

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



"your workforce management & staffing experts"

Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) ARKWAZEE AALA Date: October 1/2020

Address: (Street Address) 4812 Manor Brook Dr NW (Apt./Unit #) _____

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 843-9908421 Email: aala.arkwazee@gmail.com Oct 15th

Social Security No. (649) 801-018 Date Available: 10/15/2020

Position Applied for: prodection Desired Salary: 15th october 12,000

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time

Are you authorized to work in the U.S? Yes No

How did you hear about us? Mr Raheem Referral Name: _____

If under 18, please list age: 62

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Iraq 1976</u>	<u>/</u>	<u>1976</u>	
College	<u>In Iraq</u>	<u>/</u>	<u>1979</u>	
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: GB® GLOBAL COMPANY Phone: 0090417686588801

Address: Iraq-Baghdad-62 Jadirya Supervisor: Pill Boom

Job Title: Translater Starting Salary: \$3000 Ending Salary: \$3000

Responsibilities: Manager office - Teller - secretary

From: 2004 To: 2005 Reason for Leaving: The company finished work bcz war un saife.

May we contact your previous supervisor for reference? Yes No

Company: School Phone: 00964700569108

Address: Iraq Baghdad Supervisor: Miss Fatimaa

Job Title: Teacher Starting Salary: \$1000 Ending Salary: \$1000

Responsibilities: Teacher for second language (English)

From: 1999 To: 2001 Reason for Leaving: War and un saife-

May we contact your previous supervisor for reference? Yes No

Company: ACADEMY pre School Phone: (843) 573-0067

Address: South carolina /charleston Supervisor: Miss

Job Title: care - teach Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: cooking - teaching - care new born baby

From: 2019 To: 2020 Reason for Leaving: My work ID expire

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

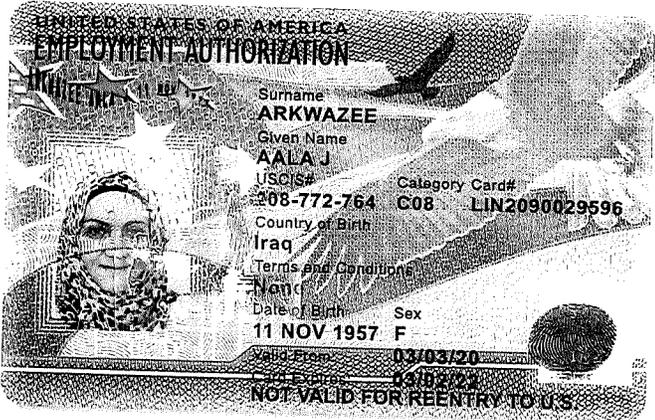
I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant _____

Date: 10/1/2020





UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname
ARKWAZEE

Given Name
AALA J

USCIS#
208-772-764

Category Card#
C08 LIN2090029596

Country of Birth
Iraq

Terms and Conditions
None

Date of Birth
11 NOV 1957

Sex
F

Valid From
03/03/20

Expire
04/02/21

NOT VALID FOR REENTRY TO U.S.





Case Verification Number: 2020275162845JF

Report prepared: 10/01/2020

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Aala Arkwazee

Date of Birth: 11/11/1957

U.S. Social Security Number: ***-**-1018

Employee's First Day of Employment: 10/01/2020

Citizenship Status: Alien Authorized to Work

Alien/USCIS Number: A208772765

Document Information

List A Document: Employment Authorization Document (Form I-766)

Document Number: lin2090029596

Expiration Date: 03/02/2022

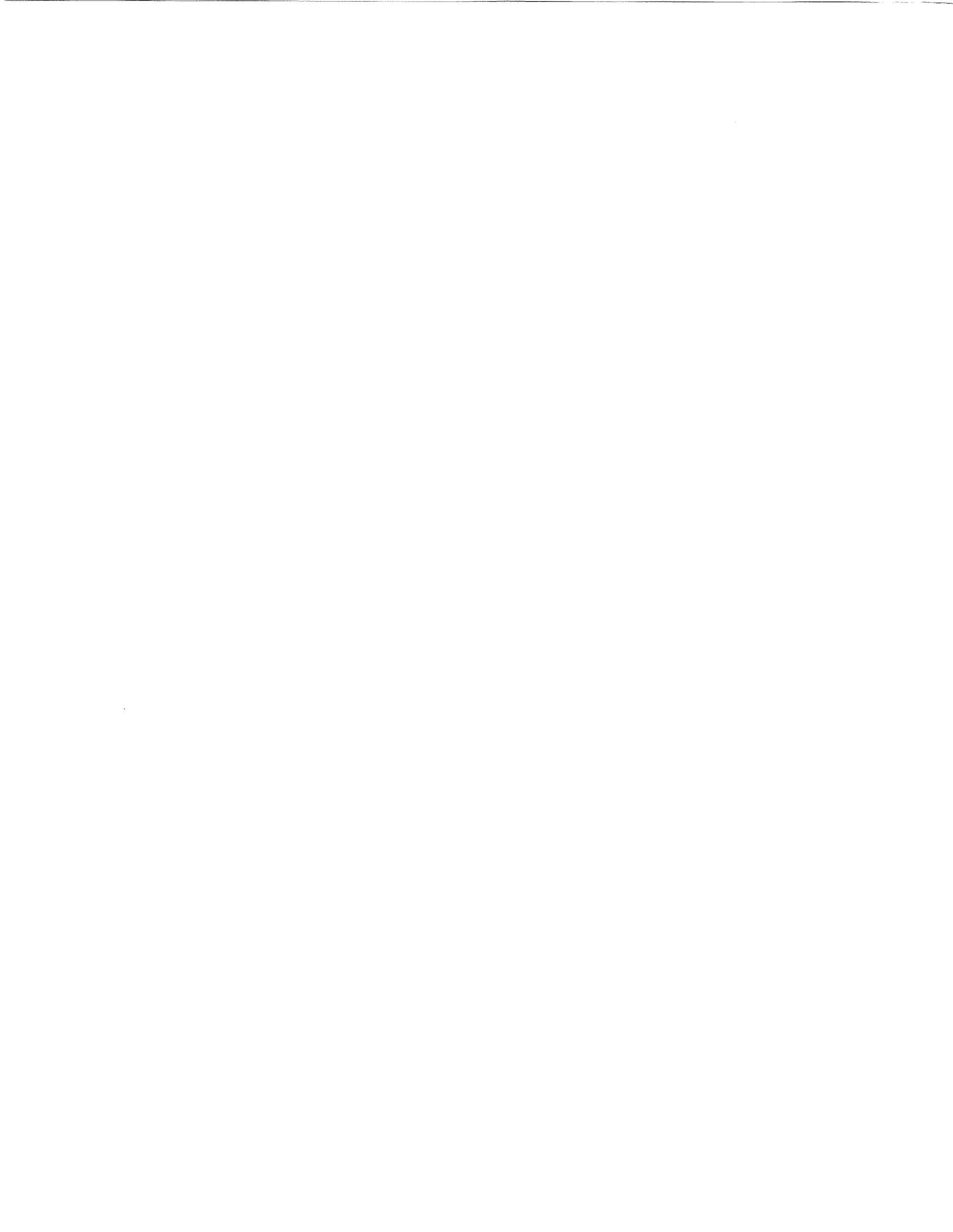
Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close





W

Reichel Foods, Inc.

