

## Glass Information Sheet

Description: \_\_\_\_\_

Capacity: \_\_\_\_\_

Finish: \_\_\_\_\_

Color: \_\_\_\_\_

Pack: \_\_\_\_\_

Annual Quantity: \_\_\_\_\_ Release Quantity: \_\_\_\_\_

Current Supplier if available: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Mold # \_\_\_\_\_

Product being filled: \_\_\_\_\_

Carbonated: Yes No If Yes, Gas Volume: \_\_\_\_\_

How is the product being filled? \_\_\_\_\_

(Rotary, In-line, Manual)

Product fill temperature: \_\_\_\_\_

What kind of closure is being used? \_\_\_\_\_

(Plastic, Metal, composite, etc)

How is capping being done? Manual Machine

What kind of a label is being used? \_\_\_\_\_

(Pressure Sensitive, shrink band, silkscreen, acl, etc)

How is the label applied? Hand Machine

Does the product need to be Pasteurized or Retorted? \_\_\_\_\_