

Title: **Dr. Teal's Therapeutic Sport Soak 3#** Number: **R12-CO-100-031**Owner: **Jeff Hill**Revision: **0**Effective Date: **06/01/2012**Page: **1 of 1**

Change Over Sheet

Product: *Dr. Teal's Therapeutic Sport Soak 3# Pouch-04051-4PK*

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. After the order is complete turn the change over sheet in to your supervisor.

- ☐ **Line cleared of all prior product components and fragrance. If this is a fragrance change; verify the line flush was completed and the fragrance is actually Rosemary Mint by smelling the first pouch. Verified by: _____**

Pouch Specifications:

- ☐ Pouch is navy, black, green, white, clear and red
- ☐ CPU#: **8 11068 01051 7**
- ☐ Dimensions of pouch: 10 3/4"H x 6 3/4"W x 2 7/8" Bottom Gusset

Pouch Machine Recipe:

- ☐ 10.20 grams of fragrance per pouch (0.75%)
- ☐ 30.60 grams for the three shot weight check.
- ☐ Fragrance: Mane Black Barrel Rosemary Mint MF# 167895
- ☐ 1st Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____
- ☐ 2nd Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____
- ☐ 3rd Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____
- ☐ 4th Barrel Weight: BEG. _____ LB END _____ LB Barrel # _____

Case Specification:

- ☐ Case is brown corrugated with black print
- ☐ Case has Dr. Teal's Epsom Salt Soaking Solution; 4 – Net Wt. 3lbs (1.36 kg) Bags
- ☐ Requires a printed 4x2 label on one side of each case or for the label to be printed on by a VideoJet. Label Should include ID# 04051-4PK, Lot# AXXXXAE and UPC# 10811068010514
- ☐ Case dimensions: 6 5/8"H x 11 7/8"W x 6 7/8"D

Packing Specification:

- ☐ 4ct. pouches / case, packed horizontally into case
- ☐ Quantity of Pallets: _____
- ☐ Date Code on Pouch: _____ A(Y)(M)(DD)AE
- ☐ Date Code on Box: _____ LABEL

Pallet Configuration:

- ☐ 23 cases per layer, column stacked 7 high = 161 cases per pallet

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Quality Signature: _____ Date: _____

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