Employee Warning Notice

Employee Information

Date: 6/4/2021
Employee Name: Aala Arkwazee
Job Title: QA Tech Level 1
Manager/Supervisor: James Littlefield

Type of Warning

Verbal Warning
Written Warning
Final Warning

Type of Offense

Tardiness/Leaving Early
Absenteeism
Violation of Company Policies
Substandard Work
Violation of Safety Rules
Rudeness to Customers/Coworkers
Other

Details

Description of Incident (Describe incident and list the date, time, and any witnesses present)

From 6/1/21 to 6/3/21 16 forms have been turned in incomplete or with wrong information. On 6/01 two allergen forms with missing or incomplete information, 2 cartoner forms with multiple sections not filled in, a carrot Op check form with no allergen information and incorrect lot dates, and two cartoner forms with missing tares and wrong weights recorded. On 06/02 a metal detector CCP form was missing the final check, a tray weight form with missing tare and wrongly added totals, a label form with wrong allergen information and a section not filled out, and a catoner form with a changeover section that had multiple areas not filled out and incorrect code date information. On 06/03 a weight form missing initials and totals, a line restart form missing changeover information, 2 label forms with no allergen information, a cartoner form with no initials and a cartoner form with the incorrect label for the product running.

Plan for Improvement:

All paperwork will have to be given to a senior QA tech for review before being turned in. They will help Aala to identify and address any paperwork issues right away and allow her to make timely corrections to her workflow.

Consequences of Further Infractions:

On 5/19/21 a documented training session was held regarding paperwork issues. Further failure to complete required paperwork will result in a written warning. If this is not an issue that is resolved, final action will be transfer to production.

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager/supervisor have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature _____ Date 06/04/21
Manager/Supervisor _____ Date 6-4-21

Witness Signature (if employee understands warning but refuses to sign) _____ Date







OPERATIONAL QC CHECK LIST - CARROTS

Date: 06/01/2021 Shift: 1 **(2)**
 Products: Carrots/White cheddar/Almonds Line: MV1 O6 **(MV2)** Rotary
 Code Date: 07/11/2021 Tech: Op-Checker **(QA (2 Hour Check))**

Carrot Water Mixing Procedure: Using a syringe, mix 1 oz (29 mL) with 40 gallons of water OR 0.5 oz (14 mL) per 20 gallons of water. Concentration must be tested PRIOR to production start at both the tank and the nozzle using a Free Chlorine Test Strips range 1 - 25 ppm. If the test strip indicates 25 ppm, a higher range test strip or chemical titration must be completed to verify the concentration is not over 25 ppm. Concentrations of SaniKing above 25 ppm on food is considered adulterated. Lower limit is 15 ppm.

TIME →	3:55P	5:55	7:55					
INITIALS:	<u>A.J.</u>	<u>A.J.</u>	<u>A.J.</u>					
Depositor	COTTER PIN COUNT	OK	OK	OK				
	THUMB SCREW COUNT	OK	OK	OK				
	ACTUATOR CHECK (No cracks or missing pieces)	OK	OK	OK				
	DEPOSITOR MANIFOLD (No condensation)	OK	OK	OK				
	CATCH PAN TOUCHING PRODUCT	OK	OK	OK				
	CARROT WATER NOZZLE CHECK (Make sure all nozzles are in place.)	OK	OK	OK				
	SANIKING CONCENTRATION 1. In water tank	1. <u>20ppm</u> Yes	20ppm	1. <u>20ppm</u>	1.	1.	1.	1.
	2. Coming out of nozzle	2. <u>20ppm</u> Yes	20ppm	2. <u>20ppm</u>	2.	2.	2.	2.
	PKG/TRAY APPEARANCE	OK	OK	OK				
	CORRECT TRAY COUNT (Note Count)	<u>30ct</u>	2-6p	12 CT				
CORRECT TRAY POSITION IN DISPLAY CASE	OK	OK	OK					
12CT / 4 CELL TAPE NOT POSITIONED OVER PERFORATION	NA	NA	NA					
NO COMPONENTS IN THE WRONG COMPARTMENT	NA	NA	NA					
LOT (USE BY)	DIP	NA	NA	NA				
	CHEESE	<u>090921</u>	<u>090921</u>	<u>209021</u>	→ should be 09-09-21			
	ALMONDS	<u>052521</u>	<u>052021</u>	<u>052521</u>	→ wrong almond date... should be 12-31-21. If it was correct it would be expired			
	CRACKERS	NA	NA	NA				
	GRAPES	NA	NA	NA				
	AVOCADO	NA	NA	NA				
	TURKEY BITES	NA	NA	NA				
GMP/PEOPLE PRACTICES	OK	OK	OK					
DIP BARREL COVERED?	OK	OK	OK					
Room Thermometer Visible And Working? (Note Temperature)	<u>47-F</u>	<u>48-F</u>	<u>46-F</u>	No allergens checked				

**If room temperature is over 50 F, alert QA immediately.

Pre-formed Trays

Lot	Tray Item #	Time

Component Allergens (Circle Applicable)

Milk	Tree Nuts (Almonds)
Ranch, Cheese	Almonds
Eggs	Wheat
Ranch	Crackers



Production Date: 06/01/2021 Julian Date: 152 Code Date(s): 07/11/2021 Line: NVE

TIME (ABOUT EVERY 30 MIN)	INITIALS:								
TRAY CODE DATE (Country of Origin):	USA 152 AVE								
COUNT CODE DATE CHARACTERS - CHECK SPELLING	43	43	43	43	43	43	43	43	43
Reichel Tray #	2170	2170	2170	2170	2170	2170	2170	2170	2170
CORRECT FILM (YES/NO)	Yes								
CORRECT NUTRITIONAL INFORMATION (YES/NO)	Yes								
NUTRITIONAL CARD/LABEL POSITIONING OK? (YES/NO) See Below*	Yes								
TRAYS CORRECT IN DISPLAY (FILM FACING OUT AND RIGHT SIDE UP)?	Yes								
CASE CODE DATE COUNTRY / VOICE CODE (Example: Ranch 12 ct. (2x600/Meal))	JUL 11 2021 USA 1617								
CORRECT CASE LABEL (will be used) Example: "Ranch 12 ct." (2x600/Meal)	Carrot/cheeks Almond 2-6P								
CORRECT OUTER CASE LABEL (DOTS Pack)	Almond (2) 2-6P								
OUTER CASE CODE DATE COUNTRY / VOICE CODE (DOTS Pack)	JUL 11 2021 USA								
ARE ALL MICROPIERS PRESENT? (YES/NO)	NA								
NUMBER PIGS WITH LOOSE FILMLEAKERS (OUT OF ONE CASE)	0	0	0	0	0	0	0	0	0
TAPE NOT POSITIONED OVER PERFORATION? (2x600 call)	NA								
BAR CODE SCANNER WORKING PROPERLY (YES/NO)	NA								
TURKEY BITE/EGG POUCH LEAKERS?	NA								
License Plate #									

*Tray Backcards & Labels: Inspect 5 packages per check. Backcard should be straight, line up with top of the produce compartment and stick to tray. If check is unacceptable, retain product back to last acceptable check.

