Date:_____

Operator:_____

Product: *Top Care Eucalyptus 3# Pouch*   Line:_____

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:

- ☐ *If this is a fragrance change; verify the line flush was completed and the fragrance is actually Eucalyptus by smelling the first pouch. Verified by: _____*
- ☐ Pouches or Cartons Removed ☐ Corrugated Materials Removed ☐ Labels Removed
- ☐ Pack and Stack Area Cleared ☐ All Paperwork Turned In ☐ Scent Barrel Removed and Weighed

Pouch Specifications:

- ☐ Pouch is green, white, gold and black
- ☐ **CPU#: 0 36800 39615 9; Above barcode TC-39615A**
- ☐ Dimensions of pouch: 10 1/2"H x 7 1/2"W x 3" Bottom Gusset

Pouch Machine Recipe:

- ☐ 6.80 grams of fragrance per pouch (0.50%)
- ☐ 20.40 grams for the three shot weight check.
- ☐ Fragrance: Arylessence Blue Barrel Eucalyptus Mod #AG166160
- ☐ 1st Barrel Weight: BEG._____LB END_____LB Barrel #_____
- ☐ 2nd Barrel Weight: BEG._____LB END_____LB Barrel #_____

Case Specification:

- ☐ Case is brown corrugated with black print
- ☐ Case has MAGNESIUM SULFATE U.S.P.; EPSOM SALT
- ☐ Case dimensions: 6 7/8"H x 10 37/8"W x 10 1/4"D
- ☐ Case requires a 2 x 4 label with the following: TOP CARE EPSOM SALT 3lb Barcode 036800396159

Packing Specification:

- ☐ 6 ct. pouches / case, packed horizontally into case; 576 pouches per full pallet.
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____YYJJJ
- ☐ Date Code on Box/Label: _____ _____YYJJJ

Pallet Configuration:

- ☐ 16 cases per layer, column stacked 6 high = 96 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: _____