

Canadian Custom Packaging

Job Description Form

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| Job Title: | Cosmetic/Pharmaceutical Raw Material Coordinator | | |
| Reports to: | Director of Operations | | |
| Type of position: | Full time | | |
| General Description: | | | |
| This position is responsible for receiving and coordinating the distribution of raw materials. | | | |
| <ul style="list-style-type: none">• Perform all manufacturing production duties in compliance with work instructions, Standard Operating Procedures (SOP), Good Manufacturing Practices (GMP), and all other regulatory policies and guidelines.• Record and maintain inventory records according to amounts of raw materials received, used, discarded, etc.• Maintain adherence to company policies, safety standards, and good housekeeping standards.• Maintain an organized, clean, and safe work environment.• Work with QA Department on released/expired raw materials/ transfers of raw materials. | | | |
| Work experience and skill requirements: | | | |
| The role of the cosmetic/pharmaceutical raw material coordinator can be stressful thus the successful candidate must be able to work in a high-pressure factory atmosphere. The coordinator must have excellent interpersonal skills so he/she has the ability to work well with peers and various departments within the company. | | | |
| Coordinators should possess good organizational skills, communication skills and basic knowledge of chemical raw materials. | | | |
| WHMIS training and basic knowledge of excel are preferred. | | | |
| Educational requirements: | | | |
| Any combination of two of the following: High School diploma; five years of related manufacturing experience; five years of warehousing experience. Strong comprehension of the English language; ability to read and write English fluently. | | | |
| How to apply: | | | |
| Candidates that meets the criteria above are encouraged to send their resume for review to: ccp@cdncustompackaging.com . | | | |
| Reviewed by Human Resources: | | Date: | |
| Employee: | | Date: | |

FORM REVISION #:

FORM REVISION DATE: