOM SALT
☐ Case dimensions: 5.13"H x 11"W x 16"D

Packing Specification:

- ☐ 6 ct. pouches / case, packed vertically into case ; 432 pouches per full pallet
☐ Quantity of Pallets: _____
☐ Date Code on Pouch: _____ YYJJ EXP MMY
☐ Date Code on Box: _____ YYJJ EXP MMY GNP 4LB

Pallet Configuration:

- ☐ 8 cases per layer, column stacked 9 high = 72 cases per pallet

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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