Date:_____

Operator:_____

Product: *Life Peppermint Foot Soak 1# (454 grams) 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 Peppermint 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 light blue, yellow, white, red, green and black
- ☐ **CPU#: 0 57800 00280 2**
- ☐ Dimensions of pouch: 8 1/2"H x 5 1/4"W x 2 1/2" Bottom Gusset

Pouch Machine Recipe:
- ☐ Add Baking Soda in the ribbon blender to feed in pouch. Set ribbon blender to 400.
  Start Weight_____   End Weight_____
- ☐ 4.54 grams of fragrance per pouch (1.0%)
- ☐ 13.60 grams for the three shot weight check.
- ☐ Fragrance: Arylessence Blue Barrel Peppermint #AD 133949
- ☐ 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 Life Brand Epsom Salt Peppermint Foot Soak; Product Code 32-910LIFE; 12x454 gram
- ☐ Case dimensions: 7 1/2"H x 15"W x 7"D

Packing Specification:
- ☐ 12 ct. pouches / case, packed horizontally into case; 1080 pouches per full pallet.
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____YYJJJ
- ☐ Date Code on Box: _____ _____YYJJJ

Pallet Configuration:
- ☐ 15 cases per layer, column stacked 6 high = 90 cases per pallet
- ☐ Pallets must be blue Chep pallets

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: _____