

I. Item Information

Item Code	5165913-00	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP
Item Description	LOUVRE 2 MDX ICB FOR ETD,WH;F	Delivery Date	2025/07/26
Inspection Date	2025/07/26	Inspection Time	06:38H - 07:30H
Lot Quantity	1200	Job Order Number	1.JO- 0012305 2.
Affected Quantity	46	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.83% 38,333 PPM	Date Received	2025/07/25
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SEMI AUTO 3/SHIFT B
Problem Description	PEEL OFF	Delivery Receipt Number	10921

GOOD

NO GOOD



III. Documented Information Review (To be filled out by QA Line leader)

Related Doc. Info.	Control Number	Requirement:	ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF PEEL OFF
<input type="checkbox"/> Procedure Manual :			
<input type="checkbox"/> Technical Drawing :		Actual:	PEEL OFF ON ACTUAL/APPEARANCE OCCUR ON INNER UPPER FLAP DUE TO DIE-CUT PROCESS
<input type="checkbox"/> Work Instruction :			
<input type="checkbox"/> Job Order :		Conclusion and Recommendation:	INFORM THE PIC / LEADER ABOUT THE PROBLEM <input type="checkbox"/> Applicable ENCOUNTERED AND CHECK THE SET UP PRIOR MAS PRODUCTION <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Reports :			
<input type="checkbox"/> Defect Limit :			

IV. Initial Disposition (To be filled out by ME Department If Needed)

<input type="checkbox"/> Good	<input type="checkbox"/> Conditional (Please indicate details)
<input checked="" type="checkbox"/> Rejected	
<input type="checkbox"/> Backload	

V. Final Disposition

<input checked="" type="checkbox"/> Rejected	<input type="checkbox"/> Conditional (Please indicate details)
<input type="checkbox"/> Backload	If item is for sorting, for backload, or for rework, fill-out below
<input type="checkbox"/> Good	
<input type="checkbox"/> For Sorting	Person In Charge
<input type="checkbox"/> For Rework	Target Date
	Signature

Remarks:

JUDGEMENT
(If subject is for issuance of IRF / CAR)

FOR 5 WHY ISSUANCE
 FOR CAR ISSUANCE
 FOR IRF ISSUANCE

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
J.REJOTO	T.PRADO			
QA Inspector	QA Leader	ME Head	QA Head	QA Staff

Important: Backloading Policy (External Provider Rejects)
Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.

Evaluation	Approved by	Final Disposition
<input type="checkbox"/> <80% No Need		<input type="checkbox"/> Backload
<input type="checkbox"/> >80% Need		<input type="checkbox"/> Accept
	Top Management	<input type="checkbox"/> Other _____

Note: All details must be filled out completely.

Submit this form to Line Leader immediately after accomplishment.

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V. Sorting Instructions

VI. Sorting Details

Sorting Date	Sorting Time		No. of Man-power	Lot Number	Sorted Quantity	Reject Quantity	Defect Name	Sorted by
	Start	End						
	Total Sorting Hours		Total No. of Manpower		Total Sorted Quantity	Total Reject Quantity	Total Good Quantity	Rejection Rate (%)
Sorting Result								
R&R Verification								

VII. Warehouse Details (To be filled out by QA Line Leader If needed)

	Reason	Total Quantity	Remarks	Received by
Pull-Out				
For Transfer				

VIII. Reworking Instructions

IX. Reworking Result

Reworking Date	Reworking Time		# of Man-power	Lot Number	Reworked Quantity	Good Quantity	Reject Quantity	Rejection Rate (%)
	Start	End						
Reworked by / Department				Endorsed to / Department				

X. Reinspection Result

Reinspection Date	Reworking Time		# of Man-power	Lot Number	Reinspected Quantity	Good Quantity	Reject Quantity	Rejection Rate (%)
	Start	End						
Inspected by		Verified by		Noted by		Approved by		
QA Inspector		QA Line Leader/Sub-Leader		QA Supervisor		QA Head		

Note: All details must be filled out completely.

Submit this form to Line Leader immediately after accomplishment.