QUALITY CONTROL PROCEDURE
FOR
PALLET/ WPM REPAIRING/RECYCLING

Company Name: _____ Stamp # _____

City/ State: _____

1. **Facility Representative - _____**
   Trained to supervise quality control and authorized to correct conditions causing a non-compliance. Alternate facility representative(s) include_____ _____.

2. **Original Stamp Removal**
   A. Original WPM Stamps will be removed from all Pallets/WPM that are to be repaired at the following location _____**(stamps must be removed prior to truck loading).**
   B. These WPM Stamps will be removed or obliterated in the following manner _**_____.**

3. **Restamping Procedures (after original WPM Stamp removal and retreatment)**
   WPM Stamp is used to mark Pallets/WPM on the following areas _____ _____

4. **Miscellaneous - _____**

Signed by Facility Representative: _____

Printed Name: _____

Title: _____

Date: _____

NOTE- ALL RESTAMPED PALLETS/WPM MUST BE REHEAT TREATED

WHITE COPY-PRL
YELLOW COPY-CUSTOMER
PINK COPY-INSPECTOR