

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? _____