Date:_____
Operator:_____
Line:_____

Product: *Recover Regimen 3# Eucalyptus*

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 matte brown with mint green box on front of pouch.
- ☐ **CPU#: 8 65228 00022 1**
- ☐ Dimensions of pouch: 10 1/2"H x 7 1/4"W x 3" Bottom Gusset

Pouch Machine Recipe:
- ☐ Add Baking Soda mix in the ribbon blender to feed in pouch. Set ribbon blender to 700.
  Start Weight_____ End Weight_____
- ☐ 6.80 grams of fragrance per pouch (0.50%)
- ☐ 20.40 grams for the three shot weight check.
- ☐ Fragrance: Arylessence Blue Barrel AH180548 EUCALYPTUS SPEARMINT TYPE FRAGRANCE
- ☐ 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 is a generic 3# pack with a label attached.
- ☐ Label has Recover Regimen Epsom Salt RESQROX EUCALYPTUS MINT Barcode 108652282000228
- ☐ Case dimensions: 6 7/8"H x 11 1/2"W x 10"D

Packing Specification:
- ☐ 6 ct. pouches / case, packed horizontally into case
- ☐ 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: _____

Controlled Document