Comments/Corrective Actions: did not write for previous product 4425-2-6P -> 4425-36

Carton Changeover Check: No change over written for previous product 4425-2-6P -> 4425-36

At start-up and whenever a carton change occurs, the first carton off the cartoner must be inspected by both the production supervisor and QA technician to ensure that the correct carton is being used. Initial the first carton produced and place it into relains.

Changeover From	Changeover To	Time	Cleanup Type	Correct Run Order	Aligner Control/Unit	Correct Case Label	Correct New Carton	Correct Backcard/Additional Label	Correct Code Date	Contact Dpt/Component	Supervisor/Label	QA Technician
4425-36	4425-2-6P	5:15	all	all	all	all	all	all	all	all	DL	A.J.

Verification Reviewer Signature: _____

16

17

18

19

20

21

22

23

Production Date: 06/01/2021 Julian Date: 152 Code Date(s): 07/11/2021 Line: NWE

TIME (ABOUT EVERY 30 MIN)	INITIALS:	TIME (ABOUT EVERY 30 MIN)	INITIALS:	TIME (ABOUT EVERY 30 MIN)	INITIALS:	TIME (ABOUT EVERY 30 MIN)	INITIALS:	TIME (ABOUT EVERY 30 MIN)	INITIALS:
TRAY CODE DATE (Country of Origin):	USA 152 NWE								
COUNTY CODE DATE CHARACTERS - CHECK SPELLING	43	43	43	43	43	43	43	43	43
Reichel Tray #	2170	2170	2170	2170	2170	2170	2170	2170	2170
CORRECT FILM (YES/NO)	Yes								
CORRECT NUTRITIONAL INFORMATION (YES/NO)	Yes								
NUTRITIONAL CAROLABEL POSITIONING OK? (YES/NO) See Below	Yes								
TRANS CORRECT IN DISPLAY FILM FACING OUT AND RIGHT SIDE UP??	Yes								
CASE CODE DATE COUNTRY / VOICE CODE (12/46/DOY/4cell)	Jul 11 2021 USA 8766								
CORRECT CASE LABEL (while desc.) Example: "Ranch 12 ct" (12/46/DOY/4cell)	Carrot Cheddar Cheese Allwards 12 ct								
CORRECT OUTER CASE LABEL (OOTIS Pack)	NA								
OUTER CASE CODE DATE COUNTRY / VOICE CODE (OOTIS Pack)	NA								
ARE ALL MICROPERFS PRESENT? (YES/NO)	0	0	0	0	0	0	0	0	0
NUMBERS PRGSMITH LOOSE FILM LEAKERS (OUT OF ONE CASE)	NA								
TAPE NOT POSITIONED OVER PERFORATION? (12/44 cell)	OK								
BAR CODE SCANNER WORKING PROPERLY (YES/NO)	NA								
TURKEY BITE/EGG POUCH LEAKERS?	NA								
License Plate #									

*Tray Backcards & Labels: Inspect 5 packages per check. Backcard should be straight, line up with top of the produce compartment and stick to tray. If checks unacceptable, return product back to last acceptable check.

Comments/Corrective Actions:

Carton Changeover Check
At start-up and whenever a carton change occurs, the first carton off the cartoner must be inspected by both the production supervisor and QA technician to ensure that the correct carton is being used. Initial the first carton produced and place it into retail.

Changeover From	Changeover To	Time	Changeover Type	Correct Run Order	Correct Case Label	Correct New Carton	Correct Backcard / Nutritional Label	Correct Code Date	Correct Dip / Component	Supervisor/Lead	QA Technician
4425 - 2.6P	4425 - 12	6:30P	OK	a	a	a	a	a	a	DL	A.J.

Verification Reviewer Signature: _____ Date: _____

Reichel Label Printing Quality Checklist

DATE: 06/01/2021	JULIAN DATE: 152	LINE: End
PRODUCT NUMBER: 4425 - 36	PRODUCT DESCRIPTION: Carrots/whitecheddar Almonds	

Complete this check list at the beginning of each product, when the packaging changes, when a code date changes or a new shift starts.

	ACC	DEF
Use By Date matches what is on the plan and the tray?	cc	
A case label is placed on the back of this sheet, with the Use By Date circled and initialed?	cc	
All Back Cards, Nutrition Labels and Case Labels from the previous run have been removed from the room?	cc	

ALLERGENS *Wrong*

Previous Product / Packaging:	Milk	Soy	Peanuts	Almonds	Cashews	Wheat	Eggs	None
This Product / Packaging:	Milk	Soy	Peanuts	Almonds	Cashews	Wheat	Eggs	None

	ACC	DEF
Products have been run in the correct order according to the allergen control cleaning chart?	cc	

DETERMINING THE DRIVER INGREDIENT

	Julian Date	# OF SHELF-LIFE DAYS	Julian Use BY	Use By Date (Use your chart to convert.)
PRODUCE DATE:	152	40	192	07/11/2021
CHEESE DATE:	152	40 DAYS	192	07/11/2021
EGG USE BY DATE:				
TURKEY BITE USE BY DATE:				
WIP DATE (For ALDI) (Visually verify with one tray of WIP.)				

FINISHED GOOD TRAY USE BY DATE = DRIVER INGREDIENT USE BY DATE ABOVE.

BEST IF USED BY: 07/11/2021

CIRCLE THE DATE THAT IS THE EARLIEST. THAT WILL BE YOUR DRIVING INGREDIENT.

Reichel Grapes	30 Days	Reichel Apples	40 Days	Carrots	45 Days	Turkey Bites	MFR Use By Date
		Reichel Gala Apples	35 Days	Cheese	40 Days	Hard Boiled Egg	MFR Use By Date

VOICECODE NUMBER

	Outer Label	Inner Label	CHECK IF NOT APPLICABLE
Label VoiceCode Number (Label):	/	/	
PTI VoiceCode Number (Website):	/	/	

NOTE: THE VOICECODE NUMBER ON THE LABEL NEEDS TO BE VERIFIED AGAINST THE VOICEPICK CODE GENERATOR ON THE PRODUCE TRACEABILITY WEBSITE.

GTIN: 14 digit number between the (01) and (15) Lot Code: Use By Date in the YYMMDD format Pack Date: Julian date in the YYMMDD format

Starbucks Item # _____

Only on certain products. Verify with the book, Product can NOT ship if this number is wrong.

TRAY CODE DATE FORMAT

APPLES & CARROTS: BEST IF USED BY MMM DD YYYY PRODUCE OF (COUNTRY) JJJ HH:MM (Line Designation)	GRAPE PRODUCTS: BEST IF USED BY MMM DD YY PRODUCE OF USA, CHILE, MEX OR PERU JJJ HH:MM (LINE DESIGNATION)
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****If there is a discrepancy, notify QA Management right away.**

QA Tech Signoff: A.J

Supervisor/Lead Signoff: DL



Reichel Label Printing Quality Checklist

DATE: 06/01/2021 JULIAN DATE: 152 LINE: MVE
 PRODUCT NUMBER: 44 25-12-ct PRODUCT DESCRIPTION: Grapes-White cluster / Almonds

Complete this check list at the beginning of each product, when the packaging changes, when a code date changes or a new shift starts.

	ACC	DEF
Use By Date matches what is on the plan and the tray?		
A case label is placed on the back of this sheet, with the Use By Date circled and initialed?		
All Back Cards, Nutrition Labels and Case Labels from the previous run have been removed from the room?		

