

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Care One 4#**Number: **R12-CO-100-087**Owner: **Monte Plott**Revision: **05**Effective Date: **05/01/2017**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: Care One 4# 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 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

Carton Specifications:

- ☐ Carton is green, blue, yellow and white
☐ CPU#: **3 41520 31304 2 Above Barcode CO-31304E**
☐ Dimensions of carton: 9"H x 3 3/4"W x 3 3/4"D

Case Specification:

- ☐ Case is brown corrugated with black print
☐ Case has 6-1/2 DOZ; EPSOM SALT
☐ Case dimensions: 10"H x 12"W x 8"D

Packing Specification:

- ☐ 6 ct. cartons / case, packed vertically into case ; 600 cartons per full pallet
☐ Quantity of Pallets: _____
☐ Date Code on Carton: _____ **YYJJ EXP MMY**
☐ Date Code on Box: _____ **YYJJ EXP MMY CARE 1 4LB**

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: _____
☐ 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: _____

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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