



# GILES CHEMICAL ~ PREMIER MAGNESIA

## Company Procedure

Title: **Dr Teal's 6# BJ Club Pallet**

Number: **R16-CO-100-175**

Owner: **Monte Plott**

Revision: **02**

Effective Date: **05/01/17**

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Date: \_\_\_\_\_

Operator: \_\_\_\_\_

Line: \_\_\_\_\_

**Product:** Dr Teal's 6# BJ Club Pallet

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:

- ☐ Pouches or Cartons Removed    ☐ Corrugated Materials Removed    ☐ Labels Removed  
☐ Pack and Stack Area Cleared    ☐ All Paperwork Turned In

### Pouch Specifications:

- ☐ Pouch is navy, black, red, and white  
☐ CPU#: **8 11068 01049 4**  
☐ Dimensions of pouch: 12.25"H x 9.75"W x 3" Bottom Gusset

### Case Specification:

- ☐ Case is blue, red, black and white  
☐ Case has Dr. Teal's Therapeutic Solutions Epsom Salt Magnesium Sulfate U.S.P.; Barcode 8 11068 01035 7  
☐ Case dimensions: 6.5"H x 9.5 W x 8"D

### Packing Specification:

- ☐ 2 ct. pouches / case, packed horizontally into case; 192 pouches per pallet.  
☐ Quantity of Pallets: \_\_\_\_\_  
☐ Date Code on Pouch: \_\_\_\_\_ YYJJJ  
☐ Date Code on Box: \_\_\_\_\_ YYJJJ (Printed by VideoJet)

### Pallet Configuration:

- ☐ 24 cases per layer, column stacked 4 high, 2 pallets high = 192 cases per double stack pallet  
☐ **BJ WHOLESALE REQUIRES A NORMAL STANDARD PALLET**  
☐ Finished pallet gets 24" corner boards

### Carton and Pouch Waste:

- ☐ Starting Inventory Balance: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
☐ Total Used in Production: \_\_\_\_\_  
☐ Pallet Markers: \_\_\_\_\_  
☐ Wasted Labels: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
☐ Compactor Form \_\_\_\_\_ Waste Percentage = \_\_\_\_\_  
☐ Calculated Ending Inventory Balance: \_\_\_\_\_

Actual Ending Inventory: \_\_\_\_\_ Percent Accounted for: \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Scale Information Breakdown:

Reject: \_\_\_\_\_  
Over: \_\_\_\_\_  
Average: \_\_\_\_\_  
Std. Dev.: \_\_\_\_\_  
Max: \_\_\_\_\_  
Min: \_\_\_\_\_

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