ALLERGENS

Previous Product / Packaging: Milk Soy Peanuts Almonds Cashews Wheat Eggs None

This Product / Packaging: Milk Soy Peanuts Almonds Cashews Wheat Eggs None

Products have been run in the correct order according to the allergen control cleaning chart?

ACC DEF

No allergens circled

DETERMINING THE DRIVER INGREDIENT

	Julian Date	# OF SHELF-LIFE DAYS	Julian Use BY	Use By Date (Use your chart to convert.)
PRODUCE DATE:	<u>152</u>	<u>43</u>	<u>195</u>	<u>07/14/2021</u>
CHEESE DATE:	<u>152</u>	<u>40 DAYS</u>	<u>192</u>	<u>07/11/2021</u>
EGG USE BY DATE:				
TURKEY BITE USE BY DATE:				
WIP DATE (For ALDI) (Visually verify with one tray of WIP.)				

FINISHED GOOD TRAY USE BY DATE = DRIVER INGREDIENT USE BY DATE ABOVE.

BEST IF USED BY: 07/14/2021 ENTER THE DATE THAT YOU CIRCLED IN THIS SPACE.

CIRCLE THE DATE THAT IS THE EARLIEST. THAT WILL BE YOUR DRIVING INGREDIENT.

Reichel Grapes 30 Days	Reichel Apples 40 Days	Carrots 45 Days	Turkey Bites MFR Use By Date
	Reichel Gala Apples 35 Days	Cheese 40 Days	Hard Boiled Egg MFR Use By Date

VOICECODE NUMBER

Outer Label Inner Label

Label VoiceCode Number (Label): 8715

PTI VoiceCode Number (Website): 8715

NOTE: THE VOICECODE NUMBER ON THE LABEL NEEDS TO BE VERIFIED AGAINST THE VOICEPICK CODE GENERATOR ON THE PRODUCE TRACEABILITY WEBSITE.

GTIN: 14 digit number between the (01) and (15) Lot Code: Use By Date in the YYMMDD format Pack Date: Julian date in the YYMMDD format

Starbucks Item # _____

Only on certain products. Verify with the book, Product can NOT ship if this number is wrong.

TRAY CODE DATE FORMAT

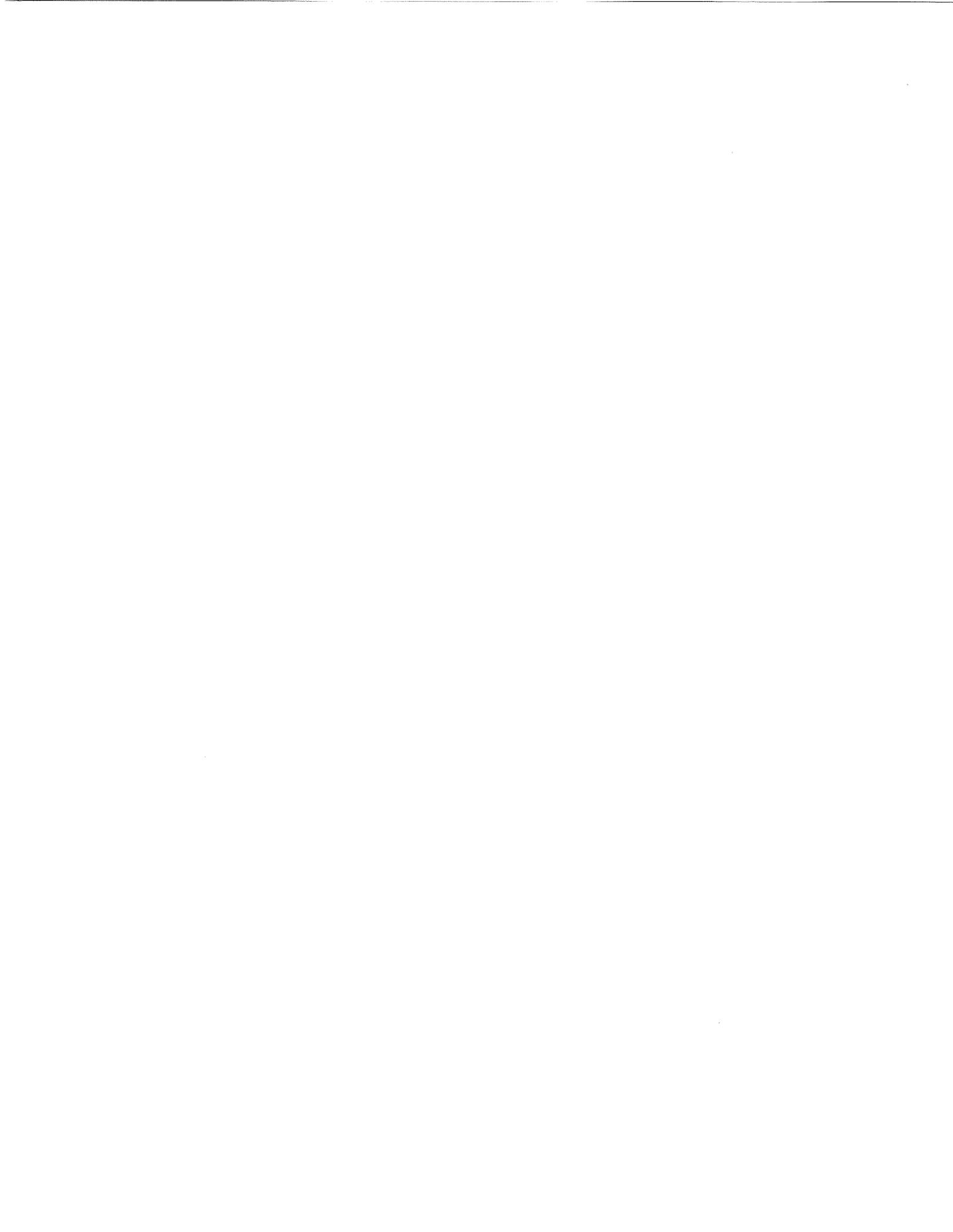
APPLES & CARROTS:
 BEST IF USED BY MMM DD YYYY
 PRODUCE OF (COUNTRY) JJJ HH:MM (Line Designation)

GRAPE PRODUCTS:
 BEST IF USED BY MMM DD YYYY
 PRODUCE OF USA, CHILE, MEX OR PERU
 JJJ HH:MM (LINE DESIGNATION)

****If there is a discrepancy, notify QA Management right away.**

QA Tech Signoff: AJ

Supervisor/Lead Signoff: DL









Reichel Label Printing Quality Checklist

DATE: 06/02/2021 JULIAN DATE: 153 LINE: MVE
 PRODUCT DESCRIPTION: Gala/Grapes/Cheddar
 PRODUCT NUMBER: 4435-12-ct

Complete this check list at the beginning of each product; when the packaging changes, when a code date changes or a new shift starts.

Use By Date matches what is on the plan and the tray?
 A case label is placed on the back of this sheet, with the Use By Date circled and initialed?
 All Back Cards, Nutrition Labels and Case Labels from the previous run have been removed from the room?

