

Date

PO

Lot

Exp.

Number of Printmats

Delivery Date

When you click “Lock Document”, this document can no longer be edited.

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Note: Clicking the “Lock Document” button is optional.
However this button can be set to “Required” if needed.

Lot Exp:
N (01) 0 03 51991-198-95 4

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WARNING: Accidental overdose of iron-containing products is a leading cause of fatal poisoning in children under 6. Keep this product out of the reach of children. In case of accidental overdose, call a doctor or poison control center immediately. Peel from center corners to open.



FLEXI-Pharma.com

FLEXI PRINTING PLATE COMPANY, INC.

Certificate of Conformance

The enclosed print mats have been made to conform to the quality standards as prescribed by the Quality System.

Order# _____

PO# _____

Date _____

Item Description _____

Item Code _____

Lot# _____

Exp. _____

Plate Material _____ +/- 0.020mm Confirmed

Sticky Back _____ +/- 0.001" Confirmed

No. Of Plates _____

Statement: This document certifies that the accompanying printing plates conform to the above requested customer specifications.

Shipment Approved by _____ Date _____

Customer Service

- Receive customers order, assign a Flexi job#
- Print a customer approved proof
- Compare Drug Name with customer order
- Check Lot# format
- Check Expiration date format

Initial _____
Date _____

Graphics

- Compare Drug name and code with the PO
- Compare entered data with the PO
- Open Drug Master file
- Check lot and exp for correct format
- Apply new lot and exp
- Print a proof with the new lot and exp

Initial _____
Date _____

Plate

- Review Digital plate requirements
- Correct Material
- Correct relief
- Check for cut and punch requirements
- Compare plate content with provided PDF proof
- Check for correct number of plates

Initial _____
Date _____

Quality Check

- Review Digital plate requirements
- Correct Material
- Correct relief
- Check for cut and punch requirements
- Compare plate content with provided PDF proof
- Check for correct number of plates

Initial _____
Date _____

Shipping

- Correct Material
- Check for cut and punch requirements
- Compare plate content with provided packing slips
- Check for correct number of plates
- Check for special packing instructions check list

Initial _____
Date _____

PO:

Description:

Lot#:

Exp. Date:

Number of Printmats: