

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Procedure**Title: **Health Mart 1#**Number: **R12-CO-100-061**Owner: **Jeff Hill**Revision: **02**Effective Date: **10/22/2013**Page: **1 of 1**

Date: _____

Operator: _____

Line: _____

Product: Health Mart 1# 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 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 white, blue, green and gray
☐ CPU#: **0 52569 13486 3 Above Barcode HM-13486A**
☐ Dimensions of carton: 5 1/4"H x 2 3/4"W x 2 3/4"D

Case Specification:

- ☐ Case is brown corrugated with red print
☐ Case has Epsom Salt; 12 – 1lb Cartons
☐ Case dimensions: 6"H x 10 1/4"W x 8 3/4"D

Packing Specification:

- ☐ 12 ct. cartons / case, packed horizontally into case
☐ Quantity of Pallets: _____
☐ Date Code on Carton: _____ YJJJ EXP MMY
☐ Date Code on Box: _____ YJJJ EXP MMY HLT M 1LB

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: _____
☐ 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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