ALLERGENS

Previous Product / Packaging:	Milk	Soy	Peanuts	Almonds	Cashews	Wheat	Eggs	None
This Product / Packaging:	Milk	Soy	Peanuts	Almonds	Cashews	Wheat	Eggs	None
Products have been run in the correct order according to the allergen control cleaning chart?	ACC	DEF	ACC	DEF	ACC	DEF	ACC	DEF

DETERMINING THE DRIVER INGREDIENT

WIP DATE (For ALDI) (Visually verify with one tray of WIP.)

FINISHED GOOD TRAY USE BY DATE = DRIVER INGREDIENT USE BY DATE ABOVE

BEST IF USED BY: 07/02/2021

ENTER THE DATE THAT YOU CIRCLED IN THIS SPACE

PRODUCE DATE: 153 + 30 = 183
 # OF SHELF LIFE DAYS: 30
 Julian Use BY: 183

CHEESE DATE: 153 + 40 DAYS = 193
 Julian Use BY: 193

EGG USE BY DATE: 193 Julian = 07/11/2021
 WING CHEESE USE BY DATE: 193 Julian = 07/11/2021

TURKEY BITE USE BY DATE: 193 Julian = 07/11/2021

CIRCLE THE DATE THAT IS THE EARLIEST THAT WILL BE YOUR DRIVING INGREDIENT.

Reichel Grapes	30 Days	Reichel Apples	40 Days	Carrots	45 Days	Turkey Bites	MFR Use By Date
Reichel Gala Apples	35 Days	Cheese	40 Days	Hard Boiled Egg	MFR Use By Date		

VOICECODE NUMBER

Label VoiceCode Number (Label): 1568
 PTI VoiceCode Number (Website): 1568

Outer Label
 Inner Label

CHECK IF NOT APPLICABLE

NOTE: THE VOICECODE NUMBER ON THE LABEL NEEDS TO BE VERIFIED AGAINST THE VOICEPICK CODE GENERATOR ON THE PRODUCE TRACEABILITY WEBSITE

GTIN: 14 digit number between the (01) and (15) Lot Code: Use By Date in the YYMMDD format Pack Date: Julian date in the YYMMDD format

Starbucks Item #

Only on certain products. Verify with the book. Product can NOT ship if this number is wrong.

TRAY CODE DATE FORMAT

APPLES & CARROTS: BEST IF USED BY MMM DD YYYY
 PRODUCE OF (COUNTRY) JJJ HH:MM (Line Designation)

GRAPE PRODUCTS: BEST IF USED BY MMM DD YYYY
 PRODUCE OF USA, CHILE, MEX OR PERU
 JJJ HH:MM (LINE DESIGNATION)

QA Tech Signoff: A-D
 Supervisor/Lead Signoff: [Signature]

**If there is a discrepancy, notify QA Management right away.

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000



Line Re-Start Inspection Form

Whenever there is a break in production longer than 4 hours, after set up in the morning and after breaks or any other downtime that requires the line to run out and fully sanitized, this inspection form must be completed. If there is a Deficiency, please note the Deficiency number along with the corrective action taken on back of form. Line must be sanitized at minimum after production has run for 4 hours.

Date: 06/03/2021
Shift: 2nd
Line: MVE

Line Run Out	[Last tray off the machine.]	Starting	6:35
Line Sanitized	(NA if day start)	3:15 P	6:45
Line Inspected		3:20 P	7:05
Line Started	[Produce dumped in the hopper]	3:25 P	7:10 P

Check Item	QA	Deficiency Number	ACC/DEF	QA	Deficiency Number	ACC/DEF	QA	Deficiency Number	ACC/DEF
------------	----	-------------------	---------	----	-------------------	---------	----	-------------------	---------

Transfer areas are free from condensation? (look down both ends)	all			all					
Sealing head is clean? Document # in use.	all			all					
Line is free of any paper towel remnants from drying?	all			all					
Transfer carts are free of condensation?	all			all					
Floors/walls/ceilings clean in all areas?	all			all					
Hand sanitizers, soap, paper towels in stock and working?	all			all					
Have dirty coats been changed?	all			all					
Gloves, sleeves changed?	all			all					
Sink clean?	all			all					
Depositor catch pan clean and in place?	all			all					
Particulate Depositor (correct one? Document Code)	all			all					
Line is free of condensation over product contact surfaces?	all			all					
Conveyors are free of major physical matter (large dip spills, accumulated apple slices)?	all			all					
Tables clean?	all			all					
Product contact surfaces have been thoroughly sanitized, puddled sanitizer removed and condensation in Zone 2 cross bars above product has been removed?	all			all					
Metal Detector Bins Empty and Locked?	all			all					
Operator tools have been sanitized?	all			all					
Garbages clean?	all			all					
If Running A Different Product									
Changeover From: Starting									
Changeover To: 9108-25									
All packaging items and labels from previous product out of room?	all			all					
Products run in correct order? See Allergen Control Cleaning Chart?	all			all					
Clean up Type: Sanitized									

1st Shift End Time: 11:00
2nd Shift End Time: 11:00
QA Initials: [Signature]

VERIFICATION REVIEWER SIGNATURE: _____

DATE: _____

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Reichel Label Printing Quality Checklist

DATE: <u>06/03/21</u>	JULIAN DATE: <u>154</u>	LINE: <u>MV2</u>
PRODUCT NUMBER: <u>4108 - 25</u>		PRODUCT DESCRIPTION: <u>Sweet Apples - Contained</u>

Complete this check list at the beginning of each product, when the packaging changes, when a code date changes or a new shift starts.

	ACC	DEF
Use By Date matches what is on the plan and the tray?	<u>ae</u>	
A case label is placed on the back of this sheet, with the Use By Date circled and initialed?	<u>ae</u>	
All Back Cards, Nutrition Labels and Case Labels from the previous run have been removed from the room?	<u>ae</u>	

ALLERGENS

Previous Product / Packaging:	<u>Milk</u>	Soy	Peanuts	Almonds	Cashews	Wheat	Eggs	None	ACC	DEF	
This Product / Packaging:	<u>Milk</u>	Soy	Peanuts	Almonds	Cashews	Wheat	Eggs	None			
Products have been run in the correct order according to the allergen control cleaning chart?											

DETERMINING THE DRIVER INGREDIENT

No allergen circled should have been milk

PRODUCE DATE	JULIAN DATE	# OF SHELF-LIFE DAYS	JULIAN USE BY	USE BY DATE (Use your chart to convert.)
<u>06/03/21</u>	<u>154</u>	<u>35</u>	<u>189</u>	<u>07/08/21</u>
CHEESE DATE:		40 DAYS		
EGG USE BY DATE:				
TURKEY BITE USE BY DATE:				
WIP DATE (For ALDI) (Visually verify with one tray of WIP.)				

CIRCLE THE DATE THAT IS THE EARLIEST. THAT WILL BE YOUR DRIVING INGREDIENT.

FINISHED GOOD TRAY USE BY DATE = DRIVER INGREDIENT USE BY DATE ABOVE.

BEST IF USED BY: 07/08/2021 ENTER THE DATE THAT YOU CIRCLED IN THIS SPACE.

Reichel Grapes	30 Days	Reichel Apples	40 Days	Carrots	45 Days	Turkey Bites	MFR Use By Date
		Reichel Gala Apples	35 Days	Cheese	40 Days	Hard Boiled Egg	MFR Use By Date

VOICECODE NUMBER

CHECK IF NOT APPLICABLE

Outer Label	Inner Label
Label VoiceCode Number (Label): <u>2511</u>	
PTI VoiceCode Number (Website): <u>2511</u>	

NOTE: THE VOICECODE NUMBER ON THE LABEL NEEDS TO BE VERIFIED AGAINST THE VOICEPICK CODE GENERATOR ON THE PRODUCE TRACEABILITY WEBSITE.

GTIN: 14 digit number between the (01) and (15) Lot Code: Use By Date in the YYMMDD format Pack Date: Julian date in the YYMMDD format

Starbucks Item # _____

Only on certain products. Verify with the book, Product can NOT ship if this number is wrong.

TRAY CODE DATE FORMAT

APPLES & CARROTS:

BEST IF USED BY MMM DD YYYY
PRODUCE OF (COUNTRY) JJJ HH:MM (Line Designation)

GRAPE PRODUCTS:

BEST IF USED BY MMM DD YYYY
PRODUCE OF USA, CHILE, MEX OR PERU
JJJ HH:MM (LINE DESIGNATION)

**If there is a discrepancy, notify QA Management right away.

QA Tech Signoff: A-J

Supervisor/Lead Signoff: [Signature]

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100

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100

100

100

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Reichel Label Printing Quality Checklist

DATE: <u>06/03/21</u>	JULIAN DATE: <u>154</u>	LINE: <u>MVE</u>
PRODUCT NUMBER: <u>4108 - 12 ct</u>		PRODUCT DESCRIPTION: <u>sweet Apples - Caramel</u>

Complete this check list at the beginning of each product, when the packaging changes, when a code date changes or a new shift starts.

	ACC	DEF
Use By Date matches what is on the plan and the tray?	<u>✓</u>	
A case label is placed on the back of this sheet, with the Use By Date circled and initialed?	<u>✓</u>	
All Back Cards, Nutrition Labels and Case Labels from the previous run have been removed from the room?	<u>✓</u>	

ALLERGENS

Previous Product / Packaging:	<u>Milk</u>	Soy	Peanuts	Almonds	Cashews	Wheat	Eggs	None
This Product / Packaging:	<u>Milk</u>	Soy	Peanuts	Almonds	Cashews	Wheat	Eggs	None
Products have been run in the correct order according to the allergen control cleaning chart?								

DETERMINING THE DRIVER INGREDIENT

No allergen circled should have been milk

PRODUCE DATE:	JULIAN DATE	+ # OF SHELF-LIFE DAYS	=	JULIAN USE BY	USE BY DATE (Use your chart to convert.)
<u>154</u>	<u>154</u>	<u>35</u>	=	<u>189</u>	<u>07/08/21</u>
CHEESE DATE:		<u>40 DAYS</u>	=		
EGG USE BY DATE:			=		
TURKEY BITE USE BY DATE:			=		
WIP DATE (For ALDI) (Visually verify with one tray of WIP.)			=		

CIRCLE THE DATE THAT IS THE EARLIEST. THAT WILL BE YOUR DRIVING INGREDIENT.

BEST IF USED BY: 07/08/2021 ENTER THE DATE THAT YOU CIRCLED IN THIS SPACE.

Reichel Grapes	30 Days	Reichel Apples	40 Days	Carrots	45 Days	Turkey Bites	MFR Use By Date
		Reichel Gala Apples	35 Days	Cheese	40 Days	Hard Boiled Egg	MFR Use By Date

VOICECODE NUMBER

CHECK IF NOT APPLICABLE

Outer Label	Inner Label
Label VoiceCode Number (Label): <u>9011</u>	
PTI VoiceCode Number (Website): <u>9011</u>	

NOTE: THE VOICECODE NUMBER ON THE LABEL NEEDS TO BE VERIFIED AGAINST THE VOICEPICK CODE GENERATOR ON THE PRODUCE TRACEABILITY WEBSITE.

GTIN: 14 digit number between the (01) and (15) Lot Code: Use By Date in the YYMMDD format Pack Date: Julian date in the YYMMDD format

Starbucks Item # _____

Only on certain products. Verify with the book, Product can NOT ship if this number is wrong.

TRAY CODE DATE FORMAT

APPLES & CARROTS:
 BEST IF USED BY MMM DD YYYY
 PRODUCE OF (COUNTRY) JJJ HH:MM (Line Designation)

GRAPE PRODUCTS:
 BEST IF USED BY MMM DD YYYY
 PRODUCE OF USA, CHILE, MEX OR PERU
 JJJ HH:MM (LINE DESIGNATION)

****If there is a discrepancy, notify QA Management right away.**

QA Tech Signoff: A.J

Supervisor/Lead Signoff: [Signature]

100

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OPERATIONAL QC CHECK LIST APPLES & PICKLES - CARTONER ROOM

Reichel Foods, Inc. - South

Production Date: 06/03/21	Julian Date: 154	Code Date(s): 07/08/2021	Line: MVE
TIME (ABOUT EVERY 30MIN) INITIALS:	9:30 P	10:30	NIP
TRAY CODE DATE (Country of Origin):	BESTIFUSEDBY Jul 08 2021 chile 154 MVE	BESTIFUSEDBY Jul 08 2021 chile 154 MVE	BESTIFUSEDBY Jul 08 2021 chile 154 MVE
COUNT CODE DATE CHARACTERS CHECK SPELLING	45 2176 Yes Yes	45 2176 Yes Yes	45 2176 Yes Yes
Reichel Tray #	2176	2176	2176
CORRECT FILM (YES/NO)	Yes	Yes	Yes
CORRECT NUTRITIONAL INFORMATION (YES/NO)	Yes	Yes	Yes
NUTRITIONAL CARD LABEL POSITIONING OK? (YES/NO) See Below*	NA	NA	NA
TRAYS CORRECT IN DISPLAY (FILM FACING OUT AND RIGHT SIDE UP)?	Yes	Yes	Yes
CASE CODE DATE COUNTRY / VOICE CODE (12c/4/001/4cell)	Jul 08 2021 chile 9011 Gala-Caramel 12-ct	Jul 08 2021 chile 9011 Gala-Caramel 12-ct	Jul 08 2021 chile 9011 Gala-Caramel 12-ct
CORRECT CASE LABEL (Write desc.) Example: "Yogurt 12 ct." (12c/6c/001/4cell)	NA	NA	NA
CORRECT OUTER CASE LABEL (DOT/6 Pack)	NA	NA	NA
OUTER CASE CODE DATE COUNTRY / VOICE CODE (DOT/6 Pack)	NA	NA	NA
NUMBER PKGS WITH LOOSE FILMLEAKERS (OUT OF ONE CASE)	0	0	0
TAPE NOT POSITIONED OVER PERFORATION? (12c/4 cell)	acc	acc	acc
BAR CODE SCANNER WORKING PROPERLY? (YES/NO)	NA	NA	NA
TURKEY BITE/EGG POUCH LEAKERS?	NA	NA	NA
License Plate #			

*Tray Backcards & Labels: Inspect 5 packages per check. Backcard should be straight, line up with top of the produce compartment and stick to tray. Nutritional labels should be straight and centered on the correct compartment. If check is unacceptable, retain product back to last acceptable check.

Comments/Corrective Actions: These were no changeover here. The last check on the last page was also 4108-2. No changeover is being needed until the first carton produced after place it into wrapper.

