Date:_____

Operator:_____

Product: *Calgon Mint Green Tea (C355) 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 Mint Green Tea 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 and White with Black and Green writing
- ☐ **CPU#: 8 15890 01435 4**
- ☐ Dimensions of pouch: 9 3/4"H x 8"W x 2 3/4" Bottom Gusset

Pouch Machine Recipe:
- ☐ Approximately 6.80 grams of fragrance per pouch (0.50%)
- ☐ Approximately 20.40 grams for the three shot weight check.
- ☐ Fragrance: Takasago RZ-011699 Mint Green Tea
- ☐ 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 Calgon Green Tea 48 oz; 3-48oz Item# C355; Barcode 20815890014358
- ☐ Case dimensions: 6 "H x 10 1/2"W x 6 1/4"D
- ☐ When using a generic unprinted box, labels are required. Label should include ID# C355 3PK, Lot# YYJJJ and UPC# 20815890014358 **(VERIFY ALL PRINT IS ENGLISH ONLY)**

Packing Specification:
- ☐ 3 ct. pouches / case, packed horizontally into case
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____YYJJJ
- ☐ Date Code on Box: _____ _____YYJJJ

Pallet Configuration:
- ☐ 24 cases per layer, column stacked 8 high = 192 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: _____