Carton Changeover Check	At start-up and whenever a carton change occurs, the first carton off the cartoner must be inspected by both the production supervisor and QA technician to ensure that the correct carton is being used.
Changeover From	4108-12-ct
Changeover To	4108-12-ct

Correct Run Order Allergen Control Chart	Correct Case Label	Correct New Carton Nutritional Label	Correct Dip/Component	Correct Date	Supervisor / Lead	QA Technician
	acc	acc	acc	acc	DL	AG



Production Date: 06/03/21	Julian Date: 154	Code Date(s): 07/08/2021	Line: MVE
INITIALS: AT	4:30P	4:30P	4:30P
TRAY CODE DATE (Country of Origin):	BESTIFUSED BY Jul 08 2021 Chile 154 MVE	BESTIFUSED BY Jul 08 2021 Chile 154 MVE	BESTIFUSED BY Jul 08 2021 Chile 154 MVE
COUNT CODE DATE CHARACTERS CHECK SPELLING	45 2176	45 2176	45 2176
Reichel Tray #	Yes	Yes	Yes
CORRECT FILM (YES/NO)	Yes	Yes	Yes
CORRECT NUTRITIONAL INFORMATION (YES/NO)	NA	NA	NA
NUTRITIONAL CARD/LABEL POSITIONING OK? (YES/NO) See Entry	Yes	Yes	Yes
TRAYS CORRECT IN DISPLAY (FILM FACING OUT AND RIGHT SIDE UP)?	NA	NA	NA
CASE CODE DATE COUNTRY / VOICE CODE (12c16c1DOT4cell)	NA	NA	NA
CORRECT CASE LABEL (write desc.) Example: "Yogurt 12 ct." (12c16c1DOT4cell)	NA	NA	NA
CORRECT OUTER CASE LABEL (DOT75 Pack)	Gala /Caramel	Gala /Caramel	Gala /Caramel
OUTER CASE CODE DATE COUNTRY / VOICE CODE (DOT75 Pack)	25 Jul 08 2021 Chile 25-11	25 Jul 08 2021 Chile 25-11	25 Jul 08 2021 Chile 25-11
NUMBER PKGS WITH LOOSE FILM LEAKERS (OUT OF ONE CASE)	0	0	0
TAPE NOT POSITIONED OVER PERFORATION? (12c14 cell)	NA	NA	NA
BAR CODE SCANNER WORKING PROPERLY? (YES/NO)	NA	NA	NA
TURKEY BITE/EGG POUCH LEAKERS?	NA	NA	NA
License Plate #			

*Tray Backcards & Labels: Inspect 5 packages per check. Backcard should be straight, line up with top of the produce compartment and stick to tray. Nutritional labels should be straight and centered on the correct compartment. If check is unacceptable, retain product back to last acceptable check.

Comments/Corrective Actions:

Carton Changeover Check	At start-up and whenever a carton change occurs, the first carton off the cartoner must be inspected by both the production supervisor and QA technician to ensure that the correct carton is being used. Initial the first carton produced and place it into retains.
Changeover From: 40812	Changeover To: 410825
Time: 3:30P	Time: 3:30P
Cleanup Type: an	Cleanup Type: an
Correct Run Order Allergen Control Chart: an	Correct Run Order Allergen Control Chart: an
Correct Backcard / Nutritional Label: an	Correct Backcard / Nutritional Label: an
Correct New Carton Components: an	Correct New Carton Components: an
Correct Dip / Components: an	Correct Dip / Components: an
Supervisor / Lead: AJ	Supervisor / Lead: AJ
Verification Reviewer Signature: Candy Mave	DATE: 06/04/21



Wrong label was running 4108-25 at 6:00 PM
OP has correct 4108-25 label around this time
Don't know where I got her label from

90 11

KEEP REFRIGERATED 4108-12
Reichel Foods, Inc. Rochester/MN

Produce of Chile

12 ct./2.75 oz.

Sweet Apples & Caramel

10649632001145



6: P

JUL 08 2021
Use By Date

also see cart no
WRONG

25 11

KEEP REFRIGERATED 4108-25
Reichel Foods, Inc. Rochester/MN

Produce of Chile

5-5 ct./2.75 oz

Sweet Apples & Caramel

10649632001312



5:30 P

JUL 08 2021
Use By Date

25 11

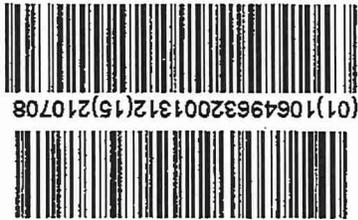
KEEP REFRIGERATED 4108-25
Reichel Foods, Inc. Rochester/MN

Produce of Chile

5-5 ct./2.75 oz

Sweet Apples & Caramel

10649632001312



4: P

JUL 08 2021
Use By Date

25 11

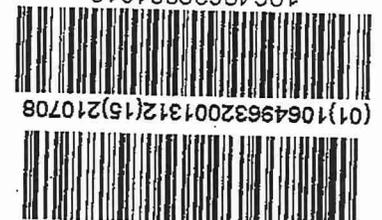
KEEP REFRIGERATED 4108-25
Reichel Foods, Inc. Rochester/MN

Produce of Chile

5-5 ct./2.75 oz

Sweet Apples & Caramel

10649632001312



5: P

JUL 08 2021
Use By Date

25 11

KEEP REFRIGERATED 4108-25
Reichel Foods, Inc. Rochester/MN

Produce of Chile

5-5 ct./2.75 oz

Sweet Apples & Caramel

10649632001312



3:30 P

JUL 08 2021
Use By Date

25 11

KEEP REFRIGERATED 4108-25
Reichel Foods, Inc. Rochester/MN

Produce of Chile

5-5 ct./2.75 oz

Sweet Apples & Caramel

10649632001312



4:30 P

JUL 08 2021
Use By Date

Adela

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Reichel Foods, Inc.

Employee Warning Notice

W

Employee Information

Date: 6/15/2021
Employee Name: Aala Arkwazee
Job Title: QA Tech Level 1
Manager/Supervisor: James Littlefield

Type of Warning

Verbal Warning
Written Warning
Final Warning

Type of Offense

Tardiness/Leaving Early
Absenteeism
Violation of Company Policies
Substandard Work
Violation of Safety Rules
Rudeness to Customers/Coworkers
Other

Details

Description of Incident (Describe incident and list the date, time, and any witnesses present)
On 06/07/21 the slicing room finished at 10:00pm. Aala went out to do a final CCP water check. She did not perform this check, but instead she documented that she had along with putting PPM results on the CCP form without actually testing to achieve those results. The next day, when asked about a related issue but not specifically about the CCP check, she asserted that she had performed the 10:00pm check. On 06/16 the doc reviewer found a cartoner form of Aala's from the previous day that was not filled out for the time period of 3:45pm to 5:20pm. Later Aala turned that same form in with 6 full cartoner checks filled out.

Plan for Improvement:
Meeting with Supervisor to reinforce the important of accurate documentation, how to document missed checks and the critical nature of the CCP system and the consequences for faking checks or rewriting documents.

Consequences of Further Infractions:
On 05/19/21 a documented training session was held regarding paperwork issues. On 06/04/21 a documented verbal warning was issued for failure to complete paperwork before turning it in. Any further failure to follow policy will result in a transfer back to production.

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager/supervisor have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature Date 06-16-21

Manager/Supervisor Date 06-16-21

Witness Signature (if employee understands warning but refuses to sign) Date



OPERATIONAL QC CHECK LIST APPLES & PICKLES - CARTONER ROOM

Production Date: 06.05.2019 Julian Date: 166 Code Date(s): 07/05/2001 Line: 06

TIME (ABOUT EVERY 30MIN)	INITIALS:														
TRAY CODE DATE (Country of Origin):															
COUNT CODE DATE CHARACTERS CHECK SPELLING															
Reichel Tray #															
CORRECT FILM (YES/NO)															
CORRECT NUTRITIONAL INFORMATION (YES/NO)															
NUTRITIONAL CARD LABEL POSITIONING OK? (YES/NO) See Below*															
TRAYS CORRECT IN DISPLAY (FILM FACING OUT AND RIGHT SIDE UP)?															
CASE CODE DATE COUNTRY / VOICE CODE (1201/06/001/4cell)															
CORRECT CASE LABEL (write desc.) Example: "Yogurt 12 ct." (1201/06/001/4cell)															
CORRECT OUTER CASE LABEL (DOT/5 Pack)															
OUTER CASE CODE DATE COUNTRY / VOICE CODE (DOT/5 Pack)															
NUMBER PKGS WITH LOOSE FILM LEAKERS (OUT OF ONE CASE)															
TAPE NOT POSITIONED OVER PERFORATION? (1201/4 cell)															
BAR CODE SCANNER WORKING PROPERLY? (YES/NO)															
TURKEY BITE/EGG POUCH LEAKERS?															
License Plate #															

*Tray Backcards & Labels: inspect 5 packages per check. Backcard should be straight, line up with top of the produce compartment and stick to tray. Nutritional labels should be straight and centered on the correct compartment. If check is unacceptable, retain product back to last acceptable check.

Comments/Corrective Actions:

Carton Changeover Check
At start-up and whenever a carton change occurs, the first carton off the cartoner must be inspected by both the production supervisor and QA technician to ensure that the correct carton is being used. Initial the first carton produced and place it into relains.

Changeover From	Changeover To	Time	Cleanup Type	Correct Run Order Allergen Control Chart	Correct Case Label	Correct New Carton	Correct Backcard/ Nutritional Label	Correct Code Date	Correct Dip/ Components	Supervisor/ Lead	QA Technician

Verification Reviewer Signature: _____ DATE: _____





(01)10649632413061

Apples & Peanut Butter

6 ct./2.75 oz.
Produce of Chile

Reichel Foods, Inc. Rochester/MN
KEEP REFRIGERATED 4103-6

Use By Date

JUL 25 2021



(01)10649632413368

Apples & Peanut Butter

6-6 ct./2.75 oz.
Produce of Chile

Reichel Foods, Inc. Rochester/MN
KEEP REFRIGERATED 4103-36

Use By Date

JUL 25 2021



(01)10649632413368

Apples & Peanut Butter

6-6 ct./2.75 oz.
Produce of Chile

Reichel Foods, Inc. Rochester/MN
KEEP REFRIGERATED 4103-36

Use By Date

JUL 25 2021



(01)10649632413061

Apples & Peanut Butter

6 ct./2.75 oz.
Produce of Chile

Reichel Foods, Inc. Rochester/MN
KEEP REFRIGERATED 4103-6

Use By Date

JUL 25 2021

06



(01)10649632413368

Apples & Peanut Butter

6-6 ct./2.75 oz.
Produce of Chile

Reichel Foods, Inc. Rochester/MN
KEEP REFRIGERATED 4103-36

Use By Date

JUL 25 2021



(01)10649632413061

Apples & Peanut Butter

6 ct./2.75 oz.
Produce of Chile

Reichel Foods, Inc. Rochester/MN
KEEP REFRIGERATED 4103-6

Use By Date

JUL 25 2021

APPLE CCP MONITORING FORM

06/07/2021

Shift: 2nd

Monitoring Directions: At a minimum of once per hour (maximum of 60 minutes between checks) while production is running, QA or trained designee (CCP Monitor) will verify the peracetic acid system is working correctly by titrating a sample from Tank 1 and Tank 2. CCP Monitor will verify that the titration result is between the acceptable CCP limit for both tanks. CCP Monitor will also verify the results of the Op Check employee's titrations since the last CCP monitoring check. A final check must be performed after slicing is done for the day.

Pre-Shipment Review Directions: A trained designee, other than the CCP monitor, will conduct a Pre-Shipment Review approximately every 2 hours. All checks conducted by the CCP monitor since the last acceptable Pre-Shipment review should be verified for completeness and compliance of the CCP.

Corrective Action: If the monitoring results are less than 30 or over 80 ppm:

- 1 IMMEDIATELY RETEST THE SAME SAMPLE. ANOTHER TRAINED DESIGNEE SHOULD ALSO TEST THE ORIGINAL SAMPLE.
- 2 STOP PRODUCTION.
- 3 NOTIFY QA MANAGER/TECHNICAL SERVICES DIRECTOR, MAINTENANCE, SUPERVISOR IMMEDIATELY FOR DIRECTION.

Production Start Time: 2:40p

CN

CCP Limit: 30-80 ppm Peracetic Acid

Pga

Tank 1				Tank 2				Initials	Pre-Shipment Review Signature	Pre-Ship Time	Pre-Ship Date
Time	Titration Result	Retest Result (if required)	Op Check Results ACC/DEF?	Titration Result	Retest Result (if required)	Op Check Results ACC/DEF?					
2:40p	60ppm		all	60ppm		all	A-J	KD	3:40	05-07-21	
3:40p	55ppm		all	45ppm		all	A-J				
4:40p	45ppm		all	50ppm		all	A-J	KD	5:40	05-07-21	
5:40p	50ppm		all	45ppm		all	A-J				
6:40p	50ppm		all	45ppm		all	A-J	KD	7:40	05-07-21	
7:40p	55ppm		all	45ppm		all	A-J				
8:40p	55ppm		all	50ppm		all	A-J	Ka	9:40	05-07-21	
9:40p	55ppm		all	50ppm		all	A-J				
10:ip	55ppm		all	50ppm		all	A-J	Ka	10:00	05-07-21	

Production End Time: 10:ip

A final check must be performed after slicing is done for the day.

Soak Time Verification (1x/shift) Tank 1 two minutes Tank 2 two minutes (Must be 2 minutes minimum.)

VISUAL OBSERVATION VERIFICATION (once per shift):

1. Was monitoring method done correctly? (1 Liter sample collected from flex hose, titrant bottles held correctly, counting, etc.) YES NO

2. Titration Result T1: 60ppm T2: 60ppm (Circle one below)

3. Was the result for both tanks between the CCP limit (30-80 ppm)? YES NO If NO, Which tank was outside limits? Tank 1 Tank 2 Both

4. If the titration result (and retest) was unacceptable for either tank, was corrective action taken? YES NO NA

5. Time of Verification: 2:40p 6. Verifier's Initials: KD

Corrective Action if concentration is less than 30 ppm or greater than 80 ppm:

1 Was Maintenance and Supervisor notified? YES NO

2 If product was affected were the QA Supervisor and QA Manager notified? YES NO

3 Was the CCP brought under control prior to restarting production? YES NO

Record Review: Acceptable? Yes No

Verification Reviewer Signature: [Signature]

Date: 06-08-21 Time: 